2 The Conceptual Unity of Dissociation: A Philosophical Argument

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OUTLINE

2.1 INTRODUCTION

Psychologists and psychiatrists have studied dissociative phenomena for a long time. However, they demonstrate surprisingly little agreement about what dissociation is and about which things exemplify it. Of course, many agree that certain florid phenomena count as dissociative—for example, fugue states and DID. But when mental health professionals tackle the topic of dissociation theoretically and attempt to define it, they do so in ways that often conflict with one another, and (perhaps most surprising of all) they tend to overlook a large and important class of phenomena. Historically—and contrary to what the recent clinical literature would lead one to believe—most (if not all) hypnotic phenomena have been regarded as dissociative (see, e.g., Gauld, 1992; Van der Hart and Dorahy, 2008). In the late 19th and early 20th centuries, researchers into hypnosis were trying to study systematically the same sorts of subconscious mental divisions they believed occurred spontaneously in hysteria and to some extent in somnambulism. Indeed, some considered hypnotically induced systematized anesthesia or negative hallucination to be *paradigm* instances of dissociation. Yet when clinicians now try to analyze dissociation, hypnotic phenomena are largely ignored.

Despite evidence to the contrary (e.g., Crabtree, 1993; Braude, 1995; Van der Hart & Dorahy, 2008), historians of psychology usually credit Pierre Janet with having originated the concept of dissociation, although he regularly used the term *désagrégation* instead. Janet focused on a distinctive and relatively limited type of trauma-induced psychopathology. He considered dissociation to be a kind of weakness, a failure (in the face of disturbing events) to integrate parts of consciousness and maintain conscious unity.

However, the concept has evolved in the hundred years since Janet tackled the subject. Subsequent researchers (e.g., James, Binet, Myers, Lièvgeois, Sidis) also recognized an apparent causal link between trauma and dissociative pathology. But they tended to agree that the processes Janet was describing from cases of hysteria (which

included conversion disorder and double consciousness) were also at work in a wider variety of phenomena, drawn not just from psychopathology but also from experimental psychology and even everyday life (see, e.g., Binet, 1896; Myers, 1903; Sidis, 1902). And along with that, they tended to view dissociation not as a weakness, but as a kind of capacity (not necessarily maladaptive) to sever familiar links with one's own mental states.

Significantly, this evolution of the concept of dissociation happened quite rapidly. Other turn-of-the-century researchers, interested at least as much in hypnosis as in psychopathology, were eager to explore the ways in which hypnotic states seemed to produce a kind of division or doubling of consciousness, or creation of seemingly autonomous sets of mental processes (for a quick history of these developments, see Braude, 1995, and Van der Hart & Dorahy, 2008. For a more detailed account, see Gauld, 1992). As Messerschmidt (1927) eventually made clear, these apparent divisions weren't as fully autonomous as they seemed. But that didn't undermine the view that the phenomena in question could arise either experimentally or spontaneously or, for that matter, pathologically or nonpathologically.

These nonpathological (including hypnotic) contexts, in which the concept of dissociation has historically played an important role, tend to be neglected by most clinicians. Given their pressing clinical concerns, perhaps that is not surprising. Nevertheless, keeping in mind what pathological and nonpathological dissociative phenomena have in common may bring clarity to other issues, such as the difference (if any) between dissociation and apparently similar or related concepts—in particular, repression.

In a fairly recent development, some clinicians have examined the concept of dissociation by using diagnostic surveys (e.g., the Dissociative Experiences Scale (DES) and the Multiscale Dissociation Inventory (MDI)) to consider how dissociative symptoms cluster. These survey instruments were initially designed as screening devices, to assess the presence or absence of phenomena already believed by the test designers to be dissociative. However, subsequent research on thousands of survey results has a more ambitious goal—namely, to determine more precisely *what dissociation is*. But data of the sort elicited by these surveys can't tell us what the *concept* of dissociation is. To reiterate, the surveys look only for symptoms antecedently judged as relevant by their designers, who are limited by their selective grasp of the history of the concept. What they most clearly tend to neglect are the many nonpathological hypnotic phenomena that have been considered dissociative, but simply fall outside the purview of the surveys.

