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Dissociation, Dissociative Phenomena – Many Different Definitions

I. General/intro comments:

No widespread agreement: Although many of the different definitions do overlap (to some degree), and are compatible (to some degree), there is no widespread agreement on a definition for dissociation.[1] And there is no widespread agreement about the underlying biological and psychological processes. If you are at least aware of this lack of agreement, the lack of agreement will be less disorienting/confusing.

Broad versus precise: If the term "dissociation" is used in a very broad, inclusive, descriptive way, to mean any kind of disconnection – any kind of diss–association – then it's important to realize that the situation will be parallel to using a broad, descriptive medical term such as dyspnea. Dyspnea simply means problematic or difficult breathing. It is a very simple descriptive term *that includes many different underlying phenomena*. Dyspnea could be caused by a number of completely different phenomena, such as pneumonia, cancer, asthma, cystic fibrosis, congestive heart failure, COPD, a foreign body stuck in the windpipe, etc. In contrast, a more precise definition would use "dissociation" much more narrowly, to refer to the very specific phenomena/mechanisms that are involved in hypnotic trance states, fugue, extreme-trauma sudden amnesia, dissociated internal parts, and DID personality separation. I think it would be helpful for the psychotherapy and healing ministry communities to use the more precise definition.

Continuum versus distinct phenomenon: Many explanations/definitions of dissociation include talking about how dissociation is a phenomenon that occurs on a wide spectrum, from harmless daydreaming that everyone experiences at the mild end of the spectrum to very disruptive dissociative identity disorder at the severe end of the spectrum. However, this is a point that has been debated by the most authoritative experts in the field for as long as dissociation has been studied. Dr. Putnam provides an excellent summary regarding this debate at the end of his discussion of the question:

> "Thus we have two competing models of dissociation. The first is the traditional model that dissociation is a spectrum ranging from normal forms to pathological forms; the second is the Janetian[2] view that there are distinct types of dissociation. In the continuum...model, pathological dissociation occurs when an individual experiences more frequent and/or "deeper" states of dissociation. In the...Janetian (or typological) model, pathological dissociation

[1] 12/6/2025 comment from Google AI regarding disagreement just within the professional mental health community: "There is significant and ongoing disagreement regarding the definition and conceptualization of dissociation within the professional mental health community. This controversy stems from varying definitions, a broad range of phenomena covered by the term, and fundamental disagreements about its underlying causes and mechanisms."

[2] This model is called "Janetian" because it was first developed by Pierre Janet.

represents a different type of dissociative experience.

"...Each [of these two models] accounts for some of the data. The dimensional model must be invoked to explain certain findings, and the typological model must be invoked to account for other results. I tolerate this apparent inconsistency by recalling that there are well-established examples of dual explanations in science–for example, the particle and wave theories of light. Neither theory alone is sufficient to describe all of the physical phenomena of light, but together they permit highly accurate predictions to a range of photic phenomena.[3]

Definition versus practical interventions: It is important to realize that a mental health professional or healing minister might use a definition for dissociation that has serious flaws, but still teach and use practical interventions that are effective. (So don't throw effective-intervention babies out with flawed-definition bath water.)

Immanuel Approach good news (Jesus knows all this stuff): If you find yourself feeling intimidated or overwhelmed by the complexity, unanswered questions, and lack of consensus around dissociative phenomena, remember the Immanuel Approach good news that Jesus knows everything, and is ***not*** confused or intimidated. We help recipients establish interactive connections with Jesus, and then coach them to engage with Jesus as the therapist. To the extent that they have a good connection with Jesus, He brings all of the needed expertise. And no matter what kind of dissociated parts you encounter, just help each part connect with Jesus and then engage directly with Jesus.

Helpful recent developments?: I did much of the research and writing for this essay in preparation for a 2004 conference presentation. If you are aware of new discoveries or helpful clarifications since then, please let me know (drkarl@kclehman.com).

II. Dissociation, dissociative phenomena – many different definitions:

Diagnostic and Statistical Manual, Fifth edition (DSM V):

Dissociative disorders: "Dissociative disorders are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior....

