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Multiple States of Consciousness, Complexes, Personalities, or Parts of the Personality? An Historical Perspective and Contemporary Proposal on Trauma-Related Dissociation

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Abstract: In the last two centuries, clinical interest in the the phenomenon of trauma-related dissociation has waxed and waned. From the time of Pierre Janet, various concepts have been proposed to describe this dissociation. Other concepts proposing psychological divisions as part of normal personality have also been applied to trauma-related dissociation. Taking trauma-related dissociation as a point of departure, this paper examines the various constructs used to denote normal or pathological subsystems of the personality as to their validity in explaining the divisions occurring within an individual following traumatizing experiences. A number of constructs, falling within the overaching categories of 'states,' 'personalities,' and "complexes" are considered. Each is discussed in terms of its strength and weaknesses, using, among other things, Pierre Janet's *hierarchy of degrees of reality* as a yardstick. In contrast to these historical constructs, each with its limitations, the contemporary theory of Structural Dissociation of the Personality proposes an optimal concept for describing 'trauma-related dissociation.' [158 words]

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Introduction

The term *dissociation* has been used for centuries in the domain of social behavior, where it meant to leave a group of which one had formerly been a member (the term *disassociation* is now used more often in that context), and in the field of chemistry, where it meant to separate a compound into its underlying elements, typically through heating (Moskowitz, Heinimaa, & Van der Hart, in press). When it was first used in the psychological field, in the late 19th century, the core meaning of the concept as a *division* or *separation* was maintained; in this case, it was used to denote a *division of the personality*, usually due to trauma and *always* pathological. This division of the personality was recognized to manifest in somatic/somatoform, as well as in psychological/ psychoform dissociative symptoms (Van der Hart & Dorahy, 2009).

What is common to all definitions of dissociation – narrow and broad, ones that recognize 'normal' dissociation and ones that do not – is that trauma-related dissociative disorders, and in particular, dissociative identity disorder (DID), are considered the *epitome* of dissociation – the most extreme manifestation of dissociation. The mental state of individuals with trauma-related dissociation involves the co-existence of dissociative subsystems.

These subsystems have been labeled in different ways, each with its advantages and disadvantages. Some variations are 'states of consciousness', 'parts of the personality', 'complexes' or 'personalities'. In considering each of these constructs, one of the criteria used will be Janet's model of the *hierarchy of degrees of reality*, as a means to assess whether the concept proposed

adequately characterizes the nature of trauma-related dissociation. For those concepts which posit the presence of distinct 'states' as a part of normal personality, the question will be asked whether any process is proposed to allow these 'normal' states to become 'pathological', and how valid such a process seems to be. Advantages and disadvantages of utilizing various terms will be considered, as well as whether 'consciousness' or 'personality' is the more appropriate domain for the division/separation. Finally, we will consider whether the models or concepts proposed allow for a division of the personality into one part immersed in the trauma and another trying to function in daily life – a core feature of all trauma-generated dissociation.

In short, with trauma-related dissociation as the point of departure, the questions we wish to discuss are: (1) what important terms did various authors apply to subsystems of the personality?; and (2) which of these concepts seem to do justice to the phenomena they denote? The second question has hardly been discussed in the literature.

Most of the concepts to be considered here describe a division within 'consciousness' or 'personality'. These two domains are not, however, equivalent. Consciousness usually refers exclusively to the mental realm, and would not reference physical actions; it also does not refer to unconscious or non-conscious mental activities. 'Consciousness' is defined in the Oxford English Dictionary as 'the faculty or capacity from which awareness of thought, feeling, and volition and of the external world arises' (OED Online, www.oed.com/view/Entry/39477). In contrast, 'personality' is broader and is often used interchangeably with 'person'; it is defined in the OED as 'a person, especially one considered as the possessor of individual characteristics or qualities' or simple, 'the quality which makes a being human'(OED Online, www.oed.com/view/Entry/141486.). As we are considering the strengths and weaknesses of the various concepts associated with divisions of consciousness

or personality, we will used the generic term ‘subsystems of the personality’, derived from Janet. The use of this term does not imply a preference for concepts involving ‘personality’ over ‘consciousness’, or that the possibility of several ‘personalities’ within the same person cannot be entertained; indeed, Janet himself used a variety of terms at various points, including ‘personalities’.

