

The Creativity of Dissociation

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ABSTRACT. This paper examines the complex and creative strategies employed in keeping beliefs, memories, and various other mental and bodily states effectively dissociated from normal waking consciousness. First, it examines cases of hypnotic anesthesia and hypnotically induced hallucination, which illustrate: (1) our capacity for generating novel mental contents, (2) our capacity for choosing a plan of action from a wider set of options, and (3) our capacity for monitoring and responding to environmental influences threatening to undermine a dissociative state. These observations are then extended to cases involving dissociated memories of trauma. The strategies needed to maintain a dissociated belief or memory are strikingly similar to those involved in preventing our lies from being exposed. Moreover, these strategies are complex, and they potentially affect seemingly remote aspects of a person's psychology. That point is illustrated by examining the dispositional nature of both memory and belief, the complex web of relations between our mental states and other elements of our psychology, and the interrelatedness of personality states and human capacities. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> 2002 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

The study of dissociation can be approached from many angles, and from three broad perspectives: clinical, experimental, and theoretical. These three general perspectives are not mutually exclusive, and the topic of this paper is relevant to each. But I'm primarily concerned with certain intriguing and unheralded aspects of the dissociative process. Specifically, I want to consider how dissociation can be a profoundly creative—indeed, continually creative—activity, and I want to examine that creativity in detail.

This type of dissociative creativity differs from that examined in an earlier paper (Braude, 2000). There, I considered how hypnotized or dissociated subjects sometimes display gifts or facilities they never exhibited in normal waking states. Here, the focus is on the creative maneuvering or adaptation apparently required to maintain certain dissociative states. This is a topic I addressed briefly (almost in passing) in *First Person Plural* (Braude, 1995), but I believe it deserves more thorough consideration. It bears on long-standing and hotly debated questions about the nature of the self and cognition, and it promises to enhance clinical understanding of dissociative disorders.

Ultimately, I hope to show two things: (a) that the process of dissociating traumatic memories is similar in crucial respects to maintaining hypnotically-induced hallucinations, and (b) that in other respects it's similar to a much more familiar process: lying.

CREATIVITY AND HYPNOSIS

We should begin with relatively simple examples of the processes I have in mind. These examples highlight crucial features of the more complex, clinically substantive cases we examine next. So let's consider the creative side of two closely allied states: dissociative anesthesia (or, in DSM terminology, conversion disorder with sensory deficit) and hypnotically-induced negative hallucinations. Studies of these phenomena have a long and colorful history (Braude, 1995; Gauld, 1992), and it's both fascinating and instructive to review them carefully. They show, among other things, that highly hypnotizable subjects can re-

spend successfully to suggestions not to have certain ordinarily unavoidable bodily sensations as well as suggestions not to perceive selected objects (e.g., a wooden match marked with an “x,” a chair, or a person on a chair). Nevertheless, subjects seem “to remain sufficiently aware at some level of the excluded sensory data to act upon them for any important purpose” (Gauld, 1992, p. 447).

These curious phenomena are more impressive than most realize. Century-old studies of hypnotic and so-called hysterical (conversion) anesthesia occasionally noted how subjects made themselves anesthetic in areas that didn’t correspond to natural anatomical regions, “such as would be affected by the actual lesion of any given nerve” (Myers, 1903, vol. 1, p. 45; Janet, 1901/1998, pp. 9-10). Instead, they experience insensibility in parts of the body corresponding to apparently popular, whimsical, or relentlessly idiosyncratic conceptions of bodily operations. For example, subjects have experienced anesthesia in a belt or band around the arm. And Janet noted,

In hysterical blindness the anesthesia is not confined to the retina, but extends to the conjunctiva and even to the eyelids; the amaurotic hysterical patient has a pair of anesthetic spectacles across her face. That is to say, she has lost the use of the eye, taking the eye not in the physiological but in the popular sense, as including all that is contained in the orbit. (Janet, 1901/1998, p. 10)¹

Similar observations continue to this day. For example, Oakley (1999, p. 244) notes how “hypnotically suggested anaesthesia of a hand . . . will typically show a glove pattern with sharply defined boundaries in apparent correspondence to a naïve understanding of sensory innervation patterns.”

Negative hallucinations are perhaps even more curious. The first thing worth noting is that negative hallucinations sometimes require an interesting form of creative cognition. At least in cases where the unperceived object occupies a prominent place in the subject’s perceptual field, the location of that object may need to be filled in by a pseudo-perception of some kind. Presumably, that’s how those subjects avoid experiencing intolerable gaps or anomalies in their perceptual field. So in those cases at least, negatively hallucinating is not a passive process. It’s not analogous to having external obstacles block our perceptions. For those subjects to reduce perceptual anomalies and cognitive dissonance, negatively hallucinating requires the production of positive hallucinations.²

These forms of creativity are certainly part of what I want to discuss. They illustrate our capacity for generating novel mental contents and also (as I'll discuss shortly) our capacity for choosing a plan of action from a wider set of options. But I want to focus primarily on another aspect of dissociative creativity, and for now we may safely ignore the obvious dynamic differences between experimental hypnotic phenomena and the profound experiences of dissociative identity disorder (DID) patients. During both dissociative anesthesia and hypnotically induced hallucinations, ongoing events may threaten to undermine the novel effect. And when that happens, subjects may need to deal creatively with those forces, to find some way of countering their potentially disruptive influence.³

For example, F. W. H. Myers noted a peculiar and revealing feature of dissociative (conversion) anesthesia. He wrote,

hysterical anaesthesia rarely leads to any accident to the limb; differing in this respect, for instance, from the true anaesthesia of syringomyelitis, in which burns and bruises frequently result from the patient's forgetfulness of the part affected. There is usually, in fact, a supervision—a subliminal supervision—exercised over the hysteric's limbs. Part of her personality is still alive to the danger, and modifies her movements, unknown to her supraliminal self. (Myers, 1903, vol. 1, pp. 44-45)

In more recent reports, subjects were hypnotized not to see the chair in front of them. But when they were asked to walk around the room, some walked into the chair and evinced surprise that something touched them, and others avoided contact with the chair by walking or stumbling around it (Orne, 1962, p. 218). Similar behavior has been reported in recent studies of hypnotic blindness and visual conversion disorder (a.k.a. hysterical blindness), in which subjects seem to be influenced by objects or information of which they are apparently unaware (Bryant & McConkey, 1989a-c; Oakley, 1999).