In some cases, the studies in question are even more problematical than these remarks might suggest. For example, Briere et al. (2005) apply the MDI to determine whether dissociation is a multidimensional construct, and they conclude that it is, and that "the notion of 'dissociation' as a general trait was not supported" (p. 221). Apparently, then, the authors see themselves as trying to settle the issue of what sort of thing dissociation is. Indeed, on the basis of their survey they claim that "the term dissociation may be a misnomer to the extent that it implies a single underlying phenomenon" (p. 230). We'll consider shortly whether dissociation can in fact be regarded as a single underlying phenomenon. But for now, I want only to observe that Briere et al. can't possibly have shown that it isn't (quite apart from concerns about using survey instruments for conceptual analysis). Briere et al. purport to uncover what dissociation is on the basis of a survey that tracks relationships among a handful of factors—of course, factors they antecedently determined to be relevant. Moreover, one of those factors is identity dissociation and, obviously, one can't analyze the concept of dissociation by appealing to that very concept. So if Briere et al. are (as it seems) trying to analyze the concept of dissociation, their attempt is blatantly circular.

So I believe we need to do some conceptual and methodological housecleaning. I agree with Cardeña (1994; Prince, 1905) that when clinicians attempt to characterize dissociation, they tend either to exclude too much or include too much. However (and apparently unlike Cardeña), I think it may be possible to pull together many of the varied intuitions about and approaches to dissociation and come up with a single, general, and useful characterization of dissociation that covers both its pathological and nonpathological forms, including many of those once deemed important but largely ignored today. I shall attempt to define a single inclusive concept of dissociation that rests only on reasonable and recurrent assumptions distilled from more than a century's literature on the subject. I start by identifying specific assumptions underlying typical uses of the term *dissociation*, then see if they can be stated plausibly, and then see whether we can extract from them a definition that has both generality and utility.[1]

2.2 ASSUMPTIONS

We can begin with an observation about terminology. The term *dissociation* can be used in a number of different ways, but in the present context two in particular

[1] Much of what follows draws from, and to some extent improves upon, a more expansive discussion of the concept of dissociation in Braude, 1995.

deserve our attention. First, *dissociation* can pick out an occurrent state (i.e., the state of being dissociated), and second, it can pick out a disposition or ability to dissociate (i.e., a capacity to experience dissociative states). As we will see again shortly, in this respect the term *dissociation* parallels many other psychological-kind terms. For example, the term *empathy* has both occurrent and dispositional senses. In the former, it picks out the occurrent state of experiencing empathy; in the latter it picks out the disposition or capacity to experience such states.

This observation leads to the first assumption underlying the concept of dissociation: that dissociation is not simply an occurrent psychological condition or state, but also something for which we may have a capacity—in fact, a capacity that may have both positive and negative personal consequences. This seems to be a sensible move away from Janet's view of dissociation as a failure of integration, and it's continuous with the way we treat a great many other areas of human cognition and performance. It's also why we can sensibly ask whether everyone can dissociate, and to what degree. So the first assumption may be stated as follows.

2.2.1 Capability Assumption

Dissociation is one of many capacities people have—that is, it's one of many things that (at least some) people are able to do. So, in that respect, dissociation is analogous to, for example, irony, patience, indignation, dishonesty, kindness, sarcasm, self-deception, empathy, and sensuality.

Although my list of other capacities here was restricted to psychological attributes that people express in varying degrees and with respect to which some people are clearly either impaired or gifted, notice that the issue here isn't whether the capacity to dissociate must be cognitive or even whether it's subject to voluntary control. As far as we need to suppose, talk of dissociation might be analogous to talk of various noncognitive organic capacities that are typically not subject to voluntary control. For example, yogis can control many organic functions that most of us affect only to a very limited degree or only involuntarily (e.g., breathing, vasoconstriction, and vasodilation). Yet it's still proper to speak about our capacity for pulmonary functioning, vasoconstriction, and so on. In fact, those capacities are things that can change after a period of study on a Tibetan mountaintop, and also with (say) disease and old age.

The capability assumption leads smoothly to the next.

2.2.2 Nonuniqueness Assumption

Although dissociation has distinctive features, insofar as it's a capacity, it will be similar in broad outline to most other human capacities, that is, it will share features found generally in human (or just cognitive) capacities.

In other words, failing evidence to the contrary, we should not assume that dissociation is completely unprecedented in the realm of human cognition and performance, however distinctive it may be in certain of its details.

The third assumption is particularly important, and we will see later how it figures in a prominent contemporary debate. We begin by observing that capacities generally are things that people express in different ways and to varying degrees. For example, the capacities for self-deception, intimidation, malice, neatness, self-criticism, and generosity can range from extreme to very moderate forms, and they can be expressed in highly idiosyncratic ways. So it seems reasonable to assume the following.

