

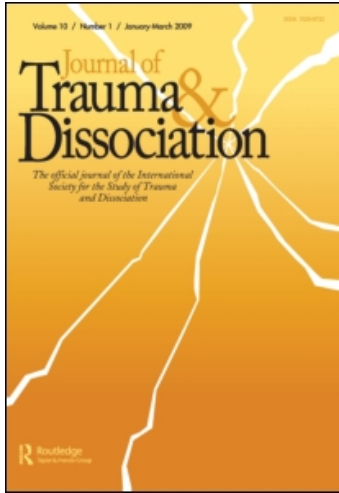
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Defining Dissociation in Trauma

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Defining Dissociation in Trauma

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When one [i.e., an individual as a whole personality] doesn't notice something, doesn't make some associations with it, this is not dissociation. It is a suppression of work, of synthesis.—Pierre Janet (1927/2007, p. 375)

We are most thankful for our esteemed colleagues' reviews of our proposal for a definition of dissociation in trauma and for their critical comments and compliments. We gratefully acknowledge that many discussants are in agreement with us that the definition of dissociation needs more specificity—we just disagree about the degree and kind of specificity. We also appreciate the editors' generous invitation to respond. For lack of space, our rejoinder must be selective for now.

*According to one or several reviewers, our definition . . .
. . . involves artificial distinctions (Butler).*

Any conceptualization, distinction, or categorization is human made according to some point of view, principle, or interest. Thus, indeed, our conceptualization of dissociation involves artificial distinctions, as do *all* conceptualizations.

*. . . involves one feature of an entire elephant (Bowman, Butler, Cardena,
Dell, Kirmayer).*

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Bowman's metaphor presupposes that the lowering and retraction of consciousness and dissociation of personality are different features of one "animal" (i.e., dissociation), rather than features of different species. But on what grounds does one decide that they are features of *that* one animal rather than two different animals?

With Brown and colleagues, we believe that the phenomena of *compartmentalization* and *experiential detachment* constitute features of more than one animal. One concern pertains to *convergent validity*. For example, although there are moderate correlations between these features, absorption correlates less with manifestations of dissociation of personality than different manifestations of divided personality correlate with one another. Also, extreme dissociation of personality is *not* associated with high proneness to fantasy. Alterations of consciousness can exist without a division of personality, and extreme lowered and retracted consciousness does not imply the division of personality. These and related research findings suggest that dissociation of personality and other alterations of consciousness constitute different empirical domains, though these domains may be correlated in some ways.

We are particularly concerned about the *discriminant validity* of liberal definitions of dissociation. Positive correlations (or family relations; Kirmayer) between "dissociation-like" phenomena (Dell) can coexist with *major* conceptual and empirical differences between them (e.g., men and women share many features but are conceptually and empirically also crucially different). Thus, dissociation of personality and detachment (absorption, fantasy—that, by the way, may constitute two different domains) include different correlates, which supports conceptual distinctions between them. For example, somatoform dissociation (a manifestation of dissociation of personality) is correlated among students and in the general population with reported traumatization beyond its association with absorption. This indicates that somatoform dissociation is more strongly associated with traumatization. Also, fantasy proneness is not or is hardly correlated with hippocampal and parahippocampal volume, whereas complexity of dissociation of personality, somatoform dissociation, symptoms of posttraumatic stress, and reported traumatization are strongly correlated with these volumes. Furthermore, women with dissociative identity disorder (DID) are hardly more fantasy prone than mentally healthy women and are less fantasy prone than borderline personality disorder patients.

Butler suggests that normative and pathological dissociative phenomena are related at the process level. With Janet (1907, 1927/2007) and Brown, we disagree with the idea that division of personality and "normative dissociation" (absorption, fantasy, daydreaming) involve similar mental and behavioral actions. Dissociative parts of the personality include different kinds of neural and psychophysiological organizations and reactions that are

not evident in normative dissociative phenomena. Thus, high fantasy-prone healthy controls who were instructed and motivated to simulate DID had very different biological reactions to reminders of threatening experiences than DID patients. However, we applaud Butler's suggestion to extend the study of the actions involved in dissociation of personality and normative dissociation.

Putting division of personality (compartmentalization) and absorption and still other alterations in consciousness (detachment) into one category for pragmatic reasons (Brown), we feel, does not particularly stimulate further clarification and distinctions that would be important to science and treatment.

