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## Discussion

# Return to understanding dissociative symptoms as manifestations of a division of the personality: A rejoinder

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## ABSTRACT

In his commentary on my article, Trauma-related dissociation of the personality: An analysis of two conflicting models (Schimmenti, 2022); Van der Hart, 2021) challenged my position that dissociative sub-systems of the personality include their own sense of self and first-person perspective for identifying trauma-related dissociative symptoms—which is a key-understanding in original views on dissociation and in the theory of structural dissociation of the personality. Relative to its severity, being traumatized involves an array of biopsychosocial symptoms and features. Each of these deserves scientific and clinical interest, and it is a sign of progress that they are receiving more attention. However, there is a tendency in the field to gather ever more of these phenomena under the umbrella of ‘dissociation’. Lacking conceptual clarity and specificity, this development is fraught to scientific and clinical imprecision. Conceptual clarity as well clinical sensitivity may benefit from taking Pierre Janet’s pioneering studies as points of departure. (152 words)

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Can dissociative symptoms exist without an underlying dissociation of the personality? In my article, Trauma-related dissociation: An analysis of two conflicting models (Van der Hart, 2021), I argued that the answer should be “no.” In his thoughtful commentary on this article, however, Schimmenti responded with an unequivocal “Yes!” (Schimmenti, 2022). Schimmenti and I do agree that there exist in trauma survivors a dissociation or division of their personality manifesting in dissociative symptoms. However, our ways part when he and many other students of dissociation include many more psychological phenomena under the label of dissociation. I remain critical of this tendency to stretch the meaning of the concept dissociation, up to a point where its specificity has become very low (few phenomena do not fit) and its sensitivity rather high (many phenomena fit). As my colleagues and I have repeatedly argued, this multidimensional view of dissociation implies a severe loss of conceptual clarity, if not an oxymoron. Our repeated call has been to return to the original understanding of (trauma-related) dissociation of the personality (e.g., Nijenhuis, 2015a, 2015b; Nijenhuis & Van der Hart, 2011; Steele et al., 2022, 2009; Van der Hart et al., 2006, 2004). For clarity’s sake, this plea as such does not per se imply an advocacy for the theory of structural dissociation of the personality (TSDP) based on this original understanding; rather, it calls for a general return to the original

and circumscribed meaning of trauma-related dissociation. Also, it is not at all a dismissal of the important research being done from a multidimensional perspective in which Schimmenti and colleagues are engaged, but rather an appeal to not label all phenomena involved in this research as being dissociative in nature.

In this rejoinder, I focus on a few statements Schimmenti made which invite a clarification from my part or which involve differences of opinion.

### Do dissociative parts without a first-person perspective exist?

Schimmenti rightfully criticizes the last part of my statement, “(T)he implication of these models is that they rob the notion of dissociation of its specificity; for instance, they would not distinguish between individuals with dissociative parts and individuals with mood swings” (Van der Hart, 2021, p. 4). A more correct formulation of this part of the sentence would have been: “... individuals with mood swings without an underlying dissociation of the personality, i.e., the existence of dissociative parts of the personality.” Schimmenti and I are in complete agreement with the DSM-5’s statement that “dissociation can potentially disrupt every area if psychological function” (APA, 2013, p. 291). We differ in opinion as to what this means. In my understanding, apart from dissociative symptoms widely recognized as such (e.g., dissociative amnesia, hearing voices, somatoform dissociative symptoms), any psychological symptom can be either a non-dissociative symptom or a dissociative one—in which case, however, it would stem from a

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dissociative part of the personality. For instance, Şar (2015) shows how this can be the case with depression, where he distinguishes a dissociative subtype involving the existence of dissociative parts which he describes as “selves.” The clinical importance of noticing the hidden world of dissociative parts is that they need to be included in the therapy.

