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DISSOCIATIVE MULTIPLICITY AND PSYCHOANALYSIS

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'Dissociation' is a label which has come to be applied to a wide range of different phenomena. This chapter specifically concerns dissociative multiplicity, with related phenomena only of ancillary interest.

Dissociative Multiplicity

In brief, dissociative multiplicity has to do with somebody having more than one center of consciousness, more than one 'I.' Diagnostically, this restricts the meaning to full or partial Dissociative Identity Disorder (DID) as defined by DSM-5 (2013) or ICD-11 (2022) – what was called multiple personality disorder (MPD). Some extend this meaning to what may, by analogy, be called 'normal multiplicity' – the idea that we all encompass a multiplicity of states of self. This is an example of the general difficulty in reconciling dimensional views, on a continuum, with categorical ones: at what point does a certain change of degree result in something qualitatively different? This has led to a dynamic between two poles regarding consciousness: one end arguing for just one; the other arguing for many.

MPD was considered a kind of dissociative hysteria, in contrast to conversion hysteria, which gave rise to the other major interpretation of the word 'conversion,' wherein conditions which appeared to be neurological were judged to be psychogenic.

MPD is the penultimate label; Chapter 1 in this book (Van der Hart & Dorahy) surveys the many turns of phrase, especially in France, but extending to the UK, the USA and Germany, which have been put forward to capture this condition of there being many within the one.

Psychoanalysis

Once patients are officially diagnosed (or not), and are in treatment, it becomes useful to have a systematic way not only to characterize them descriptively, but also to interpret the essentially unobservable: what they are up to – their intentionality or conation (wishes, drives, appetites, desires, beliefs, motives); what they do to cope with these and with the human and nonhuman environment (defense mechanisms and other coping strategies), including how they interact with the clinician (transference/countertransference, etc.), and what underlying unconscious phantasies¹ bring coherence to all the foregoing. Thus, clinicians all engage in various issues that are of central concern to psychoanalysis, whether they intend to or not. Formal diagnosis, generally based on history and mental state exam (signs and symptoms) needn't involve psychoanalysis, nor any other clinical interpretive discipline.

Again, as in the first edition of this chapter, I address more traditional psychoanalytic concepts in greater depth, and cover more recent perspectives somewhat selectively, and especially outside the relatively recent school of relational psychoanalysis, as the latter has produced an abundance of literature already well discussed by others² (see Howell & Itzkowitz, Chapter 45, this volume).

I reverse history somewhat in discussing dissociation vs splitting prior to discussing dissociation vs repression, as this makes more conceptual sense to me. Having dealt with these 'two-body problems,' I then discuss 'three-body problems' as reflected in various psychoanalytic triads, followed by a briefer discussion of theories which allow for 'many-bodies': object relations theory, attachment theory and ego state theory. I conclude with a summary view and reflection on what still needs to occur for dissociation to be reintegrated into psychoanalysis.

Scientific Challenges

Methodology

I have offered critiques of the early twentieth-century philosophy of science called logical positivism, and of operational definition as introduced into physics and derivatively into psychology and DSM-III (1980; O'Neil, 1993, 2001, 2009, Chapter 21, this volume). Operational definition was thought to allow for theory-free observation. I prefer the philosophy of Karl Popper, who credited himself with precipitating the death of logical positivism (1972/1992). In the process, he demonstrated that operational definitions immediately mire one in contradiction.

While operational definitions have prompted diagnostic criteria with higher interrater reliability, they mustn't tempt us with the fantasy that high interrater reliability demonstrates the criteria to be theory-free, or that the entities described are real.

Other remnants of positivism appear in some interpretations of 'Evidence-Based Medicine' (EBM) or its subset, 'Evidence-Based Psychiatry' (EBP). The actual logic is intact, but the wording often prompts accompanying rhetoric which implies the entirely erroneous belief that theories and treatments can be "based on evidence." When originally and properly defined, "Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). EBP, then, applies to one's clinical judgment – not to the truth or validity of theories or treatments themselves. In practice, EBP methodology convincingly separates out worthy hypotheses from mistaken ones on the basis of evidence, but also may tempt us to erroneously conclude that the surviving psychiatric 'truths' are themselves based on evidence. The specific logical error involved is the Fallacy of Affirming the Consequent³ (O'Neil, 2001). Regardless of the current ubiquity of adducing so-called evidence-based theories and treatments (including a number in the present volume), if one wishes to avoid manifesting mild formal thought disorder, one ought to try neither to invoke, nor imply, the Fallacy of Affirming the Consequent: one ought not to claim that any theory or treatment is itself "based on evidence." Strictly speaking, there are no evidence-based theories; there are no evidence-based treatments. One's judgments regarding the care of individual patients may be "evidence-based" in that one may judiciously assess the record of empirical tests of available theories and treatments.

Following Popper, it is well to recall that attribution of scientific truth is based on two *inabilities*:

1. the inability to refute the hypothesis on the basis of evidence (no matter how hard we try), while its competing hypotheses have all been so refuted, and
2. the inability to conceive of another hypothesis against which to test it.

Scientific truth is thus always relative to refuted alternatives, and never relative to evidence *per se*.

Talking About Ourselves As If Talking About Something Else

Psychology manifests a number of self-referential knots. This is owing to the fact that the subject matter is ourselves, including ourselves as the source of all accounts of the psyche. I may have an account of your psyche, but if you hear about it, you may argue with me. Psychology is the only discipline whose subject matter talks back. Behaviorism is one refuge: dealing only with observed behavior shields one against back talk. And it can't be applied to the behavior of the behaviorist. Otherwise, the behavior of expounding behaviorism becomes a behavior calling for explanation, rather than a potentially truthful claim.

There is no escape from back-talk in any psychotherapy, or any psychology with a derivative psychotherapy, where one is in dialogic relation with a patient-client-analysand. Therapy is unavoidably interpersonal in this regard. In practice, underlying any manifest psychotherapeutic theory are latent statements I can make to my client/patient which is intended to foster their universe of freedom (by liberating islands of growth from restraint by impossibility, inability, poverty, transience, deprivation, neglect, trauma, loss, prohibition, punishment, etc.). To that extent, method and treatment ought to trump theory.

The mindset of the therapist engaging with the client/patient is different from the mindset of the therapist theorizing though, ideally, we can achieve a mixed mode when communicating to peers, trying to be theoretically clear, though motivated by an ideal of caring for and individually addressing the audience. We are aware of this implicitly when reading any clinical or theoretical paper, where the theory counts, but the extent to which it is 'therapeutic' to the reader-as-therapist counts for more. If the writer seems not to care about being understood, nor to care about how one might care for another, nothing rings true.

An important implication of the discontinuity between theory and therapy is that in the hands of a therapist, what most counts is whether their interpretive schema works for them. Regardless of the 'truth' of any theory, it is more likely to be therapeutic if it is convincing to the therapist – if the therapist adopts it as their own. At the same time, some theories seem to work optimally only in the hands of their originators.

Biology vs Analogies From Artefacts

Another way around the problem of self-reference is to translate the psyche into something we understand already: something we have made on purpose and whose operating is thus transparent to us. This inevitably trips up and turns what tries too hard to be scientific into something which is scientific.⁴

Human mentation has been interpreted by analogy to a variety of human artifacts, from Aristotle's ceramics, to Hobbes' mechanics (1651), to Descartes' pineal gland bathed in the cerebrospinal fluid (1649), to Mesmer's magnetized fluids (Ellenberger, 1970), to Freud's direct-current or hydraulics model,⁵ to cybernetics' cognitivism (O'Neil, 2009).

The last item, cognitivism, merits some repetition here, as it remains current. Cognitivism is the application of principles of artificial intelligence to the brain. Computers are said to process information. By cognitivist extension to psychology, we have come to talk about our brains processing information, perception, conflict, trauma, etc. But the 'processing' analogy is astonishingly recent. The OED (1991) finds that the expression 'data processing' was adopted from 'food processing' in 1960, then generalized to 'information processing.' The metaphor was extended to brains only in 1968. My own brain, consequently, could be said to have begun to process information when I was 19 years old, as the processing metaphor didn't exist before then. If you wonder what my brain could possibly have been described as doing from ages 0–18, other than processing information, testifies to the uncritical generalization of the cybernetic metaphor. We reinterpret the past through the lens of the present.