"Dissociative symptoms are experienced as a) unbidden intrusions into awareness and behavior, with accompanying losses of continuity in subjective experience (i.e., "positive" dissociative symptoms such as fragmentation of identity, depersonalization, and derealization) and/or b) inability to access information or to control mental functions that normally are readily amenable to access of control (i.e., "negative" dissociative symptoms such as amnesia). DSM V pg 291.

Dr. Karl note: The DSM V says that dissociative disorders are *characterized* by these features, but not that all things with these features are necessarily dissociative disorders.

Diagnostic and Statistical Manual, Fourth edition (DSM IV):

[3]Frank W. Putnam, *Dissociation in Children and Adolescents: A Developmental Perspective* (New York, NY: The Guildford Press, 1997), pg 67.

Dissociation as a specific defense mechanism: "The individual deals with emotional conflict or internal or external stressors with a breakdown in the usually integrated functions of consciousness, memory, perception of self or the environment, or sensory/motor behavior." DSM IV pg 755.

Freud, Sigmund. *Repression*. Standard ed. Vol 14. (London: Hogarth Press) 1957[4]:

Definition of Dissociation: "An inability to recall a memory that nevertheless exists in the mind."

Dr. Karl note: Freud also uses these *exact same words* for one of his definitions for repression. So this definition for dissociation can obviously apply equally to either dissociation or repression.

Hawkins, Diane. *Multiple Identities: Understanding and Supporting the Severely Abused.* (Grottoes, VA: Restoration in Christ Ministries) 2002.:

"In its simplest form dissociation is something that most people experience in their daily lives. The most common example is daydreaming, which occurs when your mind becomes so absorbed in thought or fanciful imagination that it completely loses touch with your physical surroundings. When you "wake up" from this experience, you remember nothing of what occurred while you were so deeply engrossed mentally. If this occurs while you are driving, we call it "highway hypnosis,"...The phenomena of dissociation lies on a continuum, however, that progresses to conditions which become increasingly more pathological and disruptive to normal functioning. Dissociative Identity Disorder is the most extreme form, involving the complete splitting of the soul. Since the soul encompasses the mind, will, and emotions of the person, each split-off part will have an independently functioning mind, will, and capacity for emotions." pages 15&16.

Dr. Karl note: Daydreaming and highway hypnosis can *sometimes* involve mild trance/dissociative phenomena. (This occurs in people who learned to dissociate at an early age, who have a lot of dissociative phenomena, and who have learned to dissociate casually in many different circumstances.) But more commonly, daydreaming and highway "hypnosis" are just the normal memory and awareness effects associated with intensely focused attention. For example, if I focus my attention very intensely on an engaging task, I will have minimal awareness of my surroundings. And after finishing the task, I will have excellent memory for the task I was focused on, but minimal memory for anything that happened in my surroundings during the time of intense focus. This is not dissociation, but rather just the normal memory and awareness effects associated with intensely focused attention.[5] See also the intro comments

[4]As cited in Yovell, Y. et al. "Amnesia for Traumatic Events Among Recent Survivors: A Pilot Study" *CNS Spectrums*, September 2003 (Vol 8, #9) pp 676-685.

[5]These normal effects of attention-focus on awareness and memory have been thoroughly studied and documented. See, for example, dichotic-listening studies in which one set of information is presented to the right ear and another set is presented to the left ear. When the study subjects are instructed to focus their attention on what they are hearing with their left ear, they are strongly consciously aware of this content and they form clear explicit memory for this content. In contrast, they have minimal conscious awareness or memory for the content that they were hearing with their right ear. And this completely switches if they are instructed to focus their attention on what

regarding continuum versus distinct phenomena.

International Society for the Study of Dissociation (ISSD) website, FAQ page:

> "Dissociation is a word that is used to describe the disconnection or lack of connection between things usually associated with each other. Dissociated experiences are not integrated into the usual sense of self, resulting in discontinuities in conscious awareness (Anderson & Alexander, 1996; Frey, 2001; International Society for the Study of Dissociation, 2002; Maldonado, Butler, & Spiegel, 2002; Pascuzzi & Weber, 1997; Rauschenberger & Lynn, 1995; Simeon et al., 2001; Spiegel & Cardena, 1991; Steinberg et al., 1990, 1993). In severe forms of dissociation, disconnection occurs in the usually integrated functions of consciousness, memory, identity, or perception. For example, someone may think about an event that was tremendously upsetting yet have no feelings about it...."
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> "There are five main ways in which the dissociation of psychological processes changes the way a person experiences living: depersonalization, derealization, amnesia, identity confusion, and identity alteration. These are the main areas of investigation in the Structured Clinical Interview for Dissociative Disorders (SCID-D) (Steinberg, 1994a; Steinberg, Rounsaville, & Cicchetti, 1990)."
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> ***Dr. Karl note:*** To varying degrees, avoidance, denial, and repression also prevent the affected experiences from being integrated into the usual sense of self.