The Beginning: Pierre Janet

In a clinical field where much confusion reigns about how to define dissociation (Brand & Frewen, 2017; Nijenhuis, 2015; Van der Hart & Dorahy, 2009; Van der Hart, Nijenhuis, Steele, & Brown, 2004), returning to Pierre Janet’s (1859-1947) seminal views on the psychological phenomena underlying psychological trauma is a good place to start. It should be noted that Janet’s studies were, to a large degree, rooted in his study of the historical literature on somnambulism as well as in his experimental work with patients. It was the Marquis de Puségur (1751-1825) who discovered that one of his magnetized patients, Victor Race, did not develop a magnetic crisis but rather a condition of “lucid sleep” in which he could communicate with his magnetizer and for which he subsequently had *amnesia* (Puységur, 1784; cf. Crabtree, 1988). Further observations indicated that this somnambulistic state was a natural phenomenon in patients suffering from hysteria. It could be induced by a magnetizer or physician and was then called *artificial somnambulism*, with the general understanding that it was always followed by amnesia—even though some subjects could in this condition have memories for the whole of their lives. For Janet somnambulism was the condition in which traumatized individuals may re-experience and re-enact traumatizing events (e.g., Janet, 1904/2011). He emphasized that artificial somnambulism was a pathological condition different from hypnosis, in which amnesia was not a necessary condition (Janet, 1889, 1919/25), as is still our understanding today. The evidence he found was that

somnambulism could no longer be induced in patients who had suffered from hysteria but who through treatment, had fully integrated their personality.

Janet's pioneering studies were rediscovered with Ellenberger's milestone publication, *The Discovery of the Unconscious* (Ellenberger, 1970). Following his magnum opus, *L'Automatisme Psychologique*, a careful study of dissociation in patients suffering from hysteria (Janet, 1889), Janet continued his work in the studies published in *The Mental State of Hystericals* (Janet, 1893, 1894, 1901, 1911). In these studies, he recognized that hysteria was characterized by a mental state or condition which he called psychological *misery* (Janet, 1889), or mental depression (Janet, 1907), by which he meant a lowering of the individual's integrative capacity ("malady of personal synthesis"; p. 332). In hysteria, which was the old diagnostic category for a wide range of dissociative disorders, ranging from posttraumatic stress disorder (PTSD), somatoform disorders, borderline personality disorder, to dissociative identity disorder (DID) (Van der Hart, Nijenhuis, & Steele, 2006/2011), this integrative failure manifested in (1) a retraction or narrowing of the field of personal consciousness, and (2) a tendency to the dissociation and emancipation of the *systems of ideas and functions* that constitute personality (Janet, 1907, 1909a). (Note that Janet carefully separates these aspects of hysteria – unlike many contemporary thinkers who refer to changes in levels or breadth of consciousness as 'dissociation'.) Janet referred to these (sub)systems of the personality using different labels, such as *psychological existences*, *states*, and *personalities* (Janet, 1889, 1907). In his view, the *psychological existences* that exist apart from the primary one have their own sense of self (*idee du Moi*) (Janet, 1889). The "ideas" (Janet's use of that term is much broader than the contemporary use) that are part and parcel of these subsystems involve perceptions, thoughts, memories, sensations, fantasies and decision-making; most importantly, they must include their own first-person perspective. Janet's

definition implies that each of these *psychological existences* is characterized by a smaller field of consciousness than a well-integrated personality (Janet, 1889, 1907). Such dissociative subsystems may include, for example, awareness of some type of sensory experiences but not others (such as in the case on dissociative anesthesia).

Janert's Hierarchy of Degrees of Reality

Janet argued that humans ascribe a level of reality to internal or external events that could be conceptualized in terms of a *hierarchy of degrees of reality*. He included on this hierarchy various concepts, including thoughts, imagination, actions, and various perceptions of the past, present, and future (Janet, 1928). The immediate future and recent past are usually accorded high levels of reality, and thoughts and ideas, low levels. The highest level of the reality function (*la fonction du réel)* involved what Janet called *presentification*, the capacity to act in a fully-focused and meaningful way in the present, integrating one's past experiences and future plans (discussed at length in Van der Hart et al., 2006/2011). Mental health requires presentification to be (usually) accorded the highest level of reality, so we can act in the present and effectively adapt with required action[1]. Janet argued that much of psychopathology could be conceptualized as a mixing up of levels of reality – for example, viewing the distant past as happening in the present, as occurs in post-traumatic disorders.

Thus, trauma survivors may place their traumatic memories too high in the hierarchy – higher than the current spatiotemporal context – when they feel as though the traumatizing event were occurring in the present. An important question is whether clinicians may place, perhaps inadvertently, dissociative subsystems of the personality too high or too low in this hierarchy and thereby overlook relevant aspects of them. Another question is whether or not the

1 The rise of the gaming and online 'worlds', where non-physical 'actions' can have consequences, including in the 'real' world, complicates this issue and has clear implications for mental health, but is beyond the scope of this paper.

proposed language allows for a differentiation between prototypes of these subsystems.