But the drift from biology, the study of real life, to cybernetics, the study of human computational artefacts, has its limits. The late Gerald Edelman, Nobel Prize Laureate and neuroscientist, claimed:

The brain in this view is a kind of computer. ... The acceptance of this view or version of it is widespread in psychology, linguistics, computer science, and artificial intelligence. It is one of the most remarkable misunderstandings in the history of science. Indeed, not only is it not in accord with the known facts of human biology and brain science, but it constitutes a major category error as well. ... [T]he majority of those working in cognitive psychology hold to the views I attack here. ... [S]omeday the more vocal practitioners of cognitive psychology and the frequently smug empiricists of neuroscience will understand that they have unknowingly subjected themselves to an intellectual swindle.

Edelman, 1992, pp. 228–229

In brief, while computers are better at many mental tasks than we are (though hopelessly inept at others), they are the first artefacts that seem to 'think.' We have projected psychological categories into computer systems, such as 'memory' and 'cognition,' then forgotten the projection, and then reintroduced the meaning back into ourselves, so that we now talk about brains functioning as if they were computers. Edelman's point is that brains don't function that way, don't mediate behavior the way computers process information.

At the same time, metaphors from any familiar artefact (bowl, pressure cooker, automobile, filing cabinet, thermostat, computer) may be useful in therapy. I often find computer metaphors helpful with patients even if I am persuaded by Edelman that brains don't process information *per se*.

Defining Psychoanalysis as a Psychology (i.e., an Account of the Psyche)

The special peculiarities of translating an interpersonal encounter into theory are more evident in psychoanalysis than in other psychotherapies.

Freud's Definition: Method, Treatment, Theory

Psychoanalysis is the name (1) of a procedure for the investigation of mental processes which are almost inaccessible in any other way, (2) of a method (based upon that investigation) for the treatment of neurotic disorders and (3) of a collection of psychological information obtained along those lines, which is gradually being accumulated into a new scientific discipline.

S. Freud, 1923b

Freud's definition may be shorthand by saying that psychoanalysis is (1) a *method* of psychological investigation, (2) a *psychotherapy*, or treatment of some, but not all, mental disorders and (3) a scientific *theory* (though worded in mistaken inductivist-empiricist terms). The sequence, method-psychotherapy-psychology, implies that method informs the treatment, and the results of treatment inform the theory. By this reading, psychoanalytic treatment is not an application of psychoanalytic theory, but rather the theory is derived from the treatment. This claim is in keeping with Freud's wrong-headed inductivist-empiricist aspirations, and side-steps the enormous importation of nonclinical theory into therapy as first heralded by his *Project* (1895). This, then, is really Freud's metatheory: his metatheory that method and treatment lead to psychoanalytic theory. In any case, dynamic tension among these three facets has been the motor of change and differentiation in psychoanalysis over the years.

In any psychoanalytic debate, the method and treatment generally take precedence over the theory, according to the metatheory. The idea is that as long as we can profitably talk to ourselves, all is fine; but when we can no longer profitably talk to ourselves, then we need to talk to someone else. Within the boundaries of regular timed encounters (sessions), and other understandings that constitute the therapeutic frame (confidentiality, a nonjudgmental attitude, etc.), two people encounter each other with the understanding that one, the analysand, is there to achieve self understanding, mastery, autonomy, etc.; and another, the analyst, is there to assist in this project. The analysand talks about what they don't know, until they know what they are talking about. One human being gradually reveals themselves⁶ to another in communications which are equivocal, ambiguous or analogical; they will be motivated, and affect-laden; there will be gaps in flow and coherence. The therapeutic relationship is enfolded within motive, desire, affect and communication, what we call transference and countertransference. The radical asymmetry of the encounter replays the original mother-infant dyad. The analysand is not an infant, however, and so the work is inescapably collaborative: diagnosis and cure occur simultaneously, to some extent, because a 'diagnosis' or interpretation is legitimated by the analysand accepting it, and this accepting making a difference in the analysand's psyche.

Freedom and Determinism in the Method

In theory, method informs treatment whose outcome informs theory. In practice, all three contend with each other. The essence of the method is freedom: free association for the analysand, and freely hovering attention for the analyst. Constraint is the essence of the theory: psychic determinism. Freedom transcending constraint is the essence of the treatment: "Where id was, there ego shall be" (Freud, 1933, p. 80). The method of investigation, free association and freely hovering attention, informs the treatment, theoretically yielding psychic truth.

Theory describes what renders people *unfree*, and therapy directs *how* to free them. Thus, freedom figures prominently in the method and barely appears in the theory. True psychic freedom doesn't warrant analysis, and attaining it is a signal to set the date for termination. So freedom tends to act as a *telos*, goal or ideal, but is rarely directly talked about. Psychoanalytic theory rather focuses on the psychic determinism⁷ which blocks freedom: unconscious memories and wishes and feelings; mechanisms of defense that operate to keep things unconscious, which are themselves unconscious; unconscious repetitive patterns of perception and behavior and interpersonal relationship; psychic deficits that impoverish, etc.

When we invite analysands to freely associate, to put into words whatever comes to mind or body as they recline on the couch, without censorship, we are really inviting them to act as if already 'cured.' Analysts interpret how the associations are not free: dwelling on a single theme at the expense of everything else, or else ranging over everything except for some missing theme. Failing to freely associate is thus always a doing: concerning oneself with something, or avoiding doing so, and enacting this doing in what one does, including but not limited to what one says, to the analyst. In this way, failing to free associate, acting out (in the descriptive, and not pejorative, sense), and transference are all different facets of the same phenomenon.

The analyst's corresponding self-instruction, called "freely hovering attention," means paying even attention to everything the patient says and does. You can't tell how a patient's associations are unfree unless you have a *telos* of freedom of which these associations fall short.

Just as for empirical science, however, nothing works in practice the way it is supposed to in theory. Freely hovering attention is an unnatural ability that needs cultivation. Every item of theory (i.e., everything that one believes to be the case) constrains freely hovering attention, which is why technique recommends certain ‘lists’: speaking freely ought to result in a mix of past, present and future; of love and hate; of love and work and play; of creation and judgment; of daydreams and nightdreams and resignation to necessity; of hopes and fears; of mother, father, siblings, superiors, peers and inferiors; and so on. Such lists are somewhat contrived, however, compared to the ideal: unbiased listening is something of a not-doing rather than a doing, akin to what Keats called ‘negative capability’ (Leavy, 1970). Similarly, Bion (1970) recommends approaching each session ‘without memory or desire.’ The reader can judge whether what’s being recommended are technical rules of thumb, or altered states of consciousness in the analyst. In any case, the method is designed to allow everything to come to light, and to be put into words: to be narrated. When all is consciously utterable, the sphere of conscious control and mastery – the realm of freedom – expands.

Dissociative multiplicity is a prime illustration of how the method backfires. Let us assume it to be a ‘real’ phenomenon with a significant prevalence world-wide.⁸ The psychoanalytic method of investigation ought to identify cases at some regular frequency wherever it is practiced. This hasn’t been the case. To the extent that DID is a pathology of hiddenness, people with DID hide very well. Certainly almost all of those with DID who have reclined for hundreds of hours on psychoanalytic couches have largely succeeded in remaining hidden.

In short, while theory is supposed to come from method and treatment, theory may cripple method and treatment. Psychoanalysts, just like everyone else, only see what they look for, and theory tells them what to look for. Bias-free methods don’t exist, nor can they.

Clean and Dirty Starts: Abandoning Hypnosis

Freud was not alone in seeking a method free of bias. The natural sciences still seek such a method. The mythical clean start was one reason that Freud abandoned hypnosis as a method of investigation and treatment. This abandonment was fatal with respect to dissociative disorders, to the extent that they are autohypnotic.

Some hypnotic vestiges remain. Freud used the couch for hypnosis. Then he abandoned hypnosis, but kept the couch. Reclining on the couch and staring at the ceiling gives body and mind as little to do as possible; and the instruction to free association invites a state of reverie – a mild altered state of consciousness in the analysand that borders on hypnotic trance.