2.2.3 Diversification Assumption

Like other capacities, dissociation (1) assumes a variety of (possibly idiosyncratic) forms, (2) affects a broad range of states (both occurrent and dispositional), and (3) spreads out along various continua—for example, of pervasiveness, frequency, severity, completeness, reversibility, degree of functional isolation, and importance to the subject.

Another important assumption allows us to distinguish dissociation from what we might call cognitive or sensory filtering. Of course, the term *filtering* also has many meanings, and to appreciate the distinction in question we must use the term more carefully and narrowly than we might ordinarily. In the sense of *filtering* that matters here, the term picks out a total blocking of information from a subject. Examples of this sort of filtering would be blindfolding, audio band-pass filtering, or local chemical anesthesia. Compare those states of affairs to the rather different situations we find in (say) hypnotic anesthesia or negative hallucination, where subjects merely fail to experience consciously what they are nevertheless aware of subconsciously or unconsciously. So the relevant difference between filtering (as the term is used here) and dissociation is that in filtering, information never reaches the subject (consciously or otherwise), whereas dissociation merely blocks the subject's conscious awareness of information or sensations that had otherwise registered. So, the next important assumption follows.

2.2.4 Ownership Assumption

The things dissociated from a person are always the person's own states—for example, sensory, cognitive, volitional, and physical states.

Granted, it's common to say that information or data are dissociated. But I believe that's a careless way of speaking. Strictly speaking, what is dissociated are the subjects' states—for example, volitions, knowledge (e.g., the knowledge *that* …, or the knowledge *how* to …), beliefs, memories, dispositions and, sometimes, behavior (as in automatic writing).

The ownership assumption connects with a fifth and very important assumption. At least since the early detailed accounts of multiple personality (e.g., Prince, 1905), researchers have noted that when a state is dissociated, it is not totally obliterated or isolated completely from the subject, although retrieving the state might be quite difficult in both experimental and real-life contexts. That is, dissociated states may be subjectively hidden or psychologically remote, but they are always potentially knowable, recoverable, or capable of re-association. So our final assumption is accessibility.

2.2.5 Accessibility Assumption

Dissociation is a theoretically (but perhaps not practically) reversible functional isolation of a state from conscious awareness.

Before moving on, we should also note that the relation "*x* is dissociated from *y*" is nonsymmetrical, like "*x* loves *y*" (even though *x* loves *y*, *y* may not love *x*). We see this nonsymmetry clearly in cases of one-way amnesia in DID or in hidden observer experiments, where states of a hypnotically hidden observer may be dissociated from those of the hypnotized subject, even though the subject's states may not be dissociated from those of the hidden observer (see Braude, 1995; Braun, 1988; Cardeña, 1994; Hilgard, 1986).

2.3 DISSOCIATION RELATIVE TO OTHER NAMED PHENOMENA

2.3.1 Repression

With these assumptions in mind, we can now examine their utility. First, we can see how they help us distinguish dissociation from at least superficially similar phenomena, and then we can see to what extent they enable us to specify what both pathological and nonpathological forms of dissociation have in common.

Repression may be the concept most often and most easily confused with that of dissociation. Granted, neither concept is precise, and so we shouldn't expect the distinction between dissociation and repression to be sharp. Nevertheless, there seems to be a distinction worth making. While repression and dissociation both concern psychological barriers that prevent one's states from reaching conscious awareness, the two concepts rest on different presuppositions. The barriers differ clearly in scope, function and vulnerability, and so may be distinguished clearly enough to show that they mark off different (if occasionally overlapping) classes of phenomena.

Writers often describe repression as a barrier preventing only certain *mental* states from becoming conscious, whereas the dissociative barrier can hide both mental and physical states from conscious awareness. For example, during hypnotically induced anesthesia one can dissociate bodily sensations and permit radical surgery, but that sort of phenomenon has never been offered as an instance of repression. Moreover, as Hilgard (1986) has noted, writers tend to employ different metaphors when describing the psychological barriers of repression and dissociation. Typically, they characterize repressive barriers as horizontal, whereas dissociated barriers are described as vertical. As a result, repressed material is usually considered to be psychologically deeper than what we can access consciously. By contrast, dissociated states are not necessarily deeper than consciously accessible states. For example, in hypnosis very trivial states can be dissociated (e.g., the ability to say the letter "r," tactile sensitivity in a band around the arm, or the perception of a chair in one's visual field).