Labeling Subsystems of the Personality as States

The word ‘states’ carries a number of connotations; according to the Oxford English Dictionary, the meanings of ‘state’ relevant to our discussion here are: ‘a person’s condition at a particular time’, and ‘a particular process or mode of consciousness’ (OED, 2018). These are clearly very broad definitions, applying to humans at all times, even when asleep and dreaming (but not when completely unconscious). At the same time, ‘state’ refers to a ‘particular’ mode of consciousness and, as such, can change rapidly and frequently in one individual throughout the day.

États Seconds (Secondary States)

The French psychiatrist Laurent (1892) used the expression *états seconds* (secondary states) – in contrast to *primary* or *normal states* – under which he subsumed a wide variety of concepts related to a division of the personality. The first concept he discussed was *natural somnambulism*, a phenomenon which, according to Janet (1889), is only meaningful in relationship to other moments in the life of the patient, that is, the normal state of waking consciousness. This state of somnambulism may develop into a secondary personality, alternating or being co-present with the primary personality, and is often characterized by the “development of a larger memory, a faster speed of the association of ideas and a particular state of hyperexcitability of the senses” (Laurent, 1892, p. 163). Laurent also regarded hysterical attacks, often involving reliving traumatizing events, as secondary states. It is clear, however, that many of the phenomena he subsumed under this label were more complex than a single mental state.

The label of *états seconds* was re-introduced by World War I physicians, including Maurice Dide (1918) and Germain Peretti (1920), as indicated by the

title of his medical thesis, *Réflections sur les états seconds àpres les batailles*. In their focus on traumatized soldiers, these authors emphasized that the secondary states are usually the condition in which these patients reexperience their trauma. Peretti is clear in subsuming "personalities" used in classic studies of multiple personality under the headling of *états seconds*,

> qui n'accèdent à la connaissance de l'état prime que grâce à leurs effets, et qui demeurent l'expression d'une activité inconsciente du psychisme de l'individu. Celle-ci s'organise aux dépens de la personnalité consciente and se systématise en de multiples personnalités secondes, ayant une existence distincte, s'est-à-dire non reliée à l'état prime par la Mémoire: ce qui conduit à admettre que l'Amnésie est la suite logique d'une perturbation profonde du Moi. (p. 14)
>
> (which have access to the knowledge of the primary state only thanks to their effects, and which remain the expression of an unconscious activity of the individual's psyche. This becomes organized at the expense of the conscious personality and systematizes itself in secondary multiple personalities, which have a distinct existence, that is, not connected by memory with the primary state. This leads to the admission that amnesia is the logical sequel of a profound disturbance of the Self. [Translated by the authors])

Comments. Laurent considered secondary states to be pathological, and related them to the existing concept of somnambulism. In contrast, the *primary* states in these individuals were considered to be normal. Peretti, who worked with traumatized soldiers, considered secondary states to be the product of traumatic experiences. Thus, their presentation of secondary states is too low on Janet's *hierarchy of reality*, potentially leading them to overlook that these subsystems of the personality have their own first-person perspective and inherent sense of agency and will, which, in principle could be addressed in therapy. Their

alternate use of the term *personality* might indicate a certain unease with reducing dissociative subsystems to *states*.

Hypnoid States

Sigmund Freud had been aware for many years of the remarkable case of Anna O., treated by his esteemed elder colleague, Josef Breuer. In the early 1890s, Freud convinced Breuer to join him in a 'Preliminary Communication' on 'the psychical mechanism of hysterical phenomena'; in that manuscript Breuer and Freud (1893) laid out their concept of 'hypnoid states' (the word was chosen deliberately to relate them to the at the time well-known phenomenon of *double conscience* (e.g., Azam, 1887; Binet, 1890) and to indicate a close connection with somnambulism or 'hypnosis'). The *Preliminary Communication* was incorporated into *Studies on Hysteria* (1895), which also included Breuer's Anna O. case, illustrating the clinical reality of hypnoid states, and a theoretical chapter by Breuer on the phenomenon (where the term 'auto-hypnosis' was frequently used). But by that time, in his chapters in *Studies in Hysteria*, Freud had already begun to distance himself from Breuer's ideas.

Breuer and Freud (1893/1895) not only coined the term *hypnoid states* (replacing the more general term *secondary states*), but also described them as *abnormal states of consciousness* or *abnormal psychical states*. Importantly, not only were hypnoid states only pathological (i.e., not present in 'healthy' individuals), they were present only some of the time in hysterical patients, and were contrasted with patients' so-called *normal consciousness* or *normal psychical states*.