Moreover, in experiments with both negative and positive hallucinations, genuinely hypnotized subjects tend to behave differently from simulating subjects asked to fake being hypnotized. As Hilgard has observed, “simulators tend to overplay their parts” (1987, p. 255). For example, a number of successfully replicated experiments have compared the behavior of so-called “reals” with simulators in connection with a doubled person hallucination. In these experiments, subjects are induced to hallucinate a co-experimenter (who is actually present) in a

chair across the room. After subjects begin clearly hallucinating and interacting with the hallucination, the investigator points to the real co-experimenter, who had been standing outside the subject's field of vision. The investigator then asks, "Who is this?" The interesting and replicated result of this protocol is that only genuinely hypnotized subjects tend to report the co-experimenter as being in two places. Simulators uninformed about hypnosis tend to believe they shouldn't recognize the real co-experimenter. So they tend to respond to the question "Who is this?" by saying, for example, "I don't know," or "there is no one there," or by identifying the experimenter as someone else. By contrast, hypnotized subjects often seem startled and confused, and they might do a "double take" and offer lame explanations for their experience (e.g., that the co-experimenter must have a twin, or that it's a trick with mirrors) (see Orne, 1971, 1959, 1962, 1972; Marks, Baird, & McKellar, 1989; for analogous results in the case of hypnotic blindness, see Bryant & McConkey, 1989a,c).

Of course, why subjects accept these explanations remains something of a mystery. Orne concludes that during both positive and negative hallucinations, the responses of deeply hypnotized subjects are "always characterized by a remarkable incongruity that does not appear to unduly trouble" them (Orne, 1972, p. 427). But simply labeling that tolerance of incongruity as "trance logic" does little to resolve the mystery. For one thing, it doesn't explain why subjects seem perplexed. In fact, their cognitive discomfort seems to presuppose an understanding that something has gone wrong. In fact, it seems that subjects demonstrate their ability to reason even when they invent implausible explanations of their experiences. For example, Orne notes that an occasional subject

who is usually both highly intelligent and experienced in hypnosis . . . will look at both the hallucination and the real person and finally identify the real person. When asked the process by which this decision was reached, he will say that he thought Dr. X [the co-experimenter] should carry out an action, perhaps raise his right hand, and one did and the other did not; he therefore decided that the one that raised his hand must be the hallucination. (Orne, 1972, p. 428)⁴

At any rate, no matter how we understand their cognitive tussle, it seems clear that the hypnotized subjects are coping actively with conflicting impulses or experiences. Those having negative hallucinations

are trying both to follow and to ignore an hypnotic suggestion, and all seem to be trying to make sense of an experience that somehow mystifies them. Whether or to what degree their efforts succeed, subjects are clearly dealing with their dilemma in an active and creative way. Their responses are not passive, much less those of mindless automata. Bryant and McConkey (1989a) reach a similar conclusion in their experiments with hypnotic blindness⁵. It requires both imagination and reasoning to make (even poor) sense to themselves of what's happening and to figure out how to proceed during their hallucinatory episode.

In the works referenced above, Orne was concerned primarily with the methodological issue of what a control group should be for hypnosis experiments. However, a number of earlier experiments focused squarely on the hypnotic phenomena themselves, especially the intriguing phenomenon of negative hallucination (or, as it was sometimes called, systematized anesthesia). In fact, inducing negative hallucinations was something of a fad in late nineteenth and early twentieth century psychology. And all along, subjects coped creatively with situations that tended to counter their suggested hallucinations. For example, Bernheim induced negative hallucinations in an eighteen-year-old servant girl, Elise B. (Bernheim's account is quoted verbatim in Binet, 1896, pp. 305-308.) While Elise was in trance, Bernheim said to her, "When you wake, you will no longer see me. I shall have gone." Then, with the cavalier (and ethically suspect) attitude toward human subjects characteristic of many experiments in that era, he subjected poor Elise to various indignities and ordinarily painful procedures. Bernheim reports as follows.

When she awoke she looked about for me and did not seem to see me. I talked to her in vain, shouted in her ear, stuck a pin in her skin, her nostrils, under the nails, and thrust the point of the pin in the mucous membrane of the eye. She did not move a muscle. As far as she was concerned, I had ceased to exist, and all the acoustic, visual, tactile, and other impressions emanating from myself made not the slightest impression upon her; she ignored them all. As soon, however, as another person touched her with the pin unknown to her, she perceived it quickly, and drew back the member that had been pricked. (Binet, 1896, p. 305)

Bernheim next tried verbal assaults, insisting that Elise was faking. But she remained peaceful, as if she heard nothing. Then, Bernheim writes,

Wishing to see, on account of its medico-legal bearing, whether a serious offence might be committed under cover of a negative hallucination, I roughly raised her dress and skirt. Although naturally very modest, she allowed this without a blush. I pinched the calf of her leg and her thigh. She made absolutely no sign whatever. I am convinced that she might have been assaulted in this state without opposing the slightest resistance. (Binet, 1896, p. 307)

Very similar results were obtained by Liégeois (also quoted in Binet, 1896, pp. 312ff).