There were two phases in Freud’s use of hypnosis. The first brief hypnotic phase (Freud, 1914a) was inspired by the Nancy School of Liébault and Bernheim, with a focus on treatment – the elimination of symptoms through mendacious hypnotic suggestion (e.g., suggesting that some traumatic event didn’t in fact happen). Freud was averse to lying to patients, but also found that it failed therapeutically – it didn’t work.

The second brief hypnotic phase derives from Breuer’s celebrated treatment of Anna O (Bertha Pappenheim, who clearly had DID; Breuer & Freud, 1895), which eschews therapeutic suggestion and uses hypnosis to investigate the origins of symptoms in the so-called cathartic method. This preserves truth and permits treatment. Freud abandoned the hypnosis, but retained the catharsis through free association. Why? Because Freud was not very good at hypnosis (S. Freud, 1910). Since Freud abandoned hypnosis, psychoanalytic conceptualizations of it have tended to be consistently wrong-headed, no doubt because of acculturation to Freudian opinion, and to lack of exposure to hypnosis and to how it has evolved over the past century.⁹ The historical rupture between hypnosis and psychoanalysis is ongoing, and regrettable, depriving both traditions of essential insights concerning how the human mind functions, and fails to function, and how to treat these failings (Kluft, 1987b, 2018).

Scientific Hypotheses Vs Hermeneutics

The irreducible dialectic of freedom and determinism invites interpreting psychoanalysis as other than a natural science. The question of clean and dirty starts mirrors the passage from Husserl’s ‘clean’ phenomenology to ‘dirty’ hermeneutics. Husserl tried to do philosophy in the manner of his fellow mathematician, Descartes, from a clean start, and spent his life having to start over and over again. The futility of his phenomenology spurred the ascent of hermeneutics, which makes no pretense to a clean start, but contents itself with whatever dirt (error, wishful thought, prejudice, myth) is already around.¹⁰ Paul Ricœur (1970) interprets Freud from a hermeneutic viewpoint. This starts from the idea that Descartes’ *Cogito ergo sum* (‘I think, therefore I am’) is a “certitude devoid of truth,” to use Ricœur’s provocative phrase: in effect, true, but so what? – a truth with no issue. For Ricœur, there is no privileged beginning, no best way, no clean way, to begin. Meanings are always already there in every culture, and the task is to interpret them – a messy, ambiguous task with no sterile procedure.

This agrees with and complements Popper's (1935) contention that all scientific theories derive from prior theories, and ultimately from myths, rather than from data, so that meaning comes from prior meaning, and ultimately from wishful thinking, exemplified in the triumphant 'eureka' of a new scientific hypothesis experienced as a 'discovery.' However, data can only refute (surprise, disappoint). In brief, hermeneutics may be interpreted as "the hypothetico-deductive method applied to meaningful material" (Føllesdal, 2001, p. 376).

It is also clear to Ricœur that psychoanalysis must be more than a hermeneutic, a discourse, which mixes meaning and force into a 'semantics of desire.' The meaning part is the hermeneutics; the force part recognizes that what is to be interpreted is a real living human being, and not just a text, requiring recourse to explanatory (rather than interpretive) models such as those used in natural science – thus, the need for something like Aristotle's potter, Hobbes's strings, or Freud's Q, or the cybernetic metaphors of cognitivism. The point here is that while these 'force' dimensions are mistaken, they cannot simply be dumped, but need to be updated: tinkered with or replaced. There remains the ongoing promise of testable theories in the biological and social sciences, in place of analogies to artefacts. Human beings remain terrestrial biological-social organisms, after all.¹¹

Hermeneutics, curiously, is closer than phenomenology to biology. The baby is not born with a *tabula rasa*, but with an enormous array of expectations and quirks which have arisen by chance (random mutation) and which have not yet proven to be lethal over hundreds of millions of years (natural selection). I word it this way so as to avoid the over-valuation of survival and adaptation, which are not causes in the drama, but results. Survival is a non-event: the non-occurrence of premature death. The baby starts dirty rather than clean, utterly unlike a virgin hard drive. Some of the baby's earliest and seemingly most primitive behaviors, ontogenetically, are structurally 'late' and sophisticated phylogenetically. We might like to think that relating is primary, whether it be object relating or attachment or interpersonal rapport, just as Freud thought that sucking at the breast was primary and earlier than biting. But teeth have been around since the fish, and breasts only since the mammals. Biting and copulating are very much prior to sucking at the breast.

The Reification of Freud's 'Ich,' and the Other

Psychoanalysis is inevitably self-referential in that we talk about ourselves. Self-reference is logically fatal for any scientific theory, however, so it is interesting to reflect on how psychoanalysis evades the issue. This immediately arises in how psychoanalytic concepts 'interfere' with certain basic elements of speech (e.g., pronouns).

There are two senses of 'I' in Freud. Freud's 'das Ich,' while deriving from the common pronoun, is from the outset a technical one: the subject or agent of any verb that might follow, which he then promoted to a central position in his structural theory to be 'the Ego' of that celebrated trio, *das Es*, *das Ich*, *das Über-Ich*: the It, the I, the Over-I; the Id, the Ego, the Superego (S. Freud, 1923a).

I judge myself to speak directly in uttering 'I,' whereas others describe my thinking and speaking as acts of my 'the I,' and different from what I might judge myself. 'The Ego,' being in Latin, facilitates its divorce from 'I.' This split resonates with Buber's (1937) view of the world as twofold, depending on his two primary words, 'I-Thou' and 'I-It': "The I of man is also twofold. For the I of the primary word *I-Thou* is a different I from that of the primary word *I-It*" (p. 15). Applying this to psychoanalysis, the *I* of the therapy is the I of *I-Thou*, whereas *the Ego* of theory is the *I* of *I-It*: two universes of discourse in perpetual interaction and conflict.

I as Subject; Subjectivity

The *I* as subject warrants some reflection. When attempting to study something, we invoke subjects and objects (e.g., calling the object of study the subject matter). The relationship between these two 'throws' or 'jects' ('ject' being the Latin root past participle of 'to throw') is that one is thrown under (sub) and the other is thrown in the way (ob). So we stumble over the object thrown in our way, and wonder about the underlying subject. The relationship between surface object and underlying subject has animated millennia of philosophical and scientific debate. It is formulated in our grammar: a sentence is a subject followed by a predicate, which itself is often a verb-object combination. Predication itself (i.e., predicating something of a subject, of somebody) cannot be taken for granted. Donald Davidson's (2005) last book, published posthumously, is 163 pages about that very subject.

'Subject' has traditionally been granted priority of place over 'object,' as deeper, more real, truer, and fewer. Fewer is key: a subject is a unity underlying some diversity of objects. Plato's deep forms are what things really are, underlying all their surface details or predications or appearances or phenomena. One could have true knowledge (epistémé) of the subject, but only opinion (doxa) about the object, where the most one can hope for is to come up with an account (logos) which 'saves the appearances,' that is, isn't contradicted by them. Science has evolved with a neat compromise between knowledge and opinion: it routinely hypothesizes deep structures to 'save the appearances,' and these structures

are routinely more unitary, and carry more conviction of reality, than the appearances they purport to save or explain. Science remains covertly Platonic.

It is not a coincidence that ‘subject’ connotes the actor or agent of a sentence; and the human being as agent, conscious or unconscious; and the unity underlying surface multiplicity. The conscious human being takes itself as a model for being: for what it thinks of whatever. Projection is ubiquitous. I am conscious of the unity of my consciousness. This is my body, all that I perceive are my perceptions, all that I do are my acts, and so on. Consciousness itself is the model of a unitary subject underlying surface multiplicity. I project this subjectivity onto all other entities. The universe becomes alive or, as Thales (ca. 600–545 BCE) said, “everything is full of gods.” So the world starts pantheist and polytheist.

