DISCUSSION OF: "METAPHORS OF AGENCY AND MECHANISMS IN DISSOCIATION"

Onno van der Hart, Ph.D.

Onno van der Hart, Ph.D., is a professor in the Department of Clinical Psychology and Health Psychology at Utrecht University, The Netherlands, and a psychologist at the Cats-Polm Institute, Bilthoven, The Netherlands.

Dr. Segall's discourse on metaphors of agency and mechanisms in dissociation poses intriguing questions and answers. However, his contribution evokes many questions in need of answers before one would be fully able to appreciate its message.

Segall uses many concepts at different logical levels or concepts which are used in other contexts at a different level, which may foster confusion in the reader. An example of the former is his speaking of both various metaphors for the dissociation of the psyche and of dissociation as one of these metaphors. An example of the latter pertains to his referring to Sarbin's narrative and role theory, as well as Herman and Kempe's polyphonic variation. My familiarity with the Janetian distinction between narrative-autobiographical memories and traumatic memories lacking that narrative quality interferes with just being able to accept the narrative metaphors of Sarbin, Herman, and Kempe. This may be my idiosyncratic problem, but I am afraid that it is indicative of Segall's too quick and too brief application of such theoretical notions and fragments to the phenomenon of dissociation and the dissociative disorders. Thus, Herman and Kempe's model of the self as a polyphonic model seems to imply that all of us are "multiples," a view also encountered in pop psychology but hardly acceptable to those of us having some understanding of the dissociative disorders. And Bowers' important theory of dissociated control in hypnosis, suggesting an absence of lower subsystems by superordinate control systems, is just mentioned in passing.

Segall hardly defines his concepts, which leaves untouched the problems inherent in these concepts, thus making the discourse of the central theme in his essay particularly problematic. Should we view dissociation as a functionally autonomous process occurring within a person, or as something one does with an intent? Is it a mechanistic or an agentic phenomenon? His resolution of this dilemma is to state that both descriptions are right to some degree, but that, depending on the circumstances, we as clinicians should emphasize one or the other. It would be very interesting to discuss some of these circumstances. However, we first need a clear definition of dissociation, the basic phenomenon this essay deals with. We also need to be specific as to whether discussion is to be regarded as a phenomenon to be placed on a continuum (as the older view in the current DD field implied) or as a latent class or "pathological dissociative taxon" (Waller, Putnam, & Carlson, 1996), whereby the latter has to be differentiated from related phenomena such as absorption and imaginary involvement, which are normal human phenomena. Indeed, Janet, who was the first to draw attention to this fundamental distinction, did not regard absorption and imaginary involvement as dissociation per se. In recent times, his view was supported by authors such as Boon and Draijer (1993), Van der Hart, Boon and Op den Velde (1991), Yates and Nasby (1993), and has recently been confirmed by important research done by Waller et al. (1996).

When there exists some clarity in this respect, I guess that we are better prepared to relate dissociation with agency and intentionality as opposed to object and autonomous (mechanistic) process, as well as with defining these constructs in the current context. Which are the criteria determining whether or not one may speak of agency in a given case? May we do so when somebody claims to have deliberately dissociated? Not by definition, I think. Such attribution may be incorrect. I am reminded here of the many experiments with post-hypnotic suggestions, in which the subjects gave post-hoc explanations of agency to their probably automatic execution of these suggestions. DID patients may sometimes attribute personal control to manifestations stemming from other identities (passive influence phenomena). How does Segall view this? And what are the arguments in favor of either an agentic or mechanistic view of dissociation, or the arguments in support of the view that sometimes one view is most appropriate and at other times the other. Indeed, I feel it is a major omission that he has not dealt with the question of when either one of these views would be most appropriate.

In this commentary I would like to mention one perspective to the basic phenomenon of dissociation, in particular, pathological or trauma-induced dissociation, which may perhaps shed some light on this issue. This perspective includes the distinction of several "levels" of dissociation (cf.

