

Title: “Dissociation, Dissociative Phenomena – Many Different Definitions ”

February 2, 2026

Greetings all,

Just a quick note to let you know about a new essay about dissociation and dissociative phenomena. (Accessed from the “Special Subjects/Advanced Topics” section of the Resources page of our IA website: <https://www.immanuelapproach.com/special-subjectsadvanced-topics/> )

I have included the first page and outline, below, as an appetizer.

Blessings,

Dr. Lehman/Karl

Want to support the Lehman’s Immanuel Approach work? Click here for more information: <https://www.immanuelapproach.com/supporting-lehmans-immanuel-approach-work/>

## **Dissociation, Dissociative Phenomena – Many Different Definitions**

(©Copyright 2025 K.D.Lehman MD, New 12/12/2025)

### **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.<sup>1</sup> 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

---

<sup>1</sup>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.”

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<sup>2</sup> 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 topological) model, pathological dissociation 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.<sup>3</sup>”

*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.

*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 the recipient establish an interactive connection 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 them 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:**

### **III. Dissociative Identity Disorder (DID):**

---

<sup>2</sup>This model is called “Janetian” because it was first developed by Pierre Janet.

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

#### **IV: Dissociated Internal Parts:**