Thales is remembered, however, for that other thing he said: “The One is Water,” a projection of subjectivity to the cosmos as a whole. This was the inaugural proposition of western philosophy: an answer to the question of the *One and the Many* (Copleston, 1946/1962), for which Thales has been deemed the ‘first’ philosopher. So the central problem of dissociative multiplicity is very ancient: How is what seems to be many, really be one? How can what is one manifest as many? Just what is it that there are many of, and what is it that remains one throughout?

We have whittled consciousness down over time and eliminated the ‘gods’ (soul, psyche, spirit) from almost everything except ourselves and kindred metazoa, possibly; and demoted soul to mind or intentional agency. We have also turned the tables on subject and object by reinterpreting subjectivity as something arising from that very complex organization of objects known as a brain.

And so subject (the mind) is reduced to object (the brain) even if the latter is an intentional object of the former (to the extent that it is knowable). While human subjectivity may not be as unitary as we once thought, its unity remains the source of that very concept of unity of which we subsequently deem it to fall short. Consequently, claims that the unity of consciousness is merely an illusion are greatly exaggerated.

The Other: The Psychoanalytic ‘Object’

Objects are so called because they were originally regarded as objects of a given drive (e.g., the breast as the object of hunger). While objects eventually expand into whole others, the term is retained, so that object relations means one’s relations with others. More precisely, one’s perception of an other (or an aspect of an other) is called an object representation, and the inner relationship between one’s self representation and a given object representation is what is intended by ‘object relations.’

Dissociative Multiplicity: How Many of What?

Faced with somebody who is simultaneously both one and many, of what are there more than one, exactly, and of what does there remain just one, despite the multiplicity? Terminology continues to evolve over the past two centuries.

Body, Psyche, Mind

Body and *psyche* escape the controversy and remain as one per human being. The Anglo-Saxon *body*, whose current meaning is well known, and applies even to a dead body, had an originally broader meaning, connoting a whole live somebody, a meaning obviously implicit in that very word, and exemplified in a set of common English words: *somebody*, *anybody*, *everybody*, *nobody*. If we are wondering of what there remains one, despite any multiplicity, we may at least count on the one body, even if some self-states of our patients don’t agree with us. A recent article underscores Italian research specifically linking continuity of consciousness with the ongoing experience of one’s heart, lungs and gut (Monti, 2021).

The Greek *psyche* is sufficiently remote and impersonal that it is generally considered as one per human being. But even *psyche* has an experience-near, concrete origin. As Julian Jaynes points out from the language of Homer’s *Iliad*:

The word *psyche*, which later means soul or conscious mind, is in most instances life-substances, such as blood or breath: a dying warrior bleeds out his *psyche* onto the ground or breathes it out in his last gasp.

Jaynes, 1976

Remarkably, then, Homer anticipates Mesmer’s magnetic fluid and Freud’s Q error, of thought as a conservable fluid quantity. Some ideas, old enough, become cultural *idées fixes*.

The Anglo-Saxon *mind* is not far behind, though the expression “I’m of two minds about that” argues for multiplicity. The central conceptual issue comes back to ontology: the old dichotomy between deep and surface, reality and appearance, noumenon and phenomenon.

Multiplication and Division

Indecision regarding multiplication and division has origins in our common tongue. Multiplication and division are both present in the double meanings of both *split* and *double*. German *Spaltung* becomes English *splitting* and French *clivage* (Laplanche & Pontalis, 1967/1973). 'Cleave' is equivocal, meaning both "hew, cut asunder, split" and "stick fast, adhere" (Onions, 1966, pp. 180–181), and cleavage, need it be said, occurs between two whole breasts in close proximity.

Similarly, the common French-English word 'double' (Robert, 1994) means two-fold, from Latin *duplus*, which itself has two roots, *duos* (two) and *plicare* (fold). When you fold something in two, you double the layers and halve the size. So 'double' has a double meaning: both division and multiplication. Multiplication prevailed, as 'double' generally connotes twice as much, and a second layer of clothing became a *doublure* or jacket lining, or doublet (Larousse, 1990). The French verb *dédoubler* and its cognate noun, *dédoublement*, reverse the process: you *dedouble* a cloth when you unfold it or open it up, thereby doubling the size; you *dedouble* a jacket when you remove its *doublure* or lining, in other words, when the *doublure* emerges from within. But a *doublure* is also one's double in the sense of understudy, stand-in or stuntman. So *dédoublement de la personnalité* may be taken to connote both alter creation and switching, when one's understudy 'comes out' in one's place. Repeated *dédoublements* in the creative sense would produce multiplicity: a multiplicity of wholes, or whole others, or *alters* (*alter* is Latin for 'other'). This sense invites one to think of the human being as a group, "myself and my others," of somebody (literally, some body) as a vehicle for a number of someones.

The language of division is more restrictive. *Désagrégation*, *splitting* (*Spaltung*), and *dissociation* itself all connote a fragmenting process whose sum adds up to one whole at most. Dissociation is a verbal contraction of dis-association, and derives from the wrong-headed associationist psychology of the nineteenth century. The idea of a psychic division in somebody is at odds with 'individual,' which means indivisible, just as 'atom' means unsplitable. But we now know that atoms can be split. Whole atoms don't split into parts of atoms, but rather into different whole atoms. Similarly, when somebody 'divides' into 'parts,' what results is a plurality of someones, not of parts of a someone. The anatomic parts of a human being are not themselves little human beings; and parts of the mind, such as perception, smelling, motor functions, are not themselves little minds. Exceptionally, in DID the plurality of someones are within the same one human being, and so each is a part of that human being. Thus, being a whole and a part at the same time. Just as for split, cleave and double, part has this double meaning.

Faculty dissociation presents no 'numerical' or 'ontological' difficulties, as any number of faculties, functions, states or behaviors can be predicated of a single body, psyche, mind, I, ego, self, subject, person, whatever. Dissociative multiplicity, on the other hand, opens the question: how many of what?

When 'the Ego' Becomes 'the Nos' – the We

What happens when 'I' becomes 'we,' presenting as a series of distinct 'I's? Psychoanalytically, can there be more than one Ego? People with DID commonly use *we*, *us*, *our*, *ours*; and a given 'alter' (i.e., other) will commonly use 'I' in the restricted sense. If there can just be one Ego, the semantic link between 'I' and 'the I' is ruptured. One way is by demoting 'I' to a superficial conscious manifestation of 'the I,' such that 'the I' is the special structure that, among other things, gives rise to plural 'I's. Another way is to call the various 'I's something less. Following Janet, we might call them consciousnesses, personages, personalities, existences, etc., or in more modern parlance, ego states, self-states, self-representations, personalities, alters, parts, identities, etc.

Self; Self-representation

Does there remain a single self, or are there a multiplicity of selves? Representations are clearly objects (thoughts) rather than subjects (thinkers); and this goes for self-representations. Representations clearly don't act. The self 'itself,' of which one might have a representation, has an ambiguous status as an element of intrapsychic structure. 'Self' as one of my objects is clearly privileged by me (or ought to be), and so is vaguely both subjective and objective, or reflexive.¹² This ambiguity has led to a gradual drift from *ego* to *self* (with the bonus of drifting from Latin to Anglo-Saxon), and from *ego state* to *self state*. However, *self* remains in the objective case whereas *I* (ego) am in the subjective. *Self* is what I appropriate as myself (literally – *my* self). But self is not the *I* that does the appropriating. In any case, self is also a word in common spoken English. An alter is permitted to say, "Well, that may be true of [host], but it doesn't apply to myself." So one may opt for a plurality of *selves*, or its downgraded cognate, *self-states*.

Personality

Personality has proven to be contentious in recent decades. Like *cleave* (see above) it has two contrasting meanings: deep and surface. The former term for DID, MPD, clearly implies multiple personalities – the surface meaning. The deep meaning permits only one per human being, regardless of DID.

Personality comes from *personal* which comes from *person*, whose history also spans surface and depth. The original word, Latin *persona*, was the Roman attempt to translate the Greek word for person – *prosopon* – into Latin. The Greek word intends moving towards (*pros*) the eyes (*opas*) – putting on a mask. The Latin intends speaking (*sona*) through (*per*) the mask. So “I *prosopon* my mask, then I *person* it” = “I put on my mask, then I speak through it.” This is the meaning behind the *dramatis personae* listed at the start of any traditional play – the list of masks or roles that will be played. Even today, we think of ‘person’ as the ‘really real’ human being (deep essential nature), and ‘persona’ as a role played (superficial, put on, acted, feigned).