Van der Hart, 1994; Van der Kolk, Van der Hart & Marmar, 1996). *Primary dissociation* refers to the basic dividedness between an apparently normal personality state and a traumatic personality state with its fixed ideas and disturbances of functions. Emphasizing the existence of a sense of self of these states, Myers (1940) spoke of the "emotional personality" and the "apparent normal personality." This condition seems to characterize simple PTSD, although not to such a degree that total amnesia for the traumatic experience exists. *Secondary dissociation* refers to further dissociation *within* the traumatic state. Dissociation between the observing and experiencing parts of the ego during a traumatic experience and thereafter during its reactivation is one form of such secondary dissociation (also called "peritraumatic dissociation"; Marmar et al., 1994). Another form pertains to the dissociation of, or within, the components of the traumatic experience itself, such as its somato-sensory, affective, and behavioral affects. Nijenhuis and colleagues make important comparisons between some of these secondary dissociative states and animal defensive and recuperative states that are evoked in the face of severe threat (Nijenhuis, Vanderlinden, & Spinhoven, in press; Nijenhuis, Spinhoven, Vanderlinden et al., in press). *Tertiary dissociation* refers to the further development of ego centers which contain the traumatic experiences and ego centers which remain unaware of the trauma and its concomitant affects and which continue to perform the routine functions of daily life. Tertiary dissociation is most developed in DID.

Now, to which degree can we describe these various dissociative phenomena as agentic or mechanic? Should we regard them, as Segall proposed, as both? Personally, I tend to speak in terms of voluntary control versus automatic (as opposed to mechanistic) dissociative responses, and I assume that both primary and secondary dissociation consist of rapid automatic responses which are, under certain conditions, evoked by threat to one's physical and psychological integrity. I guess that the development of tertiary dissociation as a response to stressful conditions has, in fact, the same characteristics. However, existing ego centers also exhibit voluntary actions. Again, we are reminded in this respect that what is voluntary for one ego center should be involuntary ("automatic") for another ego center when confronted with it (even when taking responsibility for it).

The latter point has been a subject of debate among 19th century French scientists on the nature of dissociative actions. Many of them believed that these acts are performed unconsciously and therefore *mechanically* (cf. Despine, 1880). However, like predecessors such as Main de Biran, Moreau de Tour, and Taine, Janet (1889) regarded dissociative phenomena as psychological automatisms: automatic because they are reactivated response patterns, and psychological because they are accompanied by sensibility and consciousness. Janet believed that these dissociative behavior patterns are influenced by conscious factors, even though they are maladaptive departures from the habitual response patterns of the personality. (However, regarding them as response patterns originally developing in the face of unavoidable shock does not make them maladaptive; only the person's continuous relying on them would be seen as such.) Using the term *automatic* did not exclude the notion of self-awareness, as the Greek terms *autos* (self) and *maimomai* (striving for, to exert onself for) are paired in this concept (Van der Hart & Horst, 1989). Janet stated that in psychological automatism, consciousness does not belong to the personal perception, and lacks the personality's sense of self *(idée du moi)*. This dissociative consciousness exists at a subconscious level, but is able either to take over executive control (complete automatism or complete dissociation) or to invade personal consciousness (partial automatism or partial dissociation).

Some early 20th century commentators believed that Janet did not attribute to such dissociative consciousness its own sense of self. I believe that Segall is concerned with a similar issue. At times Janet seems to have used a language which indeed emphasized mechanistic aspects of dissociation. Thus, in defining hysteria, i.e., the broad class of dissociative disorders in a generic sense, he referred to "the dissociation and emancipation of the systems of ideas and functions which [by their synthesis; Janet 1909] constitute personality" (Janet, 1907, p. 332). Mitchell (1992) commented:

> "So, therefore, when an idea becomes dissociated, he [Janet] would seem to imply that it continues to exist in a wholly isolated state and, whether conscious or unconscious, does not belong to any self. But it cannot be too often repeated and insisted on that we have absolutely no knowledge of any such isolated mental material. If normally an experience that passes out of consciousness is conserved as a psychical disposition, it is as a psychical disposition of *some* personality. If it is not dissociated, it remains part of the normal personality and retains the privilege of being able to reappear above the normal threshold. But if its passage out of consciousness is accompanied by dissociation, it may continue to exist as an unconscious psychical disposition or as a co-conscious experience, and forms an integral part of some personality which may or may not be wider than that which manifests in waking life." (pp. 113-114)

McDougall (1871-1938), who cited this quotation in his major work on abnormal psychology, agreed completely (1926):

> "That is to say, we must interpret the minor phenomena of dissociation in the light of the major