A special case is formed by the symptoms of depersonalization and derealization (DepDer), which according to the DSM-5 and other sources are dissociative in nature. Thus, the DSM-5, in line with some previous publications (e.g., Lanius et al., 2012), distinguishes a dissociative subtype of PTSD, not per se consisting of the presence of dissociative flashbacks episodes or amnesia, but rather of Dep/Der. When the original understanding of dissociation as a division of the personality remains accepted, such as is the case with TSDP, then, again, all such symptoms are to be regarded as dissociative in nature only when stemming from this division (cf., Steele et al., 2009).

However, when one lets go of this specificity of the concept of dissociation and, for instance, regards all detachment phenomena as being dissociative (Brown, 2006; Holmes et al., 2005;), one would remain convinced that Der/Dep symptoms are always dissociative—never mind that Janet, for one, criticized this understanding: “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” (Janet, 1927, 2007, p. 375).

### History as the starting point, not the arrival

Schimmenti proposes that Janet’s ideas should be considered as a starting point from which to move toward a more comprehensive understanding of dissociative phenomena. I agree; I believe that Janet would have been all in favor of further studies exploring the nature of trauma-related dissociation and related psychological phenomena. Taking the specific understanding of dissociation or doubling as the point of departure, various research groups focus on its neurophysiological dimensions, especially as characterizing individuals with DID (see Nijenhuis (2015b), for an overview). Janet was averse of dogmatism and, for that reason, did not develop his own school of psychology, but rather stimulated independent thinking (Ellenberger, 1970).

As manifested in his Thesis, *L’automatisme psychologique* (Janet, 1889, 2022), Janet was an experimental psychologist who made careful observations, developed hypotheses, and tested them. In fact, over time he himself often critically re-examined his older studies, including those focusing on *hysteria* (as the wide range of dissociative disorders were called at the time) and *psychasthenia* (Janet, 1903, 1909), another major category of mental disorders which he clearly distinguished from hysteria:

“I don’t think we can talk about... the psychological phenomena that were most prominent in the hysteria; it does not seem to me that we find in psychasthenics facts comparable to the narrowing of the field of consciousness and the dissociation of the personality. We observe in these patients neither the suggestion proper, nor the phenomena of amnesia, paralysis, nor the subconscious movements which are related to this narrowing and this dissociation. The development of this neurosis never results in somnambulism proper, in the automatic writing of mediums, in the split personality that one finds at the end of hysteria. In short, psychasthenic neurosis is not essentially, like hysteria, a disease of the personality. (Janet, 1909, pp. 353–354)

Thus, as a philosopher trained in being very careful in his conceptualization, Janet would probably not accept the tendency to give an ever widening range of meanings to the concept of dissociation. For instance, he was explicit in not regarding Dep/Der as dissociative in nature when there is no division of the personality

involved; then, it would be a symptom of psychasthenia, with its characteristic feelings of incompleteness (Janet, 1909).<sup>1</sup>

### Janet’s attitude toward his patients

While this is not the main issue of my rejoinder, I do not want to refrain from responding to Schimmenti’s statement that the original Janetian perspective of dissociation was “unfair and disrespectful of the mental capacities of severe traumatized individuals who display dissociative parts of personality: in spite of everything, these persons were able to cope with unbearable events without totally disintegrating, by using the psychological resources that they had at the moment of trauma” (p. 3). First, I want to emphasize that, like Schimmenti and many others in the field, the adherents of TSDP including myself are most respectful of survivors characterized by a trauma-related dissociation of the personality, being in awe of their motivation and capacity for survival. I believe, however, that Janet was also characterized by deep respect for his patients—an attitude which, I believe, is not contradicted by his postulation that constitutional factors are also contributing to the development of hysteria, i.e., the old diagnostic category of dissociative disorders (cf., Ellenberger, 1970). In fact, also Breuer and Freud eventually included disposition or constitution as a possible factor (Freud & Breuer, 1895/1974).