These experiments are interesting for several reasons. But in the present context, one feature is especially noteworthy: how the subject dealt with assaults that would ordinarily be linked inextricably to perceptions of the assailant. In principle, at least, Elise had several obvious options. She might have consciously perceived Bernheim despite his suggestion to the contrary. She might have perceived the pins as floating in the air, as if carried by unseen hands (some subjects have responded in this way). She might have positively hallucinated another assailant, or attributed the assaults to one of the other experimenters present in the room. And I suppose she might have consciously perceived the needle pricks, touches, etc., but not experienced them as either painful or embarrassing. In fact, she might have experienced them as intrasomatic sensations, or as self-inflicted effects. But Elise did none of these things. Instead, she apparently experienced no sensations from having her body or clothing touched by Bernheim. Yet, when other experimenters subjected her to the same procedures, with the very same objects she had previously not perceived consciously, she was aware of what transpired.

Now strictly speaking, that was not what Bernheim had suggested to Elise. He said merely, “When you wake, you will no longer see me. I shall have gone” [italics added]. So what we need to appreciate is that it was up to Elise to figure out what to do with that suggestion. Bernheim’s instruction didn’t even make it clear in what sense he would be gone (e.g., out of the room, or simply invisible), and he didn’t specify how Elise was to experience either the objects Bernheim carried or the procedures inflicted on her. So Elise wasn’t compelled to implement Bernheim’s suggestion in one and only one way. She chose one, and arguably not the most obvious, of many options. Her creative way of making the suggestion work was to dissociate, not simply her visual perceptions of Bernheim, but also the perception of any direct effect he had on her.

CREATIVITY AND DISSOCIATION

It's widely accepted that dissociating traumatic memories and creating alter personalities or identities are likewise ways of coping with exceptional (usually, intolerable) situations. For example, Ross describes alter-creation as "a strategy for surviving a traumatic childhood" (Ross, 1997, p. 93), and Kluft describes alters "as rather desperate efforts to disavow and mitigate the impact of overwhelming life events" (Kluft, 2000, p. 267). It's also generally accepted that alter-creation requires ingenuity and creativity. Ross calls it "an adaptive use of the human imagination" and "a specialized development of the normal ability to become intensely involved in childhood play" (Ross, 1997, p. 80). And Young claims that "the production of any personality with its own name and history implies the use of fantasy" (Young, 1988, p. 35).

But few authors seem to appreciate how much creativity it takes to maintain an alter once it's created, or to keep a traumatic memory dissociated after it's been shielded initially from conscious awareness. It's not that clinicians fail altogether to recognize this. They often mention creative coping strategies as they focus on clinically relevant aspects of a patient's history or the patient/therapist relationship. For example, Kluft notes that alters "express the wish, the fantasy, of supplanting an intolerable reality with a more tolerable one" (Kluft, 2000, p. 267). However, it's remarkable how much monitoring, vigilance, and creative maneuvering is required to keep the wish or fantasy alive. And curiously, clinicians seem not to have noticed (or been impressed by) vital details and subtleties of the process.

To explain what I have in mind, I need first to consider some important points about the nature of memory. And to simplify discussion, let's focus on one type of memory—namely, memory-that or propositional memory. To put it roughly, this is memory of facts or of pieces of information. Another type of memory is memory-how, or skill memory (e.g., how to write, drive a car, open an envelope, etc.). Memories of both sorts can be dissociated, but to make the points necessary for this discussion, we can concentrate on just propositional memory. To simplify matters further, let's restrict our attention to autobiographical instances of memory—that, having to do with one's own experiences (e.g., the memory that I did such and such, or that an event happened to me).

With that in mind, the first thing to note is that remembering is the sort of thing philosophers describe as dispositional—that is, we remember even when our memory is not being expressed in occurrent states (episodes of active remembering). Consider, for example, my memory

of high school graduation. It's true of me that I remember that event even when I'm sleeping, or (more generally) at times when I have no specific occurrent thoughts about it. It's true that I remember it because I can have such thoughts, or give other signs of remembering my graduation, under appropriate circumstances. So I remember the event in the sense that I'm disposed to act in relevant ways or experience relevant things under certain circumstances. Moreover, we can say that a person presently remembers an event even when no occurrent conscious episode seems to "refer" or point specifically to it. For example, I'm remembering where my house key is when I reach automatically for it in my pocket. I'm remembering that I cancelled a lunch date as I'm re-scheduling another with my friend. That's because, even though I'm having no overt thoughts about the house key or cancelled lunch, my memory is presupposed by what I'm doing.

In fact, we risk underestimating the complexity of memory even when we say, correctly, that remembering is dispositional. Perhaps we should say, instead, that remembering is multiply dispositional. It's important to appreciate the variety of ways a memory can be expressed, in both inner experience and outer behavior. For example, I can remember my high school graduation by having thoughts, images, or sensations of various kinds (e.g., visual, auditory, olfactory, kinesthetic). But remembering that event is more than a disposition to have inner episodes of one kind or another. It's also a disposition to act—for example, to speak about different aspects of the occasion, to gaze wistfully at graduation photos, to re-enact the defiant gesture I made when I received my diploma, or to hum a little Elgar. Similarly, remembering the location of my house key is something that can manifest in different remarks, different physical actions, different mental images, and so on.

Armed (or saddled) with these observations, let us now consider what might be involved in remembering, and then dissociating, an episode of parental sexual abuse. We've seen that remembering an event can manifest in different ways. So an abuse victim's memory might manifest in certain bodily sensations associated with the abuse, or images of herself having those sensations. She might re-experience or recall the fears or other thoughts she had at the time. Or, she might think about patterns on the ceiling that had distracted her from the abuse she was suffering. Of course, in this case, too, the abuse memory needn't be an occurrent conscious episode. It could be expressed in automatic aversive responses to touch or to certain smells, or in new sets of dispositions to dislike certain things—for example, certain types of fondling,

or men of a certain bodily type, or a song that played on the radio while the abuse occurred.