This alleged difference connects with the different roles repression and dissociation ostensibly play in a person's psychological economy. Ordinarily, repression is linked to dynamic psychological forces and active mental defenses that inhibit recall. Granted, some writers likewise describe dissociation as a defense or avoidance mechanism (primarily, one producing amnesia), but that view seems needlessly restrictive. In fact, paradigm cases of dissociation needn't involve any impairment of memory, and dissociation may have nothing to do with the urgent needs of psychological survival—that is, it needn't be defensive. For example, systematized anesthesia does not affect memory, and posthypnotic amnesia can concern virtually any kind of state or material, important or unimportant. (For more on shortcomings with particular definitions of "dissociation," see Braude, 1995 and Cardeña, 1994.)

Historically, the concept of repression is bound up with the psychoanalytic concept of a dynamic unconscious, which (according to the standard view) acts as the repository for repressed material. But most important,

on that view we gain access to repressed material only by indirect methods, or at least methods more circuitous than those by which we identify dissociated states. Thus, according to the traditional and still standard view of repression, we learn about the unconscious through its by-products (e.g., dreams, or slips of the tongue), and expressions of unconscious material tend to be distorted, either symbolically or by means of more primitive primary-process thinking. So one important difference between repression and dissociation is that repressed mental activities can only be inferred from their behavioral or phenomenological by-products, whereas dissociated states can be accessed relatively directly, as in automatic writing, hypnosis, and interactions with alter identities in cases of DID.

Another way of putting this point would be to say that third- and first-person knowledge of dissociated—but not unconscious—states can be as direct as (respectively) third- and first-person knowledge of nondissociated states. So for example, I can (at least in principle) have direct access to some of my own dissociated states (e.g., beliefs, memories), because they can eventually be retrieved with the help of hypnosis or other interventions. And others can have third-person access to my dissociated states even when I don't. For instance, we have evidence (i.e., third-person access to the fact) that in hidden observer studies, the hypnotized subject feels pain even when that person's non-hidden-observer state does not. And that third-person access is as direct as it would be to ordinary nondissociated states. In both cases, we learn about the other person's sensations or other internal states through that person's behavior. In both hidden observer studies and ordinary cases, we learn that a person feels pain through their pain behavior (e.g., wincing, limping, saying "ouch").

So we can say that if *x* is repressed for *S* (in this sense of "repressed"), then (1) *S* is not consciously aware of (or has amnesia for) *x*, and (2) third- and first-person knowledge of *x* is indirect as compared (respectively) with third- and first-person knowledge of both conscious and dissociated states (i.e., it must be inferred from its possibly distorted or primitive cognitive, phenomenological, or behavioral by-products).

Of course, the directness of third-person access to another's mental states is a matter of degree, and that access requires both inferences and interpretation no matter whether the other person's states are conscious, dissociated, or repressed. For example, you may be directly aware of your anger, but I can be aware of your anger only by virtue of drawing an inference from your behavior and assuming you're not feigning anger.[2] When you dissociate your anger and I elicit a hypnotically induced report of your angry feelings, my knowledge of your anger again requires me to infer that your behavior is a reliable guide to what's happening to you subjectively. In these two cases, I would say that third-person access to your anger is comparably direct, requiring little more than assumptions about behavior-reliability. But when you repress your anger, I don't have at my disposal anything as straightforward as a report from you that you're feeling angry or other relatively transparent outbursts of angry behavior. I might have suggestive word-associations, slips of the tongue, or intriguing constrictions of behavior (e.g., obsessive behavior, sexual frigidity), but usually nothing as blunt as reports of angry feelings, overtly hostile remarks, or punches in the nose.

Not surprisingly, many cases are not this clear-cut. So not surprisingly (and not alarmingly), this way of characterizing repression allows for an appropriate range of borderline cases. Consider, for example, behavior that reveals hidden feelings but whose interpretation is clear even to the person exhibiting it (e.g., forgetting an appointment you prefer to avoid). In fact, in some cases the only difference between a repressed and a dissociated state may be the conceptual framework in terms of which it is treated clinically. For example, obsessional or compulsive behavior might be approached psychoanalytically, using indirect methods (e.g., free association) to uncover the reasons for the behavior. Or, it might be treated as a dissociative disorder, using hypnosis to reveal hidden memories lying at the root of the problem. So, which diagnosis we choose could easily (and appropriately) depend on whether the clinician treated the patient by means of hypnosis, EMDR, free association, or something else. Therefore, in some cases at least, there may be no preferred or privileged answer to the question, "Is this state dissociated or repressed?" The world may not have a sharp cleavage here, and there is no need for our concepts to do so.