Janet, Pierre Wilkes, Peter. *Winning the War Within*. (Downers Grove, IL: InterVarsity Press) 1955, page 185. Wilkes references Janet, Pierre. *The Major Symptoms of Hysteria* (New York: Macmillan) 1907, but does not give a page number):

> "Pierre Janet introduced the term [dissociation] in 1907 to describe systems of ideas that were "not in association" with other normal ideas in the personality"

Kaplan, H.I., Sadock, B.J., Grebb, J.A. *Kaplan and Sadock's Synopsis of Psychiatry*, Seventh edition. (Baltimore: Williams & Wilkins) 1994.:

> "In a state of mental health, a person has a unitary sense of self as a single human being with a single basic personality...The unifying experience of self usually consists of an integration of a person's thoughts, feelings, and actions into a unique personality...The key dysfunction in the dissociative disorders is a loss of that unitary state of consciousness...." page 638.

Maldonado, J. R., & Spiegel, D. (2008). Dissociative disorders. In R. E. Hales, S. C. Yudofsky, & G. O. Gabbard (Eds.), *The American Psychiatric Publishing textbook of psychiatry* (5th ed., pp. 665–710). American Psychiatric Publishing, Inc..

> "The dissociative disorders involve a disturbance in the integrated organization of identity,

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they are hearing with their right ear. The Harvard psychology experiment where study subjects did not notice a gorilla in the middle of the basketball court provides an especially dramatic example of how focus of attention affects awareness and memory. Daniel J. Simons and Christopher F. Chabris, "Gorillas in Our Midst: Sustained Inattentional blindness for Dynamic Events," *Perception*, Vol 28 (1999), pages 1059-1074.

memory, perception, or consciousness. Events normally experienced on a smooth continuum are isolated from the other mental processes with which they would ordinarily be associated. This discontinuity results in a variety of dissociative disorders depending on the primary cognitive process affected. When memories are poorly integrated, the resulting disorder is dissociative amnesia. Fragmentation of identity results in dissociative fugue or dissociative identity disorder (DID; formerly multiple personality disorder). Disordered perception yields depersonalization disorder. Dissociation of aspects of consciousness produces acute stress disorder and various dissociative trance and possession states (Table 15-1). These dissociative disorders are a disturbance more in the organization or structure of mental contents than in the contents themselves. Memories in dissociative amnesia are not so much distorted or bizarre as they are segregated from one another…. The problem is the failure of integration, the decontextualization of information, rather than the contents of the fragments. In summary, all types of dissociative disorders have in common a lack of immediate access to the entire personality structure or mental content in one form or another." From Abstract

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D."Childhood trauma, the neurobiology of adaptation, and 'use-dependent' development of the brain: How 'states' become 'traits.' *Infant Mental Health Journal*, Vol. 16, No. 4, Winter 1995, pages 271-291.

"Dissociation is simply disengaging from stimuli in the external world and attending to an 'internal' world. Daydreaming, fantasy, depersonalization, derealization, and fugue states are all examples of dissociation. (Putnam, 1991)" page 280.

Dr. Karl note: 1. It seems that this would include any form of thought where one withdraws attention from the outside world in order to concentrate on internal mental phenomena – such as concentrating on routine memory tasks, a math problem, or any complex mental problem that requires intense internal mental concentration. In relation to this point, see comments above (Hawkins, Diane section) regarding daydreaming and highway hypnosis. 2. It is hard to see how this definition/formulation could account for dissociative disconnection from emotional pain, dissociative amnesia, dissociative blackouts for extreme trauma and then flashbacks, creation of an external observer perspective, or dissociative creation of discrete internal parts and alters.

Schacter, Daniel L. *Searching for Memory*. (New York: Basic Books) 1996.

"Dissociation, according to some psychologists and psychiatrists, causes the mind to become split into streams. Thoughts, feelings, and memories splinter into separate worlds of their own: memory systems and subsystems that ordinarily communicate closely, passing information back and forth, lose touch with each other and go about their business separately. Dissociation does not erase a person's memories. Instead, stress or trauma somehow severs the links among memory systems, so that large sectors of the past, or periods of ongoing experience, become detached from a patient's conscious awareness." page 233.

Siegel, D.J. *The Developing Mind*. (New York: Guillford) 1999:

"Clinicians use the term [dissociation] to refer to a discontinuity in mental functioning that is a part of a number of disorders, such as panic, borderline personality, and postraumatic stress disorders." pg 319

> [Dissociation is used when the mind/brain perceives that] "the overall state of mind can only be organized by dis-associations of the component parts of mental functioning." pg 226. [That is, there are different components of mental functioning (experience?) that seem impossibly incompatible, and the overall state of mind can only be organized by dis-associating these components.]
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> ***Dr. Karl note:*** this could also apply to other psychological defenses, such as repression, denial, and avoidance, that allow the person to organize his overall state of mind by excluding/ "looking away from" certain thoughts, memories, emotions.**

Smith, Ed. *Beyond Tolerable Recovery*. Fourth edition. (Campbellsville, KY: Alathia publishing) 2000.:

> "Dissociative Identity Disorder (DID): The separation or dissociation which occurs in a person's mind between the conscious and subconscious mind. It is a type of self-defense, protecting from extreme pain or fear. The human mind often experiences this phenomena in a lesser degree through daydreaming during stressful or boring situations, or by 'highway hypnosis.'" page 390.
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> **Dr. Karl note:** 1. Avoidance, denial, and repression, to varying degrees, also push painful content from the conscious mind into the subconscious mind. 2. See again my comments regarding daydreaming and highway "hypnosis" usually being just normal phenomena associated with focusing attention.

Steadman's Concise Medical Dictionary: Third Edition, Dirckx, J.H. ed (Baltimore: Williams & Wilkins) 1997.:

> "An unconscious separation of a group of mental processes, resulting in an independent functioning of these processes and a loss of the usual associations, e.g., a separation of affect from cognition." page 251.

Van der Kolk, Bessel A, McFarlane, Alexander C, Weisaeth, Lars, Editors. *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. (New York: Guilford Press) 1996.

> "Dissociation refers to a compartmentalization of experience: Elements of a trauma are not integrated into a unitary whole or an integrated sense of self." page 306.
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> Primary dissociation: "Many children and adults, when confronted with overwhelming threat, are unable to integrate the totality of what is happening into consciousness. Sensory and emotional elements of the event may not be integrated onto personal memory and identity, and remain isolated from ordinary consciousness; the experience is split into its isolated somatosensory elements, without integration into a personal narrative (van der Kolk & Fisler, 1995). This fragmentation is accompanied by ego states that are distinct from the normal state of consciousness. This condition, 'primary dissociation,' is characteristic of PTSD, in which the most dramatic symptoms are expressions of dissociated traumatic memories – intensely upsetting intrusive recollections, nightmares, and flashbacks." page 307.

Secondary dissociation: "Once an individual is in a traumatic (dissociated) state of mind, further disintegration of elements of the personal experience can occur. A 'dissociation between observing ego and experiencing ego' (Fromm, 1965) has often been described in traumatized individuals,....They report mentally leaving their bodies at the moment of the trauma and observing what happens from a distance. These distancing maneuvers of 'secondary dissociation' allow individual to observe their traumatic experience as spectators, and to limit their pain or distress; they are protected from awareness of the full impact of the event. Whereas primary dissociation limits people's cognitions regarding the reality of their traumatic experience, and enables them to go on temporarily as if nothing happened (e.g., Christianson & Nilsson, 1984, 1989, Spiegel, Hunt & Dondershine, 1988), secondary dissociation puts people out of touch with the feelings and emotions related to the trauma; it anesthetizes them." page 307.

Tertiary dissociation: "When people develop distinct ego states that contain the traumatic experience, consisting of complex identities with distinct cognitive, affective, and behavioral patterns, we call this 'tertiary dissociation.' Some ego states may contain the pain, fear, or anger related to particular traumatic experiences, while other ego states that remain unaware of the trauma and its concomitant affects, and continue to perform the routine functions of daily life." pages 307&308.

Wilkes, Peter. *Winning the War Within*. (Downers Grove, IL: InterVarsity Press) 1995.:

"When strong dislikes arise between personality roles, a person begins to experience what we have been calling dissociation. In this situation the role that's in command most of the time finds it threatening to slip into a disliked role; it feels as if a power inside is taking over against the person's will, and she resists it. She becomes more aware of her internal divisions than the average person, and consciously or unconsciously she separates herself from a divided inner self. This separation, created in response to internal division, is *dissociation*." page 28.

Dr. Karl note: 1. Note that this is a definition/formulation for dissociation based on "personality roles" as the source of internal parts. It is hard to see how this definition/ formulation could account for dissociative disconnection from emotional pain, dissociative amnesia, dissociative blackouts for extreme trauma and then flashbacks, creation of an external observer perspective, or amnestic barriers between parts. 2. Internal parts do not always dislike and/or fight each other. They can work together like members of a team, voluntarily switching to let the appropriate "specialist" come forward. It is hard to see how this definition/ formulation could account for this phenomena of internal parts who are not enemies. 3. My current (2025) assessment is that personality roles/ego states can produce the subjective experience of internal parts, but that this kind of internal part is a completely different phenomena from *dissociated* internal parts.[6] If I am correct in this assessment, then trying to define/formulate dissociation based on personality roles/ego states is a misguided endeavor.

III. MPD, Dissociative Identity Disorder (DID):

[6]For additional discussion of this point, see, "Dissociated Parts, Traumatic-Implicity-Memory Child-Ego-State Parts, and Non-Trauma Ego-State Parts". (Available as a free download from the "Kclehman Website Archives" section of the Resources page of www.immanuelapproach.com.)

Diagnostic criteria from Diagnostic and Statistical Manual, Fourth edition (DSM IV):

> A. "The presence of two or more distinct identities or personality states (each with it's own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
>
> B. "At least two of these identities or personality states recurrently take control of the person's behavior."
>
> C. "Inability to recall important information that is too extensive to be explained by ordinary forgetfulness."
>
> D. "The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures). Note: in children, the symptoms are not attributable to imaginary playmates or other fantasy play." *DSM IV*, page 487.

Steadman's Concise Medical Dictionary: Third Edition, Dirckx, J.H. ed. (Baltimore: Williams & Wilkins) 1997.:

> "A dissociative disorder in which two or more distinct conscious personalities alternatively prevail in the same person, without any personality being aware of the others." page 668.

IV: Dissociated Internal Parts:

Lehman, Karl D., *The Immanuel Approach: For Emotional Healing and for Life* (Evanston, IL: Immanuel Publishing,) Glossary.

> "When a person encounters pain that is particularly overwhelming, and especially when this first happens in early childhood, a part of his mind can be split off, disconnected, or dissociated from the rest of his normal consciousness.. And the overwhelming pain is then carried in this separate compartment, or dissociated part. Carrying the pain in this separate, dissociated part, or dissociated internal part, enables the person to carry the pain without being overwhelmed or incapacitated. That is, the rest of the person's mind can continue to function fairly normally, since it cannot feel the pain that is disconnected, compartmentalized, and carried by the dissociated part.[7] pages 711 & 712.

See the essay, "Dissociated Parts, Traumatic-Implicity-Memory Child-Ego-State Parts, and Non-Trauma Ego-State Parts"[8] for discussion of other kinds of internal parts besides dissociated internal parts.

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[7]Note that a person can experience dissociative disconnection, and especially dissociative disconnection from just the painful emotions, without having internal parts as part of the dissociative package. Furthermore, even if a person does have dissociated internal parts, he may not have *severe* dissociative phenomena. For example, a person may have dissociated internal parts but *not* have Dissociative Identity Disorder (DID).

[8]Available as a free download from the "Kclehman Website Archives" section of the Resources page of www.immanuelapproach.com.