These are, arguably, creative ways in which dissociated memories can be expressed. But there's another, and in some ways more interesting, level of creative adaptation. It concerns the requirements for maintaining a dissociated state, and it parallels what we noted earlier in connection with negative hallucinations. The crucial point is this. Once a memory of a traumatic event has been dissociated, a wide variety of situations can unearth it or make it available again to conscious awareness. So to prevent that from happening, appropriate counter-measures will be required when those situations arise. It might also be necessary to remain vigilant for situations that threaten to expose the hidden memory. And perhaps most important, since remembering is multiply dispositional, dissociating the memory requires, not simply isolating a complex disposition or rendering it functionally inaccessible, but replacing it with a new complex disposition.

It's important to understand why dissociating a belief or memory requires replacing one complex disposition with another. When someone dissociates that state, we can say that this person does not believe or remember that the abuse occurred. Of course, we should keep in mind that in cases of dissociation, the old dispositions never disappear entirely. Dissociation may legitimately count as a kind of forgetting, but it's not one in which information is lost irretrievably. As I explained in detail elsewhere (Braude, 1995), a dissociated state is always potentially recoverable, even if (in some circumstances at least) it's effectively isolated from everyday thoughts, feelings, and behavior. But even if there is a level of consciousness at which the previous belief or memory persists, the corresponding dispositions tend not to emerge, or else they emerge infrequently or erratically, much in the way hypnotized subjects demonstrate subconscious awareness of objects they don't perceive consciously. And just as the hypnotized subject's perceptions are dominated by a negative hallucination, the abuse victim's dissociated belief or memory gets supplanted by other beliefs or memories that govern behavior and register in waking consciousness. For most of the time at least, the person now thinks, feels, and acts in a way consistent with not believing or remembering that abuse occurred. That's why, when the memory of abuse has been dissociated, we can say that the person doesn't believe or remember that abuse occurred. A new complex dispositional state has supplanted the old dispositions, in behavior, thought, and feeling.

We should note, at least in passing, that there's an ambiguity in saying that a person doesn't believe or remember that abuse occurred. The statements

- (1a) S (Subject) doesn't believe that p (proposition)
- (1b) S doesn't remember that p

can mean either

- (2a) S believes that not-p
- (2b) S remembers that not-p

or

- (3a) It's not the case that S believes that p
- (3b) It's not the case that S remembers that p.

Clearly, the truth-conditions for (2) and (3) differ. For example, (3a) will be true and (2a) false when S is agnostic about p—that is, when S believes neither p nor not-p. So an abuse victim might have no belief (memory) one way or the other about whether abuse occurred. In that sense it would be true that she doesn't believe that she was abused. But it would be false that she believes that she was not abused. From a clinical point of view, the difference between these two epistemic states might be important. In fact, in clinically interesting cases beliefs might conflict with memories. That is, some patients might believe they were abused but not remember it, and some might remember being abused but not believe it. But the point here is merely a modest, logical one, about a subtle difference in meaning between two closely related claims. And having taken note of it, we can note further that for present purposes it doesn't matter whether (2) or (3) most accurately characterizes the scenario in which dissociation occurs. In either case, the abuse victim replaces one complex dispositional state with another.

It is easy to see why all this is important. Mental states, such as believing or remembering, are not isolated or conceptually isolable elements of a person's psychology. They have an indefinitely large array of what I call autobiographical tentacles. They connect intimately and extensively with other beliefs, feelings, or memories, and also with our habits and personality traits. Consider, for instance, my memory that I had a pet pig named Hamlet. What makes that my memory, and what gives it its distinctive texture (so to speak), are the many ways it con-

nects to an enormous web of memories, both general and specific. This memory-network includes, for example, memories of my home (where Hamlet lived) and my neighborhood (where I took Hamlet for walks, where we invariably stopped traffic, and where I watched him enjoy eating acorns and anything else he could find). It also includes memories of attempts to take Hamlet's temperature, bathe him, clean his litter box, and the time Hamlet tried to eat his inflatable wading pool and flooded the backyard. And of course, those are just a few of my associated Hamlet memories. Moreover, all those memories connect in many intimate ways with other mental states—for example, my feelings of love for Hamlet, my feelings of annoyance and frustration over spending inordinate amounts of time chopping vegetables for him, my love for animals generally, my newfound love and respect for pigs in particular, my reinforced inclination to be a vegetarian, and my enhanced abhorrence of the idea of eating pork products, among many other dispositions. And in turn, these various feelings and other dispositions connect with many other feelings, with my values, and with my self-image.

And that is just the beginning. I was married during this period in my life, and owning Hamlet was very much a family affair. So my memory of having Hamlet as a pet is intimately bound up with memories of my ex-wife and stepson, of collaborative efforts in caring for Hamlet, preparing the house for his arrival, picking him up from the breeder, and (even before getting Hamlet) long discussions about the viability of having a pet generally and a pig in particular. In fact, my memory of having Hamlet connects with what I learned at the time (and since) about pet allergies and the virtues of pig ownership in a household whose occupants suffer from such allergies.

So if I were to dissociate my memory of Hamlet, I would probably have to adjust many and remote parts of my overall psychology. Likewise, dissociating a painful memory will also be a complex process. It will have repercussions for the enormous web of dispositions linked to that painful memory. For abuse victims to avoid believing or remembering consciously that abuse occurred, they must be disposed to act, feel, and think differently than they would have otherwise. They must establish new dispositions appropriate to not believing or remembering that abuse occurred. And those new dispositions might infiltrate their waking lives in many and in far-reaching ways.