North-American relational psychoanalysis (e.g., Bromberg, 1998; Howell, 2020; Howell & Itzkowitz, 2016) and related psychoanalysts elsewhere (cf., Craparo et al., 2019) hold Janet’s qualities in high esteem. There is, however, still a tendency in psychoanalysis to devalue Janet’s work and attitude. It may be rooted in Freud’s original strategic move of attacking a simplified view of his rival Janet regarding his inclusion of constitutional factors in the etiology of hysteria. Ellenberger (1970) describes how the early methods and concepts of Freud were modeled after those of Janet (see also Fischer-Homberger, 2021). Even the name “psychoanalysis” is derived from Janet’s “psychological analysis.”

“In 1896, Freud ... began to emphasize the differences between his ideas and methods of Janet. In so doing, Freud gave a distorted picture of Janet’s concepts by asserting that Janet’s theory of hysteria was based on the concept of “degeneration.” Janet actually taught that hysteria resulted from the interaction in different constitutional factors and psychic traumata, and this is what Freud later called a “complementary series.” ... Freud also criticized Janet’s concept of hysteria resulting from a weakness of the “function of synthesis” [i.e., a lowering of the integrative capacity]. A similar concept, however, was later adopted by psychoanalysis under the name of ego weakness.” (p. 539)

Actually, Janet not only regarded traumatizing events, as major factors affecting people’s integrative and adaptive capacity. In his psychological analysis, he thoroughly explored his patients’ histories, especially adverse and dysfunctional family situations with abuse and neglect, losses, poverty, poor living situations, that may have contributed to their presenting problems (Janet, 2011, 1919, 1925, 1932). However, Janet would regard these problems as manifestations of hysteria only when they reflected a dissociation of the personality. Again, he would differentiate them from psychasthenic symptoms which may also stem from adverse experiences (Janet, 1903, 1909).

In any case, despite differences in conceptualization, Janet would have been very impressed by Schimmenti’s own research studies pertaining to the effects of childhood and subsequent psychopathology (e.g., Schimmenti, 2017a, 2018; Schimmenti (2016), Schimmenti & Caretti, 2017). Furthermore, Schimmenti’s finding

<sup>1</sup> We know, however, that some dissociative parts may, indeed be characterized by Dep/Der symptoms, in which case these symptoms are, indeed, dissociative in nature (cf., Nijenhuis, 2015b; Steele et al., 2009).

that emotional neglect in childhood may result in reduced mentalizing abilities (theory of mind) and in higher levels of alexithymia (Schimmenti, 2017a) would fit very well in Janet's description of psychasthenia (Janet, 1903, 1909).

### Trauma-generated dissociation as deficit or adaptive/coping strategy

Like many other specialists in the field of trauma-related dissociation, Schimmenti emphasizes, as mentioned above, that the development of a dissociation of the personality involves the ability of traumatized persons "to cope with unbearable events without totally disintegrating, by using the psychological resources that they had at the moment of trauma" (p. 3). This seems to be in line with what we formulate in our definition of trauma-related dissociation of the personality ("dissociation in trauma"), i.e., that this dissociation "evolves when the individual lacks the capacity to integrate aversive experiences in part or in full, can support adaptation in this contact but commonly also implies adaptive limitations" (Nijenhuis & Van der Hart, 2011, p. 418); and even more so with Nijenhuis's (2017) statement that "[d]issociation of the personality begins as the creative attempt to sustain life-and ends as a major struggle to live it" (p. 130).

I guess that we all still can agree that trauma-related dissociation is, fundamentally, a form of lowered integrative capacity—at least with regard to being confronted by an potentially traumatizing event. This includes two components: (1) a decomposition of the personality, and (2) a subsequent recomposition of the personality (Nijenhuis, 2015a, 2015b, 2017; Van der Hart & Rydberg, 2019), which is the substitute solution for full integration during and after unbearable experiences.