. . . is overly constrained (Bowman, Butler, Cardeña, Dell, Kirmayer).

Whether or not our definition is overly constrained depends on the outcomes of empirical research and clinical experience. With Brown and colleagues, we feel that empirical data to date support our distinctions. We also believe that the definition is clinically useful. For example, individuals who fantasize having dissociative parts (false positives) and those who actually encompass such parts (true positives) require very different treatments.

. . . is circular (Cardeña, Dell), absolutistic, dogmatic (Dell), and not empirically founded (Bowman).

In our view, we have tried to define a particular domain of phenomena and distinguish them from other phenomena so that the convergent and discriminative validity of the demarcated domain and its mediating actions (processes) can be studied. Heuristics are open to empirical confirmation and falsification, and our definition and theory allow us to explore whether or not dissociation of personality involves its own signs/symptoms, dimension of complexity, actions, and correlates.

Our definition and theory are not truths carved in stone. In our view, the prime function of clinical and scientific conceptualizations and definitions is not to represent the world but to serve as tools that inspire treatment and research. The definition and theory suggest statistical, subjective, physiological, and neurophysiological differences between phenomena of dissociation of personality and other phenomena (some of which are correlated). For example, whereas division of personality involves *multiplication* of phenomenal self-models, absorption involves *suspension* of self-awareness (Butler, 2006).

Several hypotheses have already been derived from our dissociation definition and theory. The findings to date have been quite supportive, but further research is needed. Ongoing neuroimaging studies include

patients with dissociative disorders, patients with posttraumatic stress disorder (PTSD), false positive cases of DID, and actors who are instructed to imagine/fantasize and enact dissociative parts. This work may show that these different groups engage in different actions (Butler). Also, our definition is consonant with Brown and colleagues' conceptual and empirical work on distinctions between compartmentalization and detachment.

. . . divides what Janet united (Bowman).

As the opening quote for this article indicates, Janet (1907) did not unite “dissociative retraction”—he never used this expression—and dissociation of personality but *distinguished* between dissociation and retraction of the field of consciousness.

. . . involves Janetian theory, not neuroscience and attachment theory (Bowman).

Our definition and dissociation theory are biopsychosocial. The theory considers attachment disruptions and neuroscientific findings and offers neuroscientific hypotheses. Also, the understanding of dissociation as a division of personality was the general view of the 19th and early 20th centuries.

. . . is tied to the theory of structural dissociation (Dell).

Although this theory is consistent with the definition, the relation is not bilateral. Even if our theory were misguided in full or in part, this would not necessarily discredit the proposed definition of dissociation.

. . . applies only to complex dissociative disorders (Bowman, Brown) and not to PTSD (Dell).

We have proposed that simple trauma-related disorders, including PTSD, also involve dissociative parts with different phenomenal self-models and world-models. For example, we believe that during reenactments PTSD patients reconstruct a former “I” and “here and now” that they mistake for the actual I and here and now: In this regard, they are living in trauma time. These models remain unintegrated with the phenomenal models generated in current daily life, as shown in recurrent reenactments of traumatic experiences without resolution, recurrent avoidance of traumatic reminders, and recurrent hypervigilance. Consistent with the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) description of dissociative flashback episodes (how are these different from other flashbacks, we wonder?) and

new empirical findings that PTSD, DID, and dissociative disorders not otherwise specified are related syndromes (e.g., Rodewald, Wilhelm-Gössling, Emrich, Reddemann, & Gast, 2011), we contend that reenactment of traumatic memories is a dissociative phenomenon and that PTSD constitutes a dissociative disorder of a lesser degree. As Bowman (2006) has shown, pseudo-epilepsy also involves a dissociative disorder.

. . . complicates matters by linking dissociation to trauma (Cardeña).

We currently attempt to define trauma in a more precise way than could be done in the article and to detail why, in our view, dissociation in trauma is trauma's essence. We agree that dissociation (of personality) also occurs in other contexts (e.g., Cardeña, Kirmayer) and requires clear definition.

In conclusion, we maintain that our proposed definition of dissociation in trauma is conceptually clear and adequately specific as well as theoretically, clinically, and scientifically useful. We appreciate constructive feedback and look forward to further discussions and collaborations with our colleagues regarding the complex phenomena and concepts that unite our professional interests.

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