Consider: even if abuse victims dissociate their memory of the actual abuse, they might still recall other aspects of the occasion or related events. So they might need to reinterpret a broad range of past events (perhaps by constructing screen memories), and they might need to do

this frequently. For instance, if victims still remember being in the same room as the abuser (or being in physical contact with the abuser), those memories will need to be purged somehow of their abusive features or associations, perhaps by concocting a benign story to which they apparently connect. And if victims dissociate memory of the entire occasion on which abuse occurred, they will likely need to sever, reinterpret, and creatively reconstruct the many links between that memory and other memories, feelings, etc., in their overall psychological economy—in particular, the connections which make the memory specific to them. Moreover, they will need to deal quickly and creatively with later events that point to the earlier abuse. So, like subjects experiencing negative hallucinations, victims might also need to improvise contrived reinterpretations of present events, in order to obscure the nature of the earlier (painful) episode.

But for these coping strategies to work, patients may need to reconstruct their past and creatively interpret their present, in order to bring various other memories and experiences into harmony with the life history they now try to accept. And that process might be ongoing or at least recurrent, and it might demand continued vigilance, because everyday events can raise new issues or threaten to dredge up genuine memories that are incompatible with the screen memories or stories patients create about themselves.

For example, suppose the abusive parent continues to make sexual advances or sexual innuendos. That poses a clear challenge to patients dissociating memories of the parent's earlier abuse. To prevent those memories from being triggered, patients can interpret the parent's actions in some way that preserves the desired illusion that abuse never occurred. So, for example, they might interpret the parent's actions as non-sexual (i.e., as only appearing to be sexual), or as only very recent occurrences of inappropriate sexual behavior (resulting, say, from years of heavy drinking). Similarly, patients might need to deflect inquiries from others who suspect that sexual abuse had occurred, and they might need to explain away, both to others and to themselves, various lingering signs of the former abuse—for example, bruises or torn clothing. And of course, they will have to ignore, reinterpret, or otherwise cope actively and often with dreaded associations or memories linked to the dissociated memory, but connected with sounds, smells, objects, persons, or locations they can't avoid.

Presumably, dissociative identity disorder (DID) only complicates the process further, as DID patients implement these strategies by creating different types of alters to dissociate memories of abuse (Kluft of-

fers a very helpful list of possibilities in Kluft, 2000, pp. 267-268). For example, patients might erect and maintain a type of asexual identity (or self-image), designed to distance themselves from their sexuality. Or, they might erect and maintain a sexually promiscuous identity (or set of dispositions), designed to minimize their horror of sexual encounters generally. Similarly, they might create a controlling or powerful identity to reduce their feelings of vulnerability or helplessness, or a guilt-ridden identity to maintain the illusion that the abuse was deserved.

In the clinical and theoretical literature, it's common to describe dissociation, or alter identities, as mere "boundaries" or "barriers" for maintaining disconnections to the past. Those descriptions aren't false, but perhaps we now can see that are inadequate. For example, in PTSD no mere boundary (like a fence), no passive structure, has the requisite degree of flexibility and adaptability. It can only repel the kinds of trespassers for which it was designed, and it can't be alert for, or modify its structure in the face of, novel challenges. Similarly for cases of DID, it isn't enough to say (as many do) that a specific alter is "holding" the dissociated memory. Dissociative barriers can be breached; secrets can be exposed. Even if it is correct to say that alters can hold dissociated memories, presumably we want to understand how, in the face of an enormous variety of real-life pressures, those alters are kept from surfacing, or what shields other alters from their memories, or what shields sufferers of post-traumatic stress from remembering the dissociated trauma. To understand these people, we need, at some point, to specify scenarios that indicate the plasticity of response and the active strategizing that this requires.

In certain respects it seems likely that these DID scenarios will resemble the moment-by-moment vigilance often required to insure that our lies don't get exposed. Of course, some forms of lying are clearly conscious, and efforts to deceive others. But my point here is not that dissociation generally (or DID in particular) is conscious deception or any kind of intentional effort to deceive others. Perhaps dissociation deserves to be considered a form of self-deception, at least when it concerns experiences the person wishes not to believe. But all that matters here is simply that both dissociation and lying may require regular or frequent vigilance, and sometimes split-second adaptation, to keep them going, to keep the falsehood from being revealed. In the case of dissociation, the falsehood may be the belief that no abuse occurred. In the case of lying, the falsehood could be (say) telling my wife that I missed her mother's party because I was working late (when in fact I was drinking with friends). Clearly, the lie, like the dissociation of

abuse, can be exposed in various ways. That's why I need to guard against my friends alluding to our night on the town in the presence of my wife. And when they do make such remarks, I need to find ways of neutralizing or deflecting attention from them. And of course, there are many other possible threats to my alibi—for example, my being inexplicably inebriated after allegedly working late, or the mysterious puncture wounds sustained when my drunken game of darts got out of hand. I might suddenly find myself in a situation where, as Desi would say to Lucy, I have some "splaining to do." Here, too, it's not enough simply to adopt a rigid position or attitude of innocence with respect to my night's activities. The initial fib forces me to construct a larger web of lies, or at least to attempt other sorts of defensive maneuvers (e.g., attacking the challenges to my credibility, making light of those challenges, changing the subject). That's why it's easier to tell the truth than to lie. When we lie, there's much we may need to remember and be alert for, sometimes continually, to keep the lie going. And dissociating memories of abuse apparently requires a similar sort of monitoring and evasion.

So, just as our lies can trap us into telling more lies, there may be similar consequences to keeping a belief or memory dissociated. For example, if the abuse victim interprets the parent's current sexual advances as non-sexual, that has continuing repercussions for her view of the parent generally, and it might require interpreting as non-sexual an unjustifiably wide range of parental behavior (not merely behavior directed toward her). And if she made up a story to deflect questions from those who suspect prior abuse, she'll need to remember the story, and she may need to elaborate on it later.