[2] Some might think instead that we are immediately aware of another person's anger or pain (say), and then only later, upon reflection, wonder whether the anger or pain is feigned. That is certainly a respectable alternative view, and one whose viability can't be adequately addressed here. For now, our concern is with the relative directness or indirectness of first- and third-person knowledge of mental states. To that end I believe it's sufficient to say that we need to focus on what we might call the "logical" as opposed to the "historical" order of ideas. No matter how instinctively and reliably we might accept uncritically various behaviors as indicators of another person's mental states, our third-person knowledge of those states can be analyzed plausibly as involving interpretations and assumptions not required for first-person knowledge of our own states.

We might even want to say that, for borderline cases at least, there is but one psychological condition, which is simply identified and treated according to different criteria and methods. And presumably, the indeterminacy of our description is no more unusual or objectionable than it would be in many ordinary cases where we can describe the same state from different perspectives, each of them revealing and valuable in its own way. For example, from one perspective it might be useful to view a person's actions as shy, and from another perspective as cowardly. Similarly, it might be illuminating to see a person's behavior as exemplifying both arrogance and insecurity. Each of those descriptive categories allows us to systematize the person's behavior in a different way, neither of which is inherently preferable to the other, and both of which may give us genuine and distinctive insights into the person's behavioral regularities.

2.3.2 Suppression

The concept of suppression is also a bit difficult to pin down, and certainly the term *suppression* gets used in various ways (often as a synonym for *repression*). To the extent that there is a standard view of the difference between suppression and repression, there seem to be two distinguishing features. First, suppression is always a conscious activity, and second, "amnesia is absent in suppression, present in repression" (Hilgard, 1986, p. 251). So suppression seems to be "a conscious putting-out-of-mind of something we don't want to think about" (Braun, 1988, p. 5). Thus, if we agree to use "suppression" in this fairly narrow technical sense, we can say that when *x* is suppressed for *S*, (1) *S* consciously diverts attention from *x* (i.e., puts *x* "out of mind"), and (2) *S* does not have amnesia for *x*.

2.3.3 Denial

Although Braun regards denial as yet another distinct point on a continuum of awareness, I submit that if we define the relevant terms as I suggest here, a distinct category of denial is gratuitous. I propose instead that we consider analyzing the term *denial* in terms of repression, suppression, and dissociation. For example, one handy (if slightly oversimplified) approach would be the following. Let's suppose first that the difference between unconscious and subconscious mental states is that the former can only be accessed relatively indirectly (as previously explained), whereas the latter can be accessed relatively directly. Then we can regard repression as unconscious denial, dissociation as subconscious denial, and suppression as conscious denial.

2.4 WHAT DISSOCIATION IS

With these considerations in mind, I offer the following provisional analysis of dissociation—in particular, the general expression-form "*x* is dissociated from *y*." We can then see how this analysis bears on current debates about dissociation. So let's say "*x* is dissociated from *y*" if and only if:

(1) *x* is an occurrent or dispositional state, or else a system of states (as in traits, skills, and alter identities) of a subject *S*; and *y* is either a state or system of states of *S*, or else the subject *S*.[3]
(2) *y* may or may not be dissociated from *x* (i.e., dissociation is a nonsymmetrical relation).
(3) *x* and *y* are separated by a phenomenological or epistemological barrier (e.g., amnesia, anesthesia) erected by *S*.
(4) *S* is not consciously aware of erecting the barrier between *x* and *y*.
(5) The barrier between *x* and *y* can be broken down, at least in principle.
(6) Third- and first-person knowledge of *x* may be as direct as (respectively) third- and first-person knowledge of *S*'s nondissociated states.

Condition (1) takes the capability, ownership, and diversification assumptions into account, and condition (5) acknowledges the accessibility assumption. Since condition (4) requires *S* to erect the dissociative barrier either subconsciously or unconsciously, it provides a way of ruling out cases of suppression. Similarly, condition (6) rules out a large set of cases ordinarily classified as instances of repression.

Condition (3) is designed to rule out a large class of cases we would presumably not count as dissociative, but in which *S*'s states seem to lie behind an epistemological barrier. In particular, this condition rules out many examples of conceptual naïveté and inevitable forms of self-ignorance. For example, *S* might desire or dislike something but lack the introspective or conceptual sophistication, or the relevant information, needed to recognize those states. So condition (3) will rule out cases

[3] The syntactic complexity of this condition reflects the fact that we assert the presence of dissociation under a great variety of conditions. For example, we can say that a subject has dissociated a memory, trait, or alter identity. But we also sometimes say that one memory or skill is dissociated from another.

where infants, small children, or naïve or mentally challenged adults lack the conceptual categories to identify their own mental states. The epistemological barrier in these cases is not something they erect. Similarly, many conceptually sophisticated adults may fail to recognize they have certain mental states, either because they are insufficiently introspective or because they lack relevant information. For example, *S* might be unaware he detests the sound of a fortepiano, because he has not yet heard enough examples for that disposition (or regularity in his preferences) to become clear. He might mistakenly think he dislikes only the one or two fortepianos he has heard. That is clearly not a case of dissociation, and condition (3) rules it out as well.