> cases, the extreme cases in which the phenomena lend themselves better to investigation. In all such major cases, we find the dissociated activity to be not something that can be adequately described as an idea or a group or train of ideas, but rather the self-conscious purposive thinking of a personality; and, when we study the minor cases in the light of the major cases, we see that the same is true of them. Thus the agent that carries out a post-hypnotic suggestion into effect as an "automatism" is not an isolated idea or train of ideas, but a subordinate personality operating for the time being independently of the primary personality." (pp. 543-544)

Mitchell and McDougall are in agreement that the actions performed by ego centers as agents may be automatic to the habitual personality (or personal consciousness), even when interpreted differently by them. But automatic reactivation of an ego center is also possible. And we should also be aware that, as discussed above, dissociation as a direct response to threat may be an entirely automatic process. Ultimately, this is part of the more general phenomenon of autonomous, emotional response patterns in the face of threat which characterizes all of us (cf. LeDoux, 1996). ■

REFERENCES

Binet, A. (1892). *Les altérations de la personnalité.* Paris: F. Alcan. English edition: *Alterations of personality.* New York: D. Appleton and Company, 1896. Reprint: University Publications of America: Washington, DC (1977).

Boon, S., & Draijer, N. (1993). *Multiple personality in the Netherlands.* Lisse, Netherlands: Swets & Zeitlinger.

Despine, P. (1880). *Le somnambulisme.* Paris: F. Savy.

Janet, P. (1889). *L'automatisme psychologique.* [Psychological automatism]. Paris: Félix Alcan. Reprint: Société Pierre Janet, Paris, 1973.

Janet, P. (1907). *Major symptoms of hysteria.* New York: Macmillan.

Janet, P. (1909). *Les névroses.* Paris: Flammarion.

LeDoux, J. (1996). *The emotional brain.* New York: Simon & Schuster.

Marmar, C.R., Weiss, D.S., Schlenger, W.E., Fairbank, J.A., Jordan, K., Kulka, R.A., & Hough, R.L. (1994). Peritraumatic dissociation and post-traumatic stress in male Vietnam theatre veterans. *American Journal of Psychiatry, 151,* 902-907.

McDougall, W. (1926). *An outline of abnormal psychology.* London: Methuen & Co.

Mitchell, T.W. (1922). *Medical psychology and psychical research.* London: Methuen & Co.

Myers, C.S. (1940). *Shell shock in France 1914-18.* Cambridge, England: Cambridge University Press.

Nijenhuis, E.R.S., Vanderlinden, J., Spinhoven, P. (in press). Animal defense reactions as a model for trauma-induced dissociative reactions. *Journal of Traumatic Stress.*

Nijenhuis, E.R.S., Spinhoven, P., Vanderlinden, J., Van Dyck, R., & Van der Hart, O. (in press). Somatoform dissociative symptoms as related to animal defensive reactions to predatory imminence and injury. *Journal of Abnormal Psychology.*

Van der Hart, O. (1994). Psychisch trauma, dissociatieve verschijnselen en meervoudige persoonlijkheidsstoornis. In A.A. Peters, Foeken, I.M.M, & Weijenborg, P.T.M. (Eds.), *Gevolgen van geweld voor de gynacologische en verloskundige praktijk* (pp. 51-62). Leiden: Leiden State University.

Van der Hart, O., Boon, S., & Op den Velde, W. (1991). Trauma en dissociatie. In O. van der Hart (Ed.), *Trauma, dissociatie en hypnose* (pp. 55-69). Lisse, Netherlands: Swets & Zeitlinger.

Van der Hart, O., & Horst, R. (1989). The dissociation theory of Pierre Janet. *Journal of Traumatic Stress, 2* (4), 397-412.

Van der Kolk, B.A., Van der Hart, O., & Marmar, C.A. (1996). Dissociation and information processing in post-traumatic stress disorder. In B.A. van der Kolk, A.C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress* (pp. 303-327). New York: Guilford.

Waller, N.G., Putnam, F.W., Carlson, E.B. (1996). Types of dissociation and dissociative experiences: A taxometric analysis of dissociative experiences. *Psychological Methods, 1,* 300-321.

Yates, J.L., & Nasby, W. (1993). Dissociation, affect, and network models of memory: An integral proposal. *Journal of Traumatic Stress, 6,* 305-327.