Moreover, when current events threaten my alibi and I don't want to reveal the truth, I must make a selection from an indefinitely large range of options. I could explain the alcohol on my breath and my obvious inebriation in many ways, constrained primarily by my imagination and resourcefulness. For example, I could tell a tale about the vodka I discovered in the copy room, or the beer I borrowed from the conference room because I was thirsty and the building's water was turned off, or how my boss insisted I join him for a celebration of second-quarter earnings, or the visit I paid to a bar only after working late, and so on. (The matter of the puncture-wounds poses a greater creative challenge; but even so, I have explanatory alternatives.) Clearly, this parallels Elise's options for implementing Bernheim's suggestion, or the options faced by Orne's subjects as they confront the negatively hallucinated chair and then try to explain their subsequent behavior. And of course, it

also parallels the way abuse victims may choose, from a broad set of options, a method of deflecting or neutralizing forces threatening to revive a dissociated mental state.

To avoid misunderstanding, I should also emphasize that lying is not a simple or unitary phenomenon. Not all lies (whether to oneself or to others) demand vigilance in order to be maintained. In fact, some lies may be smoothly incorporated into the liar's belief-system and never face a serious challenge. In contrast, other lies will be more empirically problematical. Here, too, we see a parallel with dissociation. Presumably, some mental states can be dissociated with little or no subsequent subliminal wariness and maneuvering, whereas others will require much greater attention. For example, although I couldn't dissociate my memory of having a pet pig without massively creative autobiographical reconstruction, I could presumably dissociate a specific but inconsequential Hamlet memory (say, a particular episode of walking, feeding, or bathing Hamlet) and experience little if any impact on my sense of self. Similarly, one would think that some dissociated memories might just be put "out of mind" with no or relatively few consequences for day-to-day coping. They might be isolated (and potentially retrievable) without seriously affecting a person's self-understanding and memory links. For example, they might simply leave a kind of hole or blank spot in one's self-narrative. And in such a case, it seems that dissociating the memory would not require creatively establishing new dispositions (or at least any dispositions worth mentioning).

Clearly, then, we can't rule out the existence (and subsequent dissociation) of impact-less memories. Obviously, not all mental states are as pregnant with significance or as rich in connections as (say) my memory of my pig, or memory of parental sexual abuse. Indeed, that should remind us of one important respect in which the dissociation of traumatic memories differs from hypnotic hallucinations. The former is self-generated; the latter is not. And the two typically differ in the strength and nature of the underlying motivations to isolate mental states. But when a memory (or remembered event) is meaningful, and perhaps especially if it's psychologically painful or traumatic, it will resonate with our history, our present relationships, self-image, and so on. It is that network of relationships close to the heart that we're driven to protect and which seems, inevitably, to need tweaking and some continued vigilance. So even if some mental states can be dissociated without further complications or adjustments, they will presumably be of a kind that have few if any repercussions for the agent, and they're unlikely to be clinically interesting.

So my position is not that all dissociation requires continued and creative adaptation. Just as mental states vary in their meaningfulness or personal significance, dissociations will vary in the amount of creative coping they demand. And I think it's easy to see why clinically interesting cases, and no doubt many less rich or significant cases, are likely to require the sorts of adjustments I've been describing.

DISSOCIATION AND THE NATURE OF ABILITIES

There is another respect in which creativity and resourcefulness help keep a dissociated belief or memory isolated from everyday conscious awareness. This is probably most pronounced in cases of DID, where we find alter identities with complex and distinctive sets of traits and abilities. Just as beliefs and memories are not strictly isolable elements of a person's psychology, the same is true of abilities, traits, and skills. They are all complex, indefinite, and overlapping webs of dispositions. A particular ability or trait will rely on many other abilities and traits, and those subsidiary abilities may also be components of still other abilities and traits. Moreover, abilities, etc., are as multifaceted as the virtually unlimited range of situations in which they can be expressed. In fact, there are no clear boundaries separating an ability (trait, etc.) from nearly everything else a person may do. And in that case, when DID patients form a new alter identity to dissociate a traumatic experience, they will draw on an entire repertoire of related capacities, many of which will now be put to creatively novel uses.

Consider, first, how even seemingly modest or simple abilities or traits extend both deeply and pervasively into a person's behavioral repertoire. Suppose an alter identity has the personality trait of being gregarious and friendly. Clearly, that trait is not separable from a person's other abilities and traits. It involves (among other things) the ability and desire to initiate conversation, perpetuate conversation, and the ability to talk to strangers (or mingle at parties). In some people, it might also involve the ability and desire to host parties, go on blind dates, frequent singles' bars, actively participate in clubs, and go to festivals or other venues with large crowds.

All these social abilities likewise involve a complex network of dispositions common to an enormous number of other traits and abilities. For example, the ability to make conversation is multifaceted and is exhibited in varying degrees and styles. Among other things, it involves the ability to use language, the ability to pay attention to what others are

saying, discuss unfamiliar subjects, and respond relevantly and appropriately. And once again, those abilities draw on a wide range of subsidiary capacities that extend throughout a broad spectrum of human activities. For example, to respond relevantly and appropriately in a conversation, one must be able to avoid cutting people off or in some other way dominating the conversation, determine when it's acceptable to change the subject or when it's important to suppress one's own opinion, show interest in what others are saying, draw people out by asking pertinent questions, etc. Moreover, the ability to respond relevantly and appropriately strongly overlaps one of its subsidiary abilities—namely, the ability to show interest in what others are saying. Both require the ability to understand what others are saying (e.g., detect hidden messages or meanings behind words) and the ability to ascertain when a person is joking, teasing, insecure in one's opinions, revealing intimate secrets, fishing for compliments, being defensive, etc., so that one can determine whether to laugh, praise, express sympathy, seek additional information, or jocularly feign horror).