Moreover, my proposed criteria of dissociation countenance a large range of phenomena as instances. Naturally (and predictably), classic forms of pathological dissociation satisfy the criteria, including DID and dissociative fugue. Moreover, other familiar impressive phenomena likewise satisfy the criteria—for example, hypnotic amnesia, anesthesia or analgesia, and automatic writing. Perhaps more interesting, the criteria are apparently satisfied by a range of normal phenomena many want to regard as dissociative. These include, for example, blocking out the sound of ongoing conversation while reading (but being able to respond when your name is mentioned), and shifting gears and obeying traffic lights while driving but consciously focusing only on your conversation with your passenger. I consider it a virtue of these criteria that they undergird a variety of disparate intuitions about which phenomena are instances of dissociation.

Furthermore, I believe this account of dissociation is sufficiently abstract and general to support and unify the various analyses or definitions of dissociation scattered throughout the clinical and experimental literature. Also, I believe (or at least hope) that it corrects prevailing approaches, which are either needlessly restrictive or overinclusive.

2.5 WHAT DISSOCIATION IS NOT

Among prevailing approaches to dissociation, some (1) characterize dissociation as a defensive response to trauma or stress. But as we've noted, that can't be the whole story, because it rules out the vast majority of hypnotic phenomena and also many widely accepted examples of dissociation in everyday life.

Some have said (2) that dissociation is the absence of conscious awareness of impinging stimuli or ongoing behaviors. But if that were the case, then sleep, chemical anesthesia, and subliminal perception would count—incorrectly—as dissociative.

Others take dissociation to be (3) ongoing behaviors or perceptions that are inconsistent with a person's introspective verbal reports. But if that were true, dissociation would encompass far too much—for example, cases of self-deception, cognitive dissonance or confusion, or outright ignorance or stupidity. For instance, it would include a person's simply failing to grasp that simultaneously held beliefs are inconsistent. And incredibly, it would also include Cartesian or Humean skepticism about the external world—that is, the philosophical position implied by someone who, while leaning against a wall, says (in a state of philosophical seriousness) that he can't be certain the wall exists.

Still others say (4) that dissociation is an alteration of consciousness in which one feels disconnected from the self or from the environment. But first of all, that rules out what many have taken to be a paradigm instance of dissociation—namely, negative hallucination. In classic cases of this phenomenon, the subject doesn't feel disconnected from the self or environment, merely consciously unaware of certain items in the vicinity. Second, it too seems overinclusive, because it apparently includes as dissociative the experience of paralysis, sleep, and sensory deprivation.

Finally, some say (5) that dissociation is the coexistence of separate mental systems or identities that are ordinarily integrated in the person's consciousness, memory, or identity. But this approach is either empty or also too inclusive. Consider: what does it mean to refer to *separate* mental systems? In the absence of a description of what the separateness amounts to (e.g., of the sort I've provided), that term either has no clear meaning or else it seems merely to be a synonym for *dissociated*, in which case the definition would be circular. The likely alternative to this would be to let *separate* stand for something like *distinguishable*. But in that case the definition would, after all, be too inclusive, because it would then cover ordinary (retrievable) forgetting and the common (though perhaps only occasional) failure to juggle disparate roles in life (e.g., the person who sometimes has trouble coordinating the different mind-sets required for being both a loving parent and mob assassin, or—to keep it personal—philosopher and musician).

Some proposed definitions of *dissociation* commit more than one of the errors already noted. For example, Marlene Steinberg claims that dissociation is "an adaptive defense in response to high stress or trauma characterized by memory loss and a sense of disconnection from oneself or one's surroundings" (Steinberg & Schnall, 2001, p. 3).

As we have seen, this definition errs in several respects. First, dissociation is not just a defensive response, and (as we noted earlier) it doesn't always involve an impairment of memory. Second, this definition excludes most (if not all) hypnotic phenomena.