So if ‘person’ can flipflop between contrary meanings, it isn’t surprising that ‘personality’ can also flipflop. ‘Person’ started as surface (mask) and became deep (a real human being), ‘personality’ started as deep and became surface – the current default meaning.

The *Encyclopædia Britannica*¹³ opens with a definition referring uniquely to surface personality: ways of thinking, feeling, behaving; moods, attitudes, opinions; behavioral characteristics, etc. And then introduces a dichotomy:

...as a psychological concept two main meanings have evolved. The first pertains to the consistent differences that exist between people: ... relatively stable human psychological characteristics [surface]. The second meaning emphasizes those qualities that make all people alike and that distinguish psychological man from other species [deep]; ... no definition of personality has found universal acceptance within the field.

The American Psychological Association¹⁴ defines personality as “individual differences in characteristic patterns of thinking, feeling and behaving; traits that define the way a person’s behavior is perceived” involving “individual differences in particular personality characteristics, such as sociability or irritability.” The focus on descriptive characteristics or traits has to do with appearances (surface). However, it goes on to say that it may also involve “how the various parts of a person come together as a whole.” This is an entirely distinct meaning, having to do with underlying structure (deep).

Any theory of personality that is concerned with traits intends ‘personality’ in the surface sense.¹⁵ The online Merriam Webster¹⁶ lists three essential meanings, all surface. The expanded meanings add one further sense, a deep one.

The semantics determine how we choose to talk about people with dissociative multiplicity. For anybody (literally) with dissociative multiplicity, choosing the ‘deep’ interpretation means that there is only one personality, regardless; choosing the surface interpretation means that there may be as many personalities as there are alters, self-states, etc.

The *Theory of Structural Dissociation of the Personality* (TSDP; see Van der Hart & Steele, Chapter 15, & Nijenhuis, Chapter 38, this volume) elects to restrict the word to the deep sense, attributing this restriction to Pierre Janet and Gordon W. Allport. This terminological choice permits the TSDP to interpret Janet in this way. But it is clearly not the case that Janet ever made such a claim. Any reading of *L’automatisme psychologique* (Janet, 1889) reveals that what we would today call the alters or self-states of somebody Janet called consciousnesses, personages, personalities, entities, etc. Janet used both connotations freely.

Allport poses an even deeper conundrum. He is known as a trait theorist. In someone with DID, however, while there may be one ‘entity’ which organizes the system [deep], there are a plurality of sets of characteristic behaviors, traits and thoughts [surface]. And so Allport’s definition, both deep and surface, only applies to someone who is without dissociative multiplicity. This is the supreme irony in the idiosyncratic semantic restriction of ‘personality’ to its deep sense by the authors of the TSDP.

Another major difficulty has to do with the DSM and ICD. The ‘personality’ of ‘personality disorder,’ in both the DSM and ICD, intends the surface meaning. Consequently, the TSDP has nothing whatever to say about DSM or ICD personality disorders, just as the DSM section on personality disorders has nothing whatever to say about dissociative disorders.

Personality disorders used to be called ‘character disorders’ to distinguish them from ‘neurotic disorders’ because of their persistence over time. ‘Character’ comes from the Greek word for ‘carved’ – the ‘characters’ which are letters carved into the surface of a rock, such as granite or limestone. Characters are ‘carved in stone,’ and so quite persistent, stable, inflexible, etc. – those adjectives the DSM-5 has in its diagnostic criteria for General Personality Disorder – but still clearly superficial: carved into a surface. So if the granite or limestone is the ‘person,’ then personality would be what characters are carved into it: what one might predicate of it: smooth or rough or red or green or grey or clean or

dirty or encrusted with moss; or paranoid, schizoid, histrionic, antisocial, narcissistic, borderline, obsessive-compulsive, avoidant, etc.

The TSDP is anomalous in that it arbitrarily restricts itself to the deep meaning. As a semantic choice which divorces one from Janet, MPD, DSM, ICD, and popular culture, I neither endorse nor recommend it. Any given human being may have any number of personalities in the surface sense. Consequently, when an alter says to me, "Well, we may be co-conscious a lot of the time, but she and I have almost opposite personalities!" I don't correct her use of the word 'personality.'

Similarly, Myers (1940) talked of the Emotional and Apparently Normal Personalities, the EP and the ANP, clearly intending two personalities. The TSDP lengthens these to Emotional and Apparently Normal PARTS of the Personality. While I regard this as cumbersome, the TSDP applies EPP and ANPP to make an elegant bridge between PTSD and DID, and a useful heuristic for further speculation and theorizing. It is also useful in helping patients bring some order to their internal multitude. A patient of mine stated: "I'm obviously an ANP, because I function so well compared to the others. But I started off as an EP, and I know I have some past shit to still work through. But Phoebe was an ANP from the start. She was created to pass high school math."

Full-blown Dissociative Multiplicity: What Needs to be Accounted For

A theory is as robust as the empirical tests it can survive. Dissociative disorders constitute severe tests for any psychological theory, such as psychoanalytic theory, and full-blown DID constitutes the most severe test. DID also constitutes the most severe test for any philosophy of mind. So it is worth rehearsing the general features of a 'worst case.' There are many texts, both classic and more recent, regarding the basic facts of DID, about which there can be little debate (e.g., Chefetz, 2015; Chu, 2011; Dell, 2009a; Howell, 2011; Kluft, 1987a, 1988; Loewenstein & Ross, 1992; Putnam, 1989; Ross, 1997; Steele, Boone & Van der Hart, 2017).

The essence of dissociative multiplicity is the presence of more than one self-ascribing center of consciousness, more than one intentional agent, each of whose 'I' is distinct. These other centers of consciousness are variously called personalities, alters, alter egos, ego states, self-states, parts, etc. 'Alter' is Latin for 'other'; it evolved into French 'autre.' For simplicity, I opt for 'host' for the default center of consciousness over a given time period, and 'alter' for their 'others.'

The alters may be few or many, of various ages, including older than the 'body,' same- or cross-gendered, hetero- or homosexual, alive or 'dead,' with either or both coconsciousness and copresence to varying degrees, which may not be commutative (i.e., may be one-way), communicating not at all, or through hallucinations, or through 'direct thought transfer,' manifesting different physiological signs in the body when 'out,' clustered in various arrays of dyads, subgrouping, layers, purposes, etc. Subhuman, animal, alien or imaginary alters are not uncommon, with likely links to children's fantasy. When 'out,' a given host or alter may appear globally to be mentally and behaviorally whole and 'normal' or an exaggerated caricature or a single-function agent, etc., but not necessarily congruent with the age and gender of the body.

Inner, Internal and Third Worlds: The Inscape

As summarized by Meissner (1972), Hartmann and Rapaport distinguished between the *inner world*, a map or schema of one's external world (including oneself in it), and the *internal world*, "the organization and integration of intrapsychic structures that compose the psychic apparatus," such as the id, the ego, the superego. He concludes that the inner world is representational, whereas the internal world is structural.

The inner-internal distinction bears on a major difference between Ego psychology and the Kleinian school. Ego psychology regards one's objects as object representations in the inner world, whereas Kleinians regard one's objects as structural entities in the internal world, akin to Freud's superego, about which one may then have secondary representations in one's inner world (Hinshelwood, 1991). This has a bearing on splitting and schemata.

With DID, we have a multiplicity of inner realities, as each alter has its own subjective take on reality, leading Kluft (1991) to complement MPD with the felicitous term *Multiple Reality Disorder*. But there is often a common internal reality or landscape or 'inscape'¹⁷ inhabited by the distinct phantom bodies¹⁸ of host and alters (O'Neil, 1997), which is likely 'group autohypnotic,' as a common inscape may be prompted on purpose through clinical hypnosis (see Fraser, 1991, 2003). Even if no one agrees with another on the external world, all generally agree on the inscape itself and on their respective appearances in it. The inscape is experienced by whoever is 'out,' or, in contemporary parlance, 'fronting,' as distinct from external reality, dream, fantasy, or posttraumatic hallucinatory flashback, and is thus clearly distinct from Meissner's inner and internal worlds. Each alter has a distinct phantom body in a common phantom

landscape that demonstrates continuity over time, and in which ‘historical’ events can take place with repercussions, just as for ‘real’ reality.¹⁹

Despite this multiplicity of the ego, however, and of corresponding internal bodies, the inscape also constitutes a single psychic context of unity underlying the multiplicity. The inscape does for the internal world what the single physical body does for the external.