Now if these various capacities are enlisted in the service of other personality traits, they might be deployed in novel and creative ways. For example, if a patient creates an alter that is distinctively and idiosyncratically asexual, or sexually promiscuous, or guilt-ridden, they will, for example, express friendliness, the ability to make conversation, or the ability to make people feel comfortable or important, in new ways. They will place themselves in novel situations and exhibit new behaviors in formerly familiar situations. Their behavior will have different nuances and emphases than before. They will be especially attentive to a new range of people, places, and objects, and responsive in different ways to old influences.

To illuminate these points further, consider the case of Jane, who neither cries nor experiences grief at a relative's funeral and who is surprised at not feeling any grief. Suppose, further, that two days later Jane finally begins to grieve and is able to cry. We could interpret this case plausibly in different ways, one of which would be to regard it as an instance of dissociation (see Braude, 1995, for a comparison of dissociation with repression in connection with this case). But if we decide that dissociation is the correct interpretation, what do we say Jane is dissociating? Presumably, it's not a case of dissociating memories, at least not primarily. In fact, we can suppose that Jane remembers her relative and at least some of their times together. That seems to leave at least two major options. On the one hand, we might say that Jane dissociated feelings of grief at the time of the funeral (or before). That is, we could say

that those feelings existed at the time of the funeral but were cut off from conscious awareness. On the other hand, we could say that Jane dissociated the ability to grieve and that at the time of the funeral she experienced no feelings of grief (even subconsciously).

But no matter which option we choose, we can see how dissociation in this case demands creative adjustments. If Jane dissociates feelings of grief, she will presumably need to make sense, both to herself and to others, of her lack of grief. She might do that by reinterpreting her relationship to the deceased, minimizing its significance, and perhaps by ignoring or dissociating particularly fond memories. And she will have to cope with many situations that threaten to dredge up additional fond memories—for example, when the other mourners share their reminiscences, or when she returns home and encounters old gifts, letters, or other objects associated with her relative, or the first time she fails to receive her eagerly-awaited weekly phone call from this relative.

If Jane instead dissociates the ability to grieve, that will presumably affect her ability to respond predictably or appropriately to other situations that would ordinarily elicit emotions of grief or sadness. In fact, it might affect her ability to empathize generally. Now, Jane needn't compensate for these deficits; she might simply become unresponsive in situations where she had previously been able to respond. However, she might also develop various obsessions or compulsions, or what Reich called character armor, as a defense against experiencing grief. For example, she might become a workaholic or continuously and inappropriately happy-go-lucky.

Some might be tempted to minimize the creativity required in all these cases. They might argue that subjects' responses are more automatic or brutally instinctual than creative. But I think that would be a mistake. For one thing, it's far from clear how we should understand what instincts are and to what extent we must interpret them as non-creative. And for another, it's obvious that the responses needed to maintain a state of dissociation are not involuntary or reflexive (like recoiling from ammonia). Rather, they are responses that we can describe appropriately as (say) cunning, perceptive, devious, inventive, misguided, poorly-judged, etc. But that's a tacit concession that the responses are, at bottom, intelligent (if not rule-governed) and creative.

Consider the following episode from my own life. It isn't one of my proudest moments, and it isn't an example of maintaining a dissociation. But it illustrates the demanding and creative nature of even elementary adaptations (or evasions) of the sort we've been considering. Some time around the age of three, I was angry at my mother for some-

thing she'd done. And in my anger I called her "stupid." My mother was astonished at my audacity and said to me (no doubt imperiously), "Did you call me stupid?" Recognizing that I had gone too far, I replied, "I didn't say "stupid." I said "mupid."

To her credit, Mother was unconvinced by this. But however ineffective my gambit might have been, it was still naively crafty. First, a good deal of conceptualization was required merely to understand that my behavior had gotten me into trouble. Then, in order to respond to that recognized peril, I was forced to draw on my limited arsenal of possible responses. But my behavior was no less intelligent or creative for being constrained by a young child's vocabulary and behavioral repertoire. Of course, I'd like to think that, today, I'd be able to handle my mother's challenge more effectively and with more élan. But that wouldn't make my response more creative than what I did as a child. It would only make it more sophisticated or mature.

CONCLUSION

I believe these matters are of considerable theoretical interest, although I must leave it to mental health professionals to determine their clinical importance. They help focus needed attention on the complexity and inventiveness of a process that's all too easy to oversimplify and view as a mere severing of associative connections or erecting of psychic barriers. Moreover, when we consider the complex web of relations between our mental states and other elements of our psychology, we can perhaps better appreciate how human coping and adaptation resist mechanistic analyses. Finally (and this requires a separate and lengthy defense), I believe we find ammunition here against attempts to explain dissociation generally, or DID in particular, in terms of literally distinct modules or ego-states comprising a self. As I've argued in detail elsewhere (Braude, 1995), the sorts of coping strategies discussed above make best sense in terms of a single underlying subject, for whom conflicts exist, and for whom the strategies are appropriate.

NOTES

1. The translation is from Myers, 1903, vol. 1, p. 45. It's more idiomatic than Corson's 1901 translation.

2. The view is sometimes expressed more strongly—namely, that all negative hallucinations require positive hallucinations (Gauld, 1992, p. 446; Hilgard, 1986, p. 97).

However, it seems that not all negative hallucinations require positive hallucinations to fill in the gaps, even when hypnotic suggestion leads to the disappearance of prominent objects. Orne reported that most subjects negatively hallucinating a chair saw, in its place, “an empty space that was ‘somewhat more empty than the rest of the empty space in front of them.’” (Orne, 1962, pp. 218-219).