2.6 INCLUSIVITY VERSUS EXCLUSIVITY

Earlier, when I surveyed assumptions underlying the concept of dissociation, I described what I called the diversification assumption. According to that assumption, dissociation manifests in many different forms, affects a wide variety of states, and spreads out along a number of different continua. I argued that this is one of several ways in which dissociation resembles many other human capacities. For example, courage, sensuality, and wit are human capacities that likewise vary greatly in their range of manifestations and in the degree to which they are expressed along a number of different dimensions. People are not simply more or less courageous, sensual, or funny. They manifest these capacities in different ways and in different styles, and to different degrees with respect to them. Human behavior generally is so complex and varied that it would be incredible if dissociation failed to exhibit a similar range and diversity of expression.

However, a recent development in the study of dissociation has apparently led some to challenge the diversification assumption. Officially, what's at issue is whether normal, experimental, and pathological dissociation are all forms of a single phenomenon (let's call this the inclusivity position), or whether pathological and nonpathological dissociation are radically distinct, lacking any significant unifying features (the exclusivity position). Perhaps curiously, this has become one of the most hotly debated and even polarizing topics in that field of research. Although in my view the issue has never been stated very clearly, until recently most clinicians and experimenters seemed to embrace the inclusivity position. But on the basis of some recent taxonometric analyses by Waller, Putnam, and Carlson, and several subsequent studies by other investigators, some now claim that pathological and nonpathological dissociation are sharply distinct categories. Accordingly, they argue that dissociation is not a single phenomenon and that it's a mistake to regard normal and pathological dissociation as continuous (see, e.g., Putnam, 1997; Waller et al., 1996; Boon & Draijer, 1993; Ogawa et al., 1997; Briere et al., 2005).

However, the underlying reasoning here is questionable. First, even if pathological and nonpathological forms of dissociation differ consistently and dramatically (so that many properties of one are never properties of the other), that could not by itself show that dissociation is not a unitary or single phenomenon embracing both pathological and nonpathological forms. That conclusion would follow only in conjunction with an apparently unjustified assumption about the distribution of dissociative phenomena—namely, that if pathological and nonpathological dissociation were instances of the same class of phenomena, we would expect to find a fairly even distribution of dissociative phenomena along a dissociative continuum. And because according to some diagnostic surveys dissociative phenomena seem instead to cluster into two distinct groups—not the relatively smooth distribution to which the inclusivity view (or diversification assumption) is allegedly committed—some believe that the inclusivity view has been disconfirmed. That is, they believe that there is no longer justification for treating dissociation as a concept unifying the varied occurrences that have been considered dissociative.

But in fact there is no reason to insist that the distribution between normal and pathological dissociation has to be smooth. On the contrary, uneven distributions are clearly compatible with treating dissociation as a single concept unifying a quite motley range of manifestations. At least some leading researchers recognize this (Nijenhuis, 1999, pp. 175f). For example, pathological lying and ordinary lying may indeed be dramatically different in degree, enough so to warrant treating cases of the former (but not the latter) as a special class deserving of clinical attention. But both are still types of lying, and to ignore what they have in common is to miss an important theoretical or conceptual unity. Similar observations can be made about the differences between normal orderliness and pathological or compulsive orderliness, and between ordinary anxiety and panic attacks.

The situation is the same with regard to pathological and nonpathological dissociation. The former seems clearly to be distinguishable from the latter in several respects (as one would expect). But both remain forms of dissociation, as our convention of using the term *dissociation* in connection with each tacitly acknowledges.

Interestingly, Waller et al. seem not to make the error of concluding on the basis of their data that there is no viable general concept of dissociation uniting the phenomenon's various manifestations. In fact, although they criticize the DES for not capturing certain observed and significant regularities in the data, they concede that pathological and nonpathological dissociation are nevertheless "related" (p. 301) and are both forms of dissociation. They even state explicitly that there are "nonpathological or healthy forms of dissociation" (p. 302).

It's less clear whether Briere et al. avoid the error. Like some others, they claim to have shown (in their case with the MDI) that the "notion of 'dissociation' as a *general trait* was not supported" (p. 221, emphasis added). Instead, they claim that "dissociation may represent a variety of phenomenologically distinct and only moderately related symptom clusters whose ultimate commonality is more theoretical than empirical" (ibid). More specifically, they claim that the "finding of discrete dissociation factors supports a view of dissociation as a multifaceted collection of distinct, but overlapping, dimensions, as opposed to a unitary trait" (p. 228). Of course, what's at issue in this paper is precisely the theoretical question of whether the variety of dissociative phenomena can be plausibly construed as falling under a general concept. And although it's unclear what exactly Briere et al. mean by "unitary trait" and "general trait," they seem to deny this. Indeed, they seem to be arguing for a certain analysis of the general concept of dissociation, and they state explicitly that on the basis of their survey, "the term dissociation may be a misnomer to the extent that it implies a single underlying phenomenon" (p. 230).