### Do dissociative parts without a first-person perspective exist?

When one considers this first-person perspective and related sense of self as a defining characteristic of dissociative parts—such as is a basic tenet in TSDP (Nijenhuis, 2015b; Nijenhuis & Van der Hart, 2011; Steele et al., 2017; Van der Hart et al., 2006)—then the answer is a clear *no!* Such dissociative subsystems with their own first-person perspective need to be distinguished from psychological phenomena such as ego-states, self-states and modi, the respective definitions of which do not include it (cf., Moskowitz & Van der Hart, 2020).

Schimmenti, on the other hand, answers this question affirmatively, stating that my references in this regard to other seminal authors, such as Ferenczi (1932/1988) should be discussed more extensively, "as they would not support in full TSDP" (p. 2). (However, this is not the present issue, as noted above.) He refers to Ferenczi's case of R.N., as described in his *Clinical Diary* (1932/1988), and to Morselli's case of Elena (cf., Schimmenti, 2017b). My own reading of Ferenczi's texts rather seems to confirm that for him trauma, such as chronic childhood abuse, involves an enduring division of the personality. In his description of his patient R.N.'s dissociation of the personality, Ferenczi discerned various dissociative parts (which he labeled as "parts" or "fragments"), with one part, developed in a situation of unescapable threat (sexual abuse at age five), labeled by Schimmenti as a "mass of affect" and by Ferenczi as "the pure, repressed affect" (p. 9), which he further described as a part behaving "like a child who has fainted, completely unaware of itself, completely unaware of itself, who can perhaps only groan, who must be shaken awake mentally and sometimes also physically" (p. 9): In my understanding, it cannot be that this part, when not fainted, did not have a sense of self and a first-person perspective. Indeed, Ferenczi then describes the condition in which the therapist ["analyst"] may "succeed in directing this being's reflective powers and orientation to the point where it

can say and remember something about the circumstances of the shock [trauma]" (p. 9). (See, on this issue, also Severn [1933/2017], who was Ferenczi's patient R. N.)

Schimmenti also refers to Elena, a classic Italian case of DID originally described by Morselli (1930; cf., Ellenberger, 1970), and, in an excellent way, re-introduced by himself (see Schimmenti, 1917b). Apart from having dissociative parts displaying first-person perspectives, Elena also presented "parts that resembled a condition of stupor and that likely testified the manifestation of a psychological shutdown, without any apparent first-person perspective behind them" (Schimmenti, 2022, p. 1). Many therapists of clients with DID must have encountered such dissociative parts, which in this shutdown manifest tonic immobility and bodily as well as emotional anesthesia (Nijenhuis, 2015b). In fact, the existence of such shutdown parts has also been reported before; in, for instance, acutely traumatized combat soldiers during World War I (e.g., Lévi, 1918; Myers, 1940). In all these cases, labeling these dissociative parts as a "mass of affect" does not seem to fit; affect is rather absent, and their sense of self and first-person perspective may either be dormant or present with an extremely low degree of intensity. Affect typically is someone's affect, and being someone implies a first-person perspective.

### Conclusion

I once again thank Schimmenti for both his positive and critical remarks, and I apologize for having given, at times, the impression of being dismissive or even derogatory with regard to other relevant models besides TSDP. My intention was just to plea for a narrow understanding of trauma-related dissociation and to warn for making the term endless. In fact, I admire the important empirical and clinical studies Schimmenti and like-minded colleagues are engaged in. I am in complete agreement with his concluding statement, "In the end, it is the capacity to integrate different perspectives that mostly helps us in our clinical action, and we consistently try to foster the capacity to integrate parts in our traumatized clients. Perhaps, we should promote this very capacity to integrate within our field, to see it further growing and flourishing in the future" (p. 3). However, empirical data cannot repair conceptual problems. I remain convinced that promoting these essential goals would be more successful if we prevent Babylonian confusion and, instead, are guided by the principle of specificity with regard to the construct of dissociation of the personality and clearly distinguish symptoms and features which are not based on this division.

### Declaration of Competing Interest

The author declares that he has no competing interest.

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