The concept of *hypnoid states* was inspired by the French concept of *somnambulism*. In the *Preliminary Communication*, *hypnoid states* are described as follows:

> These hypnoid states share with one another and with hypnosis… one common feature: the ideas which emerge in them are very intense but are cut off from associative communication with the rest of the content of consciousness. Associations may take place between these hypnoid states, and their ideational content can in this way reach a more or less high degree of psychical organization. Moreover, the nature of these states and the extent to which they are cut off from the remaining conscious processes must be supposed to vary just as happens in hypnosis, which ranges from a light drowsiness to somnambulism, from complete recollection to total amnesia. (p. 12)

Breuer and Freud (1893) distinguished between two forms of hypnoid states – those which predated the onset of the psychic 'illness', and provided 'the soil in which the affect plants the pathogenic memory with its consequent somatic phenomena' – leading to so-called *dispositional* hysteria – and those which were caused by a 'severe trauma' (or 'suppression' of unpleasant ideas or affects) in persons with no special predisposition, which led to the 'splitting-off of groups of ideas' – leading to *psychically acquired* hysteria (p. 12). The two forms were assumed, however, to blend into one another, with the 'liability to dissociation' in the subject and the 'affective magnitude of the trauma' varying inversely (p. 13).

In his portions of *Studies on Hysteria*, Freud began to argue that hypnoid states were not necessary for the formation of hysteria, but Breuer continued to emphasize the importance of this special state of consciousness. Freud subsequently completely rejected the notion of hypnoid states and of the theory of a trauma-related dissociation (splitting) of consciousness, placing instead great emphasis on the etiological role of instinctual drives and intrapsychic conflict in the development of hysteria and other neurotic forms.

Comments. Like the concept of *secondary states*, *hypnoid states* appears inadequate for an understanding of trauma-related dissociation on a number of counts. First of all, these states are not uniquely associated with trauma-related dissociation; they may occur in persons with no trauma history who are prone to intense daydreams. Further, Breuer and Freud (1993) do *not* suggest that *hypnoid states* are in essence different if they are trauma-generated or not. Secondly, they do not refer to the person's entire personality, but only to the special state in which individuals *sometimes* find themselves; the rest of the time, the person is assumed to be functioning normally. This is not consistent with the dissociative subsystems produced by traumatic experiences, as it does not recognize that *no* part of the person is functioning normally; even when apparently normal, the person's actions and emotions are constricted as they try to avoid all reminders of the traumatic experience. Thirdly, and relatedly, as was the case with *secondary states*, *hypnoid states* are placed too low on Janet's hierarchy of reality; they do not reflect a disturbance in the individual's *entire* personality.

Ego States

Watkins and Watkins (1978) developed Ego State Therapy, under the inspiration of Federn (1952). Federn argued, in contrast to Freud, that there were two forms of psychological energy (or libido) – those which are invested in *object* representations – which leads to *introjections* – and those which are invested in *self* representations – which leads to *identifications*. In other words, it is the form of energy which determines whether an internal representation is part of the personality or not. As described by Watkins and Watkins (1978):

> An introject is like a stone in the stomach, within the self but not part of it, ingested but not digested. For the individual to act and talk spontaneously like the other, the object cathexis must be withdrawn and the image ego cathected. (p. 16)

Watkins and Watkins (1978) defined an *ego state* as: "an organized system of behavior and experience whose elements are bound together by some common principle and which is separated from other such states by a boundary that is more or less permeable" (p. 25). This 'common principle' is not defined, and varies considerably in the examples given. The Watkins' present a differentation-dissociation continuum of ego states which ranges from "normal, well-adjusted ego states" (adaptive differentation) to those which are characteristic of multiple personality (pathological); in their view not only traumatized individuals but all individuals have ego states[2].

Importantly, Watkins and Watkins (1978) clearly did not believe that the ego states in 'multiple personality' differed in essence from those in 'normal' personality, only by degree; in both cases, these states could have opposing aims.

> Ego states that are cognitively dissonant from one another or have contradictory goals frequently develop conflicts with one another. When they are highly energized and have rigid, impermeable boundaries, multiple personalities may result. (p. 30)

Comments. Watkins and Watkins (1978) proposed that ego states could develop through three 'processes' – *normal differentiation*, the *introjection of significant others*, and *trauma*, *rejection* or *abuse* (p. 31). The *result* of all of these processes, however, was the same – an ego state. Furthermore, Watkins and Watkins (1978) never discussed what they thought could lead to the development of 'rigid, impermeable boundaries' between ego states and thus did not explain how 'ego states' could turn into 'multiple personalities'.

They recognized that 'multiple personality' typically developed as a result of 'very severe trauma, such as child abuse', and that some of the possible

2 Notably, 'individual' means 'one in substance or essence' or 'indivisible' (OED Online, www.oed.com/view/Entry/94633; in other words, 'not capable of being divided').

purposes of the various ‘states’ (they also used the word ‘alter) were to dissociate the ‘pain’ from the primary alter or to make it easier for the ‘major personality’ to deal with the perpetrator ‘without inviting retaliation’ (Watkins & Watkins, 1978, p. 28; note that they here use ‘states’, ‘alters’ and ‘personalities’ interchangeably). Thus, while they appear to recognize the presence of both trauma-immersed (i.e., the state that held the pain) and daily-life functioning parts (i.e., the part that related to the perpetrator in a calm manner), the Watkins did not differentiate between these two sets of subsystems. And they did not discuss the differences for traumatized individuals between ego states functioning in daily life and those containing traumatic memories. Furthermore, with regard to these cases, there is no explication of the nature of these trauma-related ego states; there is no differentiation with regard to ego states related to functioning in daily life and those fixated in trauma.

