WEBINAR

DISSOCIATION: A CORE FEATURE OF ALL TRAUMA-RELATED DISORDERS?



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Clinicians and scientists use the noun 'dissociation' and the verb 'to dissociate' for a confusing variety of phenomena. It is thus urgent to delimit both concepts. I will propose that we 'dissociate' insofar as we, as the whole being we are, develop and maintain two or more centers of action or agents that fear and avoid each other. Guided by their own longings, dissociative agents generate their own experience and idea of who they are, what the world is like, and what counts. For example, one dissociative agent may long and strive to live daily life, whereas another reenacts the traumatic experiences that the first agent fears and effectively avoids. According to this definition, there are several dissociative disorders. The simplest are PTSD of whatever subtype and simple sensorimotor dissociative disorder. More complex forms are Complex PTSD, complex sensorimotor dissociative disorder, and Partial Dissociative Identity Disorder (Partial DID). The extreme is (full) DID. The treatment of dissociative disorders essentially involves assisting the patient to overcome dissociative agents' contrary longings and strivings.



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