We should also note that the appearance of sharply distinct classes or taxons of dissociative phenomena may simply be an artifact of the categories and form of questions used in the surveys from which the data were gathered. Questions and their embedded descriptive categories are like conceptual grids. To put the matter picturesquely, depending on the shape and size (e.g., fineness or coarseness) of the grids, objects of only certain sizes and shapes will pass through. That means that items on questionnaires will, from the start, allow only certain kinds of responses and thereby permit only certain kinds of results or types of discriminations. The appearance of dissociative taxons might therefore reveal little more than the inevitably theory-laden biases or grossness of the distinctions permitted by the questionnaire. For example, from Briere's et al. use of the MDI, we can't conclude anything more than that dissociative phenomena can be parsed nonarbitrarily in a way that reveals no underlying connectedness. And of course that's no more revelatory or theoretically interesting than the observation that the things in this room can be divided nonarbitrarily into nomologically anomalous classes each one of which exhibits its own distinctive regularities—for example, when insurance agents, household movers, or interior decorators classify them into wet things, heavy things, green things, valuable things, fragile things, and things that even a mother couldn't love. But in that case, if my foregoing conceptual analysis shows that the concept can be made to unify and cover the broad range of phenomena that have been considered dissociative, and if application of the MDI (or another survey instrument) fails to capture that unity and systematicity, there's little reason to think it captures or helps analyze the concept of dissociation.

Moreover, we've already noted one reason to doubt the ability of current diagnostic surveys to illuminate the concept of dissociation—namely, their neglect of hypnotic phenomena. Even when the surveys were administered both to clinical and nonclinical populations, their questions were not designed to distinguish, say, those who are good hypnotic subjects from those who are not, much less those who are hypnotizable to varying degrees. So right from the start, they won't identify one clear group of dissociators or tease out what they have in common. But then they can't be expected to reveal what ordinarily hypnotizable persons have in common with those experiencing clinically interesting forms of dissociation, much less whether there's a smooth transition from the former class of subjects to those suffering from pathological dissociation—or failing that smooth transition, something theoretically relevant that they have in common.

So it appears that proponents of the exclusivity position have set up a straw man when they state the inclusivity view. In fact, there are two signs of this. We've just considered the first: assuming that the distribution of dissociative phenomena must be smooth if the inclusivity view is correct. The second apparent instance of straw-man reasoning is this. Contrary to what proponents of the exclusivity view seem to suggest, to say that normal and pathological dissociative phenomena are continuous is not to say that there is a *single* dissociative continuum along which those forms of dissociation spread (unevenly or evenly). That's a needlessly simple and antecedently incredible formulation of the inclusivity position, and it's all too easy to overturn. Presumably, one can always select a list of allegedly relevant properties in such a way that the classes of normal and pathological dissociation appear to be profoundly separate. But on different characterizations of dissociation, or using different lists of relevant properties, the two forms of dissociation might turn out to overlap or distribute quite evenly. In fact, we saw that the criteria of dissociation I listed previously countenance both normal and pathological forms of dissociation. So we know already that dissociation can in fact be characterized in a way that embraces the phenomenon in all of its widely recognized forms and which still allows dissociation to be distinguished from repression, and so on. Moreover, it's clear that dissociative phenomena satisfying those criteria spread out (smoothly or otherwise) along the several continua mentioned when I stated the

diversification assumption: pervasiveness, frequency, severity, degree of functional isolation, and degree of personal importance to the subject.

So it seems to me that the current debate over taxons is really a nonissue, at least so far as it purports to be a debate over the concept of dissociation. However, none of this is to deny the importance—and perhaps the clinical necessity—of recognizing and focusing on the manifest disparities between pathological and nonpathological forms of dissociation. (But notice, I refer to both—as one should—as forms of dissociation.) For the clinician, the differences are what matter, and perhaps the distinctive aspects of pathological dissociation are the only features that deserve their attention. In that sense, it's pragmatically defensible to regard pathological dissociation as a phenomenon distinct from nonpathological dissociation Similarly, it's defensible for clinicians to focus on pathological lying as a phenomenon of interest, but not the everyday lies we tell to protect another's feelings, to avoid embarrassment, and to avert countless other mini conflicts. But it's still confused to think that warrants rejection of the inclusivity view. And as I believe we can now see, to reject that view is to lose sight of the interesting properties that seem to link all forms of dissociation and which justify, for the time being, treating dissociation, in all its richness and variety, as a legitimate and single object of psychological and theoretical inquiry.

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