An interesting question is whether this common inscape is simply epiphenomenal to having arisen from a single brain, or rather created and managed by some underlying common agency (e.g., a Kantian transcendental ego, or ‘the Ego’ in a psychoanalytic sense), deeper than any ‘I,’ but perhaps more of a ‘something’ than a ‘someone.’

Dissociation and Psychoanalysis: The Literature

In the first edition of this chapter (O’Neil, 2009) I cited the *International Dictionary of Psychoanalysis* (de Mijolla, 2005). The current *PEP Consolidated Psychoanalytic Glossary*²⁰ (2016) is a very significant improvement, consolidating six major works, the most recent being Auchincloss and Samberg (2012). There are entries for Breuer (but not Janet), hysteria (state and conversion hysteria, specifically in Freud, Lacan, Fairbairn); conversion; dissociation; depersonalization; etc. The current entry for *Dissociation* makes a number of claims, some dated, some very current (my brief comments are in square parentheses):

1. It defines *dissociation* as a disruption in the continuity of mental experience for the purpose of defense, thus opting for Freud’s defense over Janet’s weakness. It includes disruptions of the various mental faculties, including the sense of identity, as in DID, which is associated with trauma [yes].
2. Claims that defensive dissociation overlaps with Kleinian splitting, invoking Kernberg’s definition of splitting as “mutually dissociated ego states” [I don’t endorse Kernberg’s definition for reasons outlined below].
3. Attributes the term *dissociation* especially to Janet as the “*dual consciousness*” of hysteria, originally adopted by Breuer and Freud [Janet preferred ‘*désagrégation*,’ but the point is accurate otherwise].
4. Suggests that Freud then conceptualized dissociation as the result of conflict/repression, and not owing to constitutional incapacity for synthesis, as Janet had proposed [a partisan, though accurate interpretation, and the crux of what I call the *primal category mistake* of psychoanalysis, see below].
5. Equates dissociation with Freud’s ‘splitting of the ego,’ involving contradictory views of reality [a conflation I would not endorse – see below].
6. Cites Ira Brenner’s dissociative character type as using dissociation as a defense in coping with severe trauma [this corrects the Primal Category Mistake].
7. Cites Davies and Frawley regarding dissociation from the relational point of view [a welcome update].
8. Cites the *Psychoanalytic Diagnostic Manual* of 2006 equating dissociative personality disorder with DID/MPD [the 2nd edition (Lingiardi & McWilliams, 2017) came out the following year, and underscores how DID is *not* a personality disorder].
9. Cites how dissociation was used over the years by various authors (e.g. Nunberg, Glover, Sterba, Vaillant) [welcome].
10. Notes dissociation in interpersonal and relational psychoanalysis, with an accent on Sullivan, Stern and Bromberg [very welcome].
11. Links the relational view of dissociation to the vertical split in Kohut’s self psychology, with coexisting contradictory self-states [ambiguous – see below].
12. Addresses Fairbairn’s view that repression is the dissociation of unpleasant mental content, and that dissociation underlies the multiplicity of internalized ego-object interactions central to his endopsychic theory [welcome – see below].

This update is welcome. That being said, dissociative multiplicity remains a rarity in the psychoanalytic mainstream. As various histories relate (Dell, 2009b; Ellenberger, 1970; Van der Hart & Dorahy, Chapter 1, this volume), dissociation is present in the very early Freud, but then he abandoned it soon after. The great majority of his followers (e.g. Klein, object relations theory, Bowlby and attachment theory, Lacan, and self psychology) followed suit. When dissociation has been invoked, it is usually in the context of a prepsychoanalytic historical curiosity or mistake, or in the informal sense of something that isn’t associated, making for little difference in theory, and none in practice.

Ronald Fairbairn was an exception (see below). Contemporary exceptions who are IPA²¹ members include Richard Kluft (2000; see Chapter 43, this volume), Ira Brenner (2002), and Alex Tarnopolsky (2003), but they remain exceptions. Faced with such a history, the reincorporation of dissociation within IPA psychoanalysis is a major challenge. There have been more attempts to explain it away than attempts to come to terms with it.

A very recent attempt to explain dissociation away is a paper by Harold Blum (2013)²², which gives a remarkably clear and condensed précis of dissociation. Blum grants that dissociation has been a peripheral concept in psychoanalysis; interprets dissociation as both defensive and adaptive; and relates dissociation to (auto)hypnosis. He highlights the contributions of Kluft, Brenner and Howell, but cites them very narrowly. Historically, he reiterates the distinction between Janet's constitutional weakness and Freud's active defense; singles out Ferenczi's paper (1933), which underscores the reality of trauma and identification with the aggressor as defensive; cites Fairbairn's formulation of endopsychic structures; etc. While depicting Anna O as clearly having DID, he declines to say so, and invokes autohypnosis, splitting and denial to account for her condition. He waters down dissociation by applying it to all possible meanings of altered state of consciousness, including all normal altered states, and to altered states in other conditions – one of his clinical examples is of a patient with clear bipolar disorder, which he interprets using dissociative language.

Blum also conflates dissociation with Freud's *Splitting of the ego* (1940); equates dissociation with character disorder; links dissociation with Winnicott's true/false self; reiterates Kernberg's conflation of dissociation and polar splitting; and reduces dissociation to a mix of denial, splitting, repression, regression and isolation. Much of what he claims is directly at odds with Kluft, Brenner and Howell, despite having cited them.

In the past few decades, only the interpersonal-relational school of psychoanalysis (this includes Howell), with roots outside the IPA, has embraced dissociation as mainstream. It would seem that proximity to the IPA is inversely proportional to ability to think about, or recognize, hypnoid defenses and dissociation.

Dissociation and Splitting

The usual discussion would be chronological, beginning with Freud's replacement of hypnoid hysteria with defensive repression, and then proceed onto other psychoanalytic concepts. There is conceptual merit, however, in first dealing with splitting in its various meanings, as splitting in its most common sense, the one developed by Klein and elaborated by Kernberg, is generally understood to occur before the onset of repression ontogenetically, and to be central to borderline character structure – the differential diagnosis of DID and Borderline Personality Disorder (BPD) is a subject of ongoing debate.

Kinds of Splitting

Splitting is a common word, and so has taken on a variety of meanings. Brook (1992) identifies three meanings in Freud which emerged in sequence: the dissociative splitting of consciousness into hypnoid states [dissociative states]; the splitting of representations of self, object (other) and affect into good and bad; and the splitting of one's attitude to some aspect of reality. Early on, Freud rejected the first sense, dissociative splitting, in favor of repression. Melanie Klein and the British object relations school developed and deepened the second sense, and this has become the 'default' meaning of splitting today, nosologically associated especially with BPD. The third kind is best exemplified by Freud's 'Splitting of the ego in the process of defence' (1940), which Freud applied to sexual perversion and psychosis (see 'Perverse-psychotic splitting' below).

Good-bad Splitting of Representations

Freud briefly discussed the polar (good-bad) splitting of representations of self and object only three times (Brook, 1992). In fact, this kind of representational splitting in the inner world Klein would later regard as a later and more superficial sort of splitting than the structural splitting in the internal world that she had in mind. An early example of polar splitting shows up in Aristotle's account of the Pythagoreans:

There are ten principles which they arrange in two columns of cognates – limit and unlimited, odd and even, one and plurality, right and left, male and female, resting and moving, straight and curved, light and darkness, good and bad, square and oblong.