Moreover, both Hilgard and Gauld claim that the reverse is also true, that positive hallucinations must be supplemented by negative ones. That’s questionable as well. Granted, a negative hallucination is a kind of failure to perceive something when no external physical obstacle prevents that perception. And granted, if I positively hallucinate a hippo in the corner, I don’t see the corner (despite the absence of external corner-blocking obstacles). But I don’t think we should describe this as negatively hallucinating the corner. There aren’t two distinct hallucinations here: the positive hallucination of the hippo and the negative hallucination of the corner. There’s just the positive hallucination of the hippo. In fact, we should probably adopt a similar view with regard to cases properly classified as negative hallucinations, but in which there are no resulting gaps in the subject’s perceptual field. There, too, we have only one cognitive act, the positive hallucination of something in place of the object no longer perceived.

3. As noted earlier, the reason for this seems to be that subjects are aware, at some level, of what they fail to experience consciously. Thus, Oakley (1999, p. 244) writes,

Hysterically deaf individuals . . . raise their voices when their speech is masked by white noise and hysterically blind individuals show nystagmus when faced with a vertically striped rotating drum (Pincus & Tucker, 1985). Similarly, subjects made hypnotically blind in one eye are subject to perceptual illusions which could only be effective if they have good vision in both eyes (Underwood, 1960) and hypnotically deaf subjects not only respond to the verbal command—now you can hear again—but their speech is disrupted by delayed auditory feedback just as it is in nonhypnotized subjects. (Barber & Calverley, 1964)

4. Similar reservations about the clarity and importance of the concept of trance logic have been expressed by Hilgard (1987, p. 254-256).

5. They write,

Many of the reals [i.e., genuinely hypnotized subjects, as opposed to simulators] who experienced hypnotic blindness seemed to approach the overall situation as a problem-solving task, in which they had to use whatever strategies were personally appropriate to achieve the desired effect of experiencing blindness in addition to performing as well as they could on the decision task with which the hypnotist confronted them. (Bryant & McConkey, 1989a, p. 76)

REFERENCES

- Barber, T.X., & Calverley, D.S. (1964). Experimental studies on “hypnotic” behaviour: Suggested deafness evaluated by delayed auditory feedback. *British Journal of Psychology*, 55, 439-446.
- Binet, A. (1896). *Alterations of personality* New York: D. Appleton & Co.
- Braude, S.E. (1995). *First person plural: Multiple personality and the philosophy of mind*. (Rev. Ed.) Lanham & London: Rowman & Littlefield.

- Braude, S.E. (2000). Dissociation and latent abilities: The strange case of Patience Worth. *Journal of Trauma and Dissociation*, 1(2), 13-48.
- Bryant, R.A., & McConkey, K.M. (1989a). Hypnotic blindness: A behavioral and experiential analysis. *Journal of Abnormal Psychology*, 98, 71-77.
- Bryant, R.A., & McConkey, K.M. (1989b). Visual conversion disorder: A case analysis of the influence of visual information. *Journal of Abnormal Psychology*, 98, 326-239.
- Bryant, R.A., & McConkey, K.M. (1989c). Hypnotic blindness, awareness, and attribution. *Journal of Abnormal Psychology*, 98, 443-447.
- Gauld, A. (1992). *A history of hypnotism*. Cambridge: Cambridge University Press.
- Hilgard, E.R. (1986). *Divided consciousness: Multiple controls in human thought and action* (expanded edition). New York: Wiley-Interscience.
- Hilgard, E.R. (1987). Research advances in hypnosis: Issues and methods. *International Journal of Clinical and Experimental Hypnosis*, 35, 248-264.
- Janet, P. (1901/1998). The mental state of hystericals: A study of mental stigmata and mental accidents (C. R. Corson, Trans.). Bristol: Thoemmes Press.
- Kluft, R.P. (2000). The psychoanalytic psychotherapy of dissociative identity disorder in the context of trauma therapy. *Psychoanalytic Inquiry*, 20, 259-286.
- Marks, D. F., Baird, J. M., & McKellar, P. (1989). Replication of trance logic using a modified experimental design: Highly hypnotizable subjects in both real and simulator groups. *International Journal of Clinical and Experimental Hypnosis*, 37, 232-248.
- Myers, F. W. H. (1903). *Human personality and its survival of bodily death*. 2 vols. London: Longmans, Green, & Co.
- Oakley, D. (1999). Hypnosis and conversion hysteria: A unifying model. *Cognitive Neuropsychiatry*, 4, 243-265.
- Orne, M.T. (1959). The nature of hypnosis: Artifact and essence. *Journal of Abnormal and Social Psychology*, 58, 277-299.
- Orne, M.T. (1962). Hypnotically induced hallucinations. In West, L.J. (Ed.) *Hallucinations*, pp. 211-219. New York: Grune & Stratton.
- Orne, M.T. (1971). The simulation of hypnosis: Why, how, and what it means. *International Journal of Clinical and Experimental Hypnosis*, 19, 277-296.
- Orne, M.T. (1972). On the simulating subject as a quasi-control group in hypnosis research: What, why, and how. In Fromm, E. & Shor, R.E. (Eds.) *Hypnosis: Developments in research and new perspectives*, pp. 399-433. Chicago: Aldine-Atherton.
- Pincus, J. H., & Tucker, G. J. (1985). *Behavioral neurology* (3rd ed.). New York: Oxford University Press.
- Ross, C.A. (1997). *Dissociative identity disorder: Diagnosis, clinical features, and treatment of multiple personality*. New York: John Wiley & Sons.
- Underwood, H. W. (1960). The validity of hypnotically induced visual hallucinations. *Journal of Abnormal and Social Psychology*, 61, 39-46.
- Young, W.C. (1988). Psychodynamics and dissociation: All that switches is not split. *Dissociation*, 1, 33-38.

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