In addition, the Watkins’ concept of ‘ego-states’ varied considerably with regard to its specificity to particular moods and situations; for example, they argued that an ego state could be so small as to include only ‘the behaviors and feelings elicited when attending a baseball game’ (p. 26). As such, their concept is not suited for describing trauma-related dissociation because: 1) ‘ego-states’ are considered to be essentially the same whether they occur in ‘normal’ or ‘multiple’ personality, 2) the latter differ only in terms of the how ‘energized’ they are and how ‘rigid and impermeable’ the boundaries are between states, 3) no process that would allow for the transformation of ‘normal’ ego states to those characteristic of ‘multiple personality’ is described (i.e., the question of what *causes* ‘rigid and impermeable’ boundaries is not addressed) and 4) no distinction is made between post-traumatic ego states attempting to function in daily life and those that are fixated in trauma. Further, from a treatment perspective, the Watkins’ do not advocate integration – that is, the fusion of ego states into one personality. Rather, they felt that simply improving awareness of

ego states, and their relation with one another, was a sufficient treatment goal. However, as Kluft (2016) and others have noted, there are clear risks to this strategy: ‘When alters' autonomous identities and senses of self are retained, under stress the threshold for a return to dysfunctional dividedness is lowered’ (Kluft, 2016, p. 245).

Labeling Subsystems of the Personality as Personalities

In line with Janet (1907, 1909a), a number of authors state that dissociation refers to a division or dissociation of the personality (e.g., McDougall, 1926; Mitchell, 1922; Prince, 1906) – sometimes labeled as a “splitting” of the personality (Ferenczi, 1932/1988; Simmel, 1918). As the use of the terms, “double personality” (Ribot, 1885) and “multiple personalities” (Azam, 1887; Binet, 1896; Bourru & Burot, 1888; Prince, 1906) already indicated, some authors (including Janet, at times) referred to these dissociative systems as “personalities” (cf. Van der Hart & Dorahy, 2009). Mitchell (1922), for instance, stated:

> If an idea that has become dissociated attains such potency that it bursts its barriers, re-enters consciousness, and dominates the whole of conduct, it leads to the appearance of a secondary personality. In order to develop such potency the dissociated material must have a certain amount of unity of structure and be accompanied by an affect of a certain intensity. (pp. 114-115)

McDougall (1926), writing in terms of a dissociation of the personality, stated:

> Normal personality... is the product of an integrative process… and is susceptible to disintegration that results in the manifestation of two or more personalities in and through the one bodily organism. (p. 545)

This could be observed most clearly in the "major" cases of multiple personality (DID), but was also true of the "minor" phenomena, "operating for the time being independently of the primary personality" (p. 544). He refers to the transient phenomena of carrying a post-hypnotic suggestion and structural phenomena of, for instance, a dissociative contracture. Thus, McDougall states:

> we must interpret the minor phenomena of dissociation in the light of the major cases, the extreme cases in which the phenomena lend themselves better to investigation. In all such major cases, we find the dissociated activity to be not something that can be adequately described as … the self-conscious purposive thinking of a personality; and, when we study the minor cases in the light of the major cases, we see that the same is true of them. (p. 544)

Apparently Normal and Emotional Personalities

The English physician and psychologist Charles Myers distinguished, during his observations and treatment of acutely traumatized WWI soldiers, two prototypes of dissociative subsystems of the personality, which he labeled the '*apparently normal' personality* and the *'emotional' personality* (Myers, 1940). In his descriptions of acutely and severely traumatized WWI soldiers, Myers (1940) refers to a dissociation of the personality. Initially, the attention of these traumatized soldiers often

> would appear to be concentrated on some narrow field, doubtless generally on the scene which produced his condition. … The recent emotional experiences of the individual have the upper hand and determine his conduct: the normal has been replaced by what we may may call the 'emotional' personality. (pp. 66-67)

Then they would be in a state of light stupor or in states of excitement, depression and automatism.

> Gradually or suddenly an 'apparently normal' personality usually returns —normal save for the lack of all memory of events directly connected with the shock, normal save for the manifestation of other ('somatic') hysteric disorders indicative of mental dissociation. Now and again there occur alternations of the 'emotional' and the 'apparently normal' personalities, the return of the former being often heralded by severe headache, dizziness or by a hysterical convulsion. On its return, the 'apparently normal' personality may recall, as in a dream, the distressing experiences revived during the temporary intrusion of the 'emotional' personality. The 'emotional' personality may also return during sleep, the 'functional' disorders of mutism, paralysis, contracture, etc., being then usually in abeyance. On waking, however, the 'apparently normal' personality may have no recollection of the dream state and will at once resume his mutism, paralysis, etc. (p. 67)

Myers referred to "hysteric disorders," which nowadays can be understood as dissociative disorders in a general sense – thus, including posttraumatic stress disorder. Although not using Myers' terminology, the psychiatric literature of the WWI war neuroses is replete with clinical examples illustrating this trauma-related dissociation of the personality.

Comments. The authors whose views are discussed above called the trauma-related subsystems of the personality as "personalities" – in McDougall's terms, each with its "self-conscious purposive thinking," that is, first-person perspective. They obviously adhered to the notion - which held sway for much of the 20th century – that persons were capable of having more than one *personality*, and that the most severe form of trauma-related dissociation was *multiple personality disorder*. This term was replaced by dissociative identity disorder in the DSM-IV (APA, 1994), and with good reason; the notion that one individual can have more than one personality is not logical, if one considers

personality as “the dynamic organization within the individual of those psychophysical systems that determine his characteristic behavior or thought” (Allport, 1961, p. 28) or as ‘a person... considered as the possessor of individual characteristics’ (OED Online, 2018b). We believe that the OED definition applies even to the divided personality of traumatized individuals. Thus, when the dissociative subsystems of the personality are called “personalities,” this places these dissociative systems *too high in the hierarchy of degrees of realities*. The clinical consequences of this – relating to parts of the personality as ‘personalities’ – is that these dissociative subsystems are reinforced in viewing themselves as separate ‘people’; such a position would clearly make the ultimate goal of integration more difficult.

It should be noted that Mitchell and McDougall at times, like other authors including Janet, also use some other terms lower in this hierarchy interchangeably, for instance, “complexes” (Mitchell, 1922) and “parts of the personality” (McDougall, 1926).

Unlike Mitchell and McDougall, Myers distinguished between two prototypical subsystems of the personality, the apparently normal personality and the emotional personality, which is a major step forward in our understanding. The adjective “apparently normal” constituted an improvement over *normal state of consciousness*, as used by Breuer and Freud (1893/5); and the adjective *emotional personality* seems more to the point than *états seconds*, as used by Laurent and others. We find the same type of distinction that Myers made in Jung’s preceding work, discussed below.

Labeling Subsystems of the Personality as Complexes

Several authors referred to subsystems of the personality as “parts of the personality” (e.g., Ferenczi, 1930, 1932, and McDougall, 1926, at times). One of these was Carl Jung, who early his career, developed the notion of a ‘complex’.

Jung, particularly in his early work, referred repeatedly to Janet. Jung's view that the human mind comprised a number of subpersonalities, which he called 'complexes', was inspired by Janet's concept of "simultaneous psychological existences" (Janet, 1889). However, for Janet these "existences" were dissociative in nature, and by definition pathological, while Jung felt that everyone's personality contained subpersonalities. Based on his research with word association tests, Jung developed the concept of a *complex*, which he had borrowed from the German psychiatrist Ziehen (Jung, 1906, 1909). As Myers (1940) did with regard to "personalities," Jung distinguished between two main types of such complexes. The first type referred to the ego as a complex of ideas which constitutes the center of the field of consciousness and appears to possess a high degree of continuity and identity, hence the label *ego-complex*. The second type pertained to "emotionally charged complexes" or "feeling-toned complexes of ideas," which were understood as core networks of emotions, memories, perceptions, and wishes generated around a common theme, and which he equated with Janet's subconscious *idée fixes* (Ellenberger, 1970, p. 406).

In his 1907 book *The Psychology of Dementia Praecox*, Jung clearly saw a 'complex' as an independent psychological entity, describing it as a ''being, living its own life and hindering and disturbing the development of the ego-complex' (p. 47). The connection between complexes and dissociative disorders is made even more clear in a publication from a few decades later:

> (T)here is no difference in principle between a fragmentary personality and a complex... Today, we can take it as moderately certain that complexes are in fact 'splinter psyches'. The aetiology of their origin is frequently a so-called trauma, an emotional shock or some such thing, that splits off a bit of the psyche. (Jung, 1934/1960, pp. 97-98)

Eugen Bleuler, who developed the concept of schizophrenia in collaboration with Jung, agreed, as can be seen in the following quote:

> (D)issociation of the personality is fundamentally nothing else than the splitting off of the unconscious; unconscious complexes can transform themselves into these secondary personalities by taking over so large a part of the original personality that they represent an entirely new personality. (Bleuler, 1905, p. 279)

In his book on war neuroses and psychological trauma, Ernst Simmel adopted Jung's terminology, and presented his understanding, observations and treatment of traumatized combat soldiers (Simmel, 1918). He discussed a trauma-generated "splitting of the personality" (*Spaltung der Persönlichkeit*) into two "groups of experience" (Empfindungsgruppen) in conflict with each other, that is, a *Persönlichkeitscomplex* or *Ichcomplex* versus a "feeling-toned complex of ideas," *gefühlsbetonte Complexe*, cut off from the former. Simmel thus implied the dissociative nature of these complexes, with the emotions of the latter "complex" being in the service of self-defense. In treating war trauma, he used hypnotic induction of hypermnesie in order to have the patient – as both complexes – re-experience the trauma, including the emotions involved. He believed that adequate affective expression led to healing. Then he encouraged the patient to experience the safety of the present, allowing for a sense of liberation. In some cases, he observed that an older trauma-generated splitting (dissociation) of the personality, for instance related to childhood sexual abuse, existed.

Comments. Jung and Simmel's complexes seems to encompass, in principle, more than one mental state, and suggest that each complex has its own first-person perspective. As such, Jung's complexes do not seem to be placed too low in the hierarchy of reality. However, like the Watkins' ego-states, he saw complexes as present in everyone, and did not suggest that they were by nature

different when due to trauma-related dissociation. In addition, there is no suggestion that traumatic experiences produce different *kinds* of complexes – some fixed in the trauma and some trying to function in daily life. Simmel, in contrast, wrote about complexes only with regard to traumatized soldiers, but the other criticisms of Jung's concept of complexes also apply to his.

Proposed solution: Trauma-related Dissociation Conceptualized as Dissociative Subsystems as Parts of the Personality

All of the above historical conceptions of subsystems of the personality, as *states of consciousness*, *personalities*, or *complexes*, have limitations when applied to trauma-related dissociation. The concept of 'state', as usually defined, is clearly too limited, as each dissociative subsystem of the personality may involve any number of states; likewise, 'consciousness' is also too limited, as the division associated with trauma-related dissociation involves far more than consciousness.

Some of these conceptions – particularly *ego states* and Jung's *complexes* – are argued to be present in all persons; while these models consider *traumatization* or *multiple personality*, they both appear to assume that the subsystems are essentially the same as those present in everyone – only that the separations between them are more pronounced. Of those concepts which consider subsystems of the personality to be present only in cases of psychopathology, several – including *hypnoid* and *secondary* states – view only the alternate state as abnormal; in both of these models, the person is considered to be functioning normally when in their *primary* or *normal* state of consciousness. As such, these conceptions would appear to lie too *low* on Janet's hierarchy of reality; in contrast, ego states and Jung's complexes, with regard to *normal* personality, would appear to lie too *high* on Janet's hierarchy, as they all seem to assume separate first-person persectives.

On the other hand, conceptualizing subsystems of the personality as *personalities* clearly places them too high on Janet's hierarchy of reality. Treating these different parts as different *persons* would likely provide an obstacle to the clinical goal of integration. Myers' (1940) conception at least has the advantage of recognizing that a traumatized individual is not 'normal' in any state of consciousness – hence the term '*apparently* normal personality'; but viewing this part as a personality is a mistake.

By more specifically referring to *dissociative parts of the personality*, the contemporary theory of structural dissociation of the personality (Nijenhuis, Van der Hart, & Steele, 2002; Van der Hart et al., 2006/2011) addresses these problems with the historical conceptions of trauma-related dissociation. One of the concerns of this theory is that the *dynamic biopsychosocial dissociative subsystems* – as they are called in TSDP – in trauma-generated dissociation should not be placed too high or too low in the hierarchy of degrees of reality. The theory assumes that each individual has but one personality, however divided it may be; it also assumes that these dissociative subsystems include a *constellation* of mental and behavioral states rather than a singular state (Nijenhuis, 2015; Nijenhuis & Van der Hart, 2011). Some of these subsystems encompass far more states than others; for instance, they may include combinations of action or motivational (sub)systems that mediate their typical goal-directed actions. The generic label which is helpful in placing these dynamic dissociative subsystems correctly in the hierarchy is *dissociative parts* —"dissociative" rather than "dissociated" (e.g., Fisher, 2017), because the latter term seems to imply that some of these parts are dissociated from the rest of the —non-dissociative—personality, is innaccurate. Thus, trauma-generated dissociation (formerly labeled as "dissociation in trauma") entails a division of an individual's personality, i.e., of the dynamic, biopsychosocial system as a whole that determines his or her characteristic mental and behavioral actions.

The division involves two or more insufficiently integrated dynamic but excessively stable subsystems. These subsystems exert functions and can encompass any number of different mental and behavioral actions and implied states. These subsystems and states can be latent or activated in a sequence or in parallel. Each dissociative subsystem, i.e., dissociative part of the personality, includes its own, at least rudimentary first-person perspective (Nijenhuis & Van der Hart, 2011, p. 418).

Phenomenologically, this division of the personality manifests in dissociative symptoms that can be categorized as negative (functional losses such as amnesia and paralysis) or positive (intrusions such as flashbacks or voices), and psychoform (cognitive-emotional symptoms such as amnesia, hearing voices) or somatoform (sensorimotor symptoms such as anesthesia or tics or somatic sensations related to trauma). What is experienced in one dissociative part of the personality is either not experienced by other parts, or experienced as an "intrusion" not belonging to the prevailing sense of self.

Apparently Normal Parts of the Personality and Emotional Parts of the Personality

The theory proposes that dissociation among dissociative parts of the personality are along the lines of evolutionary prepared action systems (also known as motivational or behavioral systems) of daily life and of defense. Thus, there are two main categories of dissociative parts: one type tends to primarily function in daily life while avoiding reminders of the trauma, while—as already noted by Simmel (1918)—the other is primarily fixed in various trauma-related defenses (fight, flight, freeze, collapse), mostly stuck in trauma-time, and, when re-activated, reliving traumatic experiences (e.g, DSM-IV's dissociative flashback episodes, also recognized in DSM-5 [APA, 2013]), as a positive dissociative symptom of PTSD).

In line with Myers' (1940), and, to some degree, Simmel's terminology, one prototypical type is called the *apparently normal parts of the personality* (ANP), and the other, the *emotional part of the personality* (EP), each with its first-person perspective and sense of self (Van der Hart et al., 2006/2011). It seems that in the 19th and early twenty century literature, EP was referred to as state of *somnambulism*, *état second*, *hynoid state*, *emotionally charged complex*, and *traumatic complex* (though ANP was often not recognized by these theories). Indeed, a case could be made that such dissociative parts, more or less, remain in a kind of malignant trance state: one in which, when reactivated, the experience of being in trauma-time, has for these EPs the highest degree of reality (cf., Janet, 1928).

The theory recognizes the basic division of the personality into a single ANP and a single EP. As Janet (1909b) and Ferenczi (1933) already noted, dissociation is typically more complex and chronic when the individual experiences more intense trauma, starting at an earlier age, with more repetition and longer duration. This involves the development of two or more EPs, along with two or more ANPs.

Conclusion

The point of departure in this article was that traumatic experiences involve a dissociation or division of the personality into two or more dissociative subsystems of the personality. A number of historical concepts related to these subsystems of the personality were reviewed, with regard to their utility in describing trauma-related dissociation, and compared to the contemporary theory of structural dissociation of the personality. These concepts were assessed with regard to Janet's *hierarchy of reality*, whether the subsystems of the personality involved different first-person perspectives, and whether a distinction between trauma-fixated and daily-life functioning parts was elaborated.

All of the historical concepts, classified into the broad categories of *states*, *complexes*, or *personalities* fell short in one or more of these ways. Some of the concepts argued for subsystems of personality in all persons (Jung's *complexes*, Watkins' *ego states*), while not differentiating such divisions from those occuring after traumatic experiences. Others, while considering a division to occur solely in pathological cases, viewed only some of the states present in a traumatized person to be abnormal (*secondary* and *hypnoid states*), with the other state seen as normal. Still other concepts (Myers' *emotional* and *apparently normal* personalities) assumed that traumatized individuals developed more than one *personality* placing the concept too high on Janet's hierarchy of reality; while concepts such as *hypnoid states* were too low on the hierarchy of reality. And none of the historical concepts, except for those Myers introduced, allowed for the essential division seen in trauma-related dissociation – that between the dissociative partof the personality fixated in the trauma and the part attempting to function in daily life.

In contrast, the contemporary theory of structural dissociation of the personality – building on Janet's seminal theories from the late 19th century – addresses all of these concerns. It argues that, while all persons have only one personality, during and after traumatic experiences that personality becomes divided into one (or more) dissociative part fixated in the trauma and one (or more) part attempting to function in daily life. Understanding the division inherent in trauma-related dissociation as 'parts of the personality' places the concept just right in terms of Janet's hierarchy of reality; the first-person perspective of the parts is recognized, respected and dealt with appropriately, while their role as 'part of the whole' personality is also recognized. This ensures that the ultimate goal of integration remains firmly fixed in both the clinician's and traumatized person's minds.

Thus, while clinicians and researchers have been wondering about divisions within personality – normal and traumatized – for some time, and have proposed numerous models or concepts to deal with them, the contemporary theory of structural dissociation of the personality appears best positioned to acknowledge, understand and work with the subsystems of the personality generated from traumatizing events – from simple PTSD to dissociative identity disorder.

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