Aristotle 1941, Metaphysics A, 986a, p. 698

This splitting consists of 1. a multitude of polar opposites, 2. all grouped into a single overarching polarity, a single table of opposites. The Pythagoreans could comfortably conceive of one good limited right light resting straight square male. This grouping would effectively defend them against the alarming alternative: the many bad dark unlimited moving curved oblong females. The Pythagorean table of opposites is, *inter alia*, a misogynist defense against unfettered lust. This early attempt at systematizing the world is preambivalent: everything is simply good or bad, light or dark. This

is not to say that all Pythagoreans were borderlines functioning in the paranoid-schizoid position. It may just be that their theory hadn't caught up with their practice (hardly a surprise, as neither has ours). They likely showed relative stability and adherence to the 'male' pole in their waking-working hours (though perhaps exploring the other pole in their daydreams and night dreams).

Can the splitting of representations explain multiplicity? Not at all, for two reasons.²³ First, a split is into two, not many. The splitting of self and object representations manifest polarity: self-object, good-bad, male-female, friend-foe, etc., whereas alters generally don't (though they may). Second, self-states are intentional subjects or agents, entities capable of uttering "I." A given 'I' has intentional objects which are its respective self and object representations. In other words, a split representation, even of the self, is an object of thought, not a thinker, not a subject or agent or 'I.' Split representations are the basis of virtually all categorical thinking about anything: good-bad, day-night, edible-inedible, love-hate, friend-foe, birth-death, male-female, truth-lie, hot-cold, wet-dry, in-out, young-old, deep-shallow, positive-negative, rational-irrational, real-imaginary, past-future, sacred-profane, infinite-finite, faithful-infidels, etc.

The advance from splitting to ambivalence happened when one set of contraries and another were made into an orthogonal grid, for example when Empedocles played dry-wet against hot-cold giving rise to the 2x2 grid that explained the four 'elements': earth (cold dry), air (hot wet), fire (hot dry) and water (cold wet).

Philosophically, this grid thinking largely supplanted Pythagorean splitting. It was now possible to conceive of the odd good enlightened curved female, about whom one might feel so-so, at least. And to recognize that men could be dark and crooked. But ambivalence can't do away with splitting. Splitting remains necessary to resolve ambivalence. Once all the pros and cons are evaluated, one must make a choice, and this choice is necessarily 'unreasonable' because it collapses one's ambivalence back into yes or no. The alternative is obsessive paralysis. We move from low-level splitting to ambivalence, and resolve ambivalence with a higher-level splitting. And so echoes of Pythagorean splitting remain with us today, not only in various religions, philosophies and ethical systems, but in mathematics and the sciences, and in all effective decision making.

Kleinian Splitting Proper

Good-bad Structural Splitting

As noted above, Klein would interpret Pythagorean splitting of representations as the surface result in the adult of a prior and deeper splitting of more 'concrete' internal objects in the child. Complementing Laplanche and Pontalis's (1967/1973) exegesis of the Freudian oeuvre, Hinshelwood's *Dictionary of Kleinian Thought* (1991), is a convenient digest of Kleinian thinking. 'Dissociation' is not an entry; nor is 'multiplicity.' *Internal object* "denotes an unconscious experience or phantasy of a concrete object physically located internal to the ego (body) which has its own motives and intentions towards the ego and to other objects" (p. 68).

In this conceptualization, such internal objects are introjected from experience with real objects; some are identified with, and become ego nuclei; selves and objects inhabit a phantasized internal world and may be creatively visualized; in acting out, such introjects are externalized. Freud's punishing superego becomes just another introjected and internal object, while the ego ideal would be another. This underscores how Kleinian metapsychology reduces Freud's structural theory to a special case. Instead of everybody having a Freud-prescribed id-ego-superego, somebody might now have an idiosyncratic internal structure that reflects their own psychic history. To the punishing superego Klein adds helpful internal objects or 'good objects' which may be "in various degrees of synthesis and separateness in different contexts and at different times" (ibid., p. 71). Such internal objects are experienced (consciously or unconsciously) as real, rather than as representations; they may be experienced as 'mine' or 'not mine,' as ego syntonic or ego alien.

Can Kleinian splitting explain multiplicity? Certainly far better than the splitting of representations. It appears that the internal others (objects) are experienced as real, and with their own intentions; the 'set' of split selves and objects in a phantasized internal landscape constitutes psychic structure; there is ambiguity as to what is more 'self-like' and what is more 'object-like,' as both are constituted by identification; helper alters are there; different degrees of proximity and difference are there. And so internal objects (and split parts of self) look like dissociative alters. None of this is possible in a psychic structure where id, ego and superego hold a monopoly.

Splitting Leading to Fragmentation

Klein also used the term splitting to refer to what she took to be a more pathological grade of splitting, the nonpolar splitting of the internal object into multiple fragments (Hinshelwood, 1991), which would imply a concomitant fragmentation of the self. This conceptualization, while multiple, does not serve our purposes, however, as Klein applied it to the mind of the schizophrenic, the psychotic.

Can Splitting Explain Dissociation?

Kleinian splitting, invoking fairly concrete internal objects with motives and intentions located within somebody, appears to accommodate dissociative multiplicity. But this remains a *phantasy* of a concrete internal object with motives and intentions, rather than an internal object which *in fact has* motives and intentions. There remains a single Kleinian ego, however concrete may be that ego's phantasies of its own splits. Imagine a patient manifesting apparent borderline pathology. It is interesting to wonder whether a given manifestation of splitting is the appearance of a single ego's transient identification with one of its phantasized part-selves or part-objects as it enacts the appropriate script of the object relation implied or, on the other hand, the appearance of a dissociative switch from ego-1 to ego-2, perhaps complicated by the fact that ego-2 is similar to one of ego-1's internal objects, as both are identifications with the same real person.

The crucial difference is that ego-2 is independently endowed with its own subjectivity.

Klein's conceptualization of the splitting of internal objects thus brings us to the doorstep of frank dissociative multiplicity, but doesn't quite cross the threshold. Does this suggest what happens in fact? If somebody reacts to trauma through Kleinian splitting, might they react to further or worse trauma by crossing that threshold into frank dissociative multiplicity? In brief, can an internal object or introject somehow become secondarily imbued with subjectivity – with agency?

My own view is that at this juncture, Kleinian splitting encounters the same obstacle as the splitting of representations. There are good reasons for assuming that primary proliferative dissociation predates Kleinian splitting. The *dédoublement* occurs because the baby or child is not yet capable of effective splitting, and the resulting multiplicity pre-empts the need to split. Alternatively, if somebody has achieved a certain level of mental maturity, relative to the trauma suffered, then splitting without *dédoublement* becomes an option. The first child will grow up with DID. The second will grow up with BPD. Mixed presentations are common, of course, as once splitting becomes an option, the host or any of the alters may then, individually, split defensively. Multiples whose hosts have borderline traits are more challenging to treat than those who haven't. But certainly the hosts of many multiples are without borderline traits. And many borderlines, including the very severe ones, may split without switching.

So I would conclude that the Kleinians and British object-relations theorists interpret preambivalent splitting in everybody, which is appropriate to the extent that it is present, and this enables them to treat analysands at the sicker end of the spectrum who engage primarily in preambivalent structural splitting. Their analysands include some who have DID, and who also split, of course, but not all of whom may primarily split, whose multiplicity remains unseen, whose internal subjects (alters) are misinterpreted as internal objects. We only find what we are looking for.

There are British object-relations theorists who are not dissociation-blind. Alex Tarnopolsky (2003) has no difficulty crossing the threshold, but does so through a general recategorization. He regroups dissociative multiplicity, borderline splitting, perverse splitting and neurotic repression under a single catchphrase of Freud: "keeping things apart." But while Freud's user-friendly expression may well capture what these various mechanisms have in common, it fails to adequately explain how they are different. Indeed, if they are all aspects of the same thing, then the terminological choice – dissociation, repression or splitting – becomes a matter of taste, and what then counts is how it helps a given therapist conduct effective therapy.

Can Dissociation Explain Splitting?

If, as I suggest, *dédoublement* predates splitting, then perhaps we ought to cross the threshold in the other direction, beginning with dissociative multiplicity and having it explain the structural splitting of internal objects. Certainly, an alter created by *dédoublement* may have the character of a victim, in conformity with Ferenczi's (1933/1949) concept of identification with the aggressor,²⁴ or with the concept of the EP, the Emotional Personality (Steele et al., 2009; Van der Hart, Nijenhuis, & Steele, 2006); or, less commonly, identify with an admired or envied figure.

My view is that patients who appear to have BPD, where their defensive style and apparent psychic structure are dominated by splitting, may well be covertly multiple. Howell and Blizard (2009) advance strong arguments in support of the view that splitting and projective identification are both manifestations of dissociation. They interpret the spectrum of 1) frank DID, 2) BPD with dissociative symptoms, and 3) BPD without dissociative symptoms as indicating that splitting is fundamentally dissociative. But the spectrum may equally be interpreted as indicating the opposite: that the two are distinct. Of course, if dissociative multiplicity predates Kleinian splitting, then perhaps the *dédoublement* occurs first, and then partial integration reunites the ego but leaves 'traces' of its history as phantasies of concrete internal part selves and part objects. This is theoretically possible, though perhaps not possible to test empirically, as the research subjects would need to be traumatized babies and toddlers; and retrospective constructions from adults are open to all the usual methodological hazards.

I have certainly assessed patients identified as having BPD who prove to have DID; and others where I do not detect DID, which may be a reflection of my diagnostic limitations. But the interpretation of all splitting as dissociative in the same sense leads to a conceptual conundrum. Imagine a patient with DID who has an alter who splits (e.g. an alter with borderline traits), alongside others who may have obsessional or histrionic traits, say. When the apparently borderline alter splits, becoming a good-bad pair, in close but polar reverberation with each other, this pair clearly wouldn't be alters in the same sense as the other alters are alters. And if either of the pair seemed to split, this would entail a possible infinite regress which could only be avoided by rejecting splitting as necessarily dissociative – at least in the sense of *dédoublement*.

Perverse-psychotic Splitting

We now turn to Freud's 'Splitting of the ego in the process of defence' (1940), which he applied to sexual perversion and psychosis. While this work was very late in Freud's life, perversion had long occupied an important position in his thought as "neuroses are, so to say, the negative of perversions" (1905, p. 165). This is because what is hidden or repressed in the neurotic is manifest in the pervers.

For "classical" psychoanalysts or Ego Psychologists of the USA, the repertoire of available concepts to explain dissociative multiplicity is quite limited: hypnoid hysteria is dismissed as prepsychoanalytic, the topography is eclipsed by the structural theory, and the splitting of representations is 'tarnished' by its Kleinian elaboration. That leaves perverse splitting as a remaining recourse. Perverse splitting of the Ego is of the fetishist's contradictory *attitude to reality as a whole* (Brook, 1992; PEP, 2016). One attitude is realistic: women have no penises, castration has taken place, and so one's penis is in danger. The other attitude is based on wishful thinking: women have penises, so castration has not taken place, and thus one's penis is safe; and, in any case, even if women don't have penises, at least they have high-heeled shoes – thus, the fetish. Displacing the penis onto the high heel (or the whole shoe) allows for a perversion that saves the man from psychosis: the outright denial of the reality of woman without a penis. Such attitudinal splitting has cleavage, in the sense of just two contradictory attitudes in close juxtaposition: the real and the perverse. Such splitting, therefore, begins as a splitting of reality, of one's attitude to reality, engendering a splitting of the Ego which results in perversion or, if sufficiently extreme, in psychosis.

Brenner: Reducing Dissociative Multiplicity to Perverse Splitting

In the *Freud Encyclopedia* (Erwin, 2002), Ira Brenner's entry, *Dissociation* (2002), summarizes views he states elsewhere (2001). He interprets the Janet/Freud dispute as one over passive/active, with dissociation being passive, and repression being active. In such standoffs, activity always prevails. He clarifies that dissociation can be interpreted as active defense as well, and so rescues Janet's stance to some degree. He describes psychoanalysis as having developed into ego psychology, self-psychology and object relations theory, all having splitting in common. Repression and splitting are given explanatory precedence, so that dissociation "augments repression or primitive splitting of ego," a view echoed by Dell (2009b). Finally, Brenner reduces multiple personality to a "dissociative character," and, with another bow to orthodoxy, claims that the respective ego states are "aggressively and libidinally derived self and object representations"; there is no mention of alter creation precipitated by external trauma.

I favor dissociation being interpreted as an active defense, and this will be discussed below under *repression*. Otherwise, there are serious difficulties with Brenner's formulation. First of all, lumping together ego psychology, self-psychology and object relations theory under 'splitting' conflates perverse, narcissistic and preambivalent (Kleinian) splitting. Second, does dissociation really augment repression or primitive splitting of ego? Or does this put the cart before the horse? Dissociation, clinically, tends to be prerepressive, and certainly prior to perverse splitting, which is itself subsequent to Kleinian splitting. In my view, it is early major defensive dissociation which may subsequently be augmented by splitting and then by either repression or its 'negative' (perverse splitting). Third, the reduction of multiple personality to a "dissociative character" suffers from the weakness of the 'character' construct (see above).

Finally, the attempt to 'promote' self or object representations, whether these be aggressively or libidinally derived or not, to the status of alternate *subjects* is certainly more of a stretch than promoting Kleinian internal objects to subjects. Ultimately, I read Brenner's formulation as a defensive maneuver, a compromise formation, between ego psychological orthodoxy and dissociative multiplicity. One category mistake in this conceptualization is that alters are necessarily aggressive or libidinal, whereas clinically we confront alters which are neither. The second category mistake is that alters derive from representations. With respect to *dédoublement* of the ego, representations are beside the point.

On the other hand, a host or alter may be perverse, and perverse dynamics are commonly found in multiples. One may be curious about whether the perversion is simply an activation of innate perversion, especially of sado-masochism, along "classical" lines, or whether it is rather an identification with, or introjection of, the perversion of the perpetrator,

or whatever, but in any case to that extent this sort of perverse ego splitting remains a serviceable concept in the treatment of dissociative patients, and helps me explain and deal with the special perverse characteristics of a given alter, or perverse dynamics in the transference-countertransference. This sort of splitting can apply to a given alter, but cloven attitudes can hardly explain the genesis of alters each of whom utters a distinct "I."

Putnam (2016) addresses "secret lives" which perhaps better clarifies the difference between perverse splitting and dissociative multiplicity – see below.

Fostering Attitudinal Splitting in Therapy

At the healthy end of this spectrum, splitting of one's attitude to reality, so as to hold, concurrently, two incompatible versions of reality, may be understood as a therapeutic goal that one hopes to achieve with each alter. Take the example of an alter exhibiting so-called "Rip van Winkle Syndrome."²⁵ She insists that she is 5 years old, and that this is 1983. We hope to induce "splitting of the ego in the process of defence" so that she can know, at one and the same time, that she experiences herself as if 5 years old in 1983, but that she is really 44 years old in 2022. Another example would be for a host or alter to know, at one and the same time, that she is sitting in a chair in a trance in her therapist's office, and also sitting in a special chair in a work room in the presence of her alters projecting images on a screen that all can see (except for her therapist).

Dissociation and Repression

So much for polar splitting. We now return to Freud's first use of the word *splitting*, the splitting of hypnoid hysteria, as that historically led directly to his *repression*, even if the latter was subsequently interpreted to be developmentally later than other sorts of splitting (of internal objects and of attitudes) discussed above. So it is of interest to understand a little about what allows for the progression from Kleinian splitting to repression.

The Shift from Splitting to Repression: Klein's Positions, Bowlby's Phases, Kübler-Ross's Stages

Klein distinguished her model of development from Freud's by replacing his term, 'phase' (e.g., oral phase), with 'position': "a constellation of anxieties, defences, object-relations and impulses" (Hinshelwood, 1991). She settled on two major positions, the paranoid-schizoid and the depressive, as representing the major move from borderline pathology, dominated by persecutory anxiety, splitting and projective identification, to normal-neurotic pathology, dominated by ambivalence and repression. The hoped-for goal of mental health is rarely advertised as *repression*, *depression* and *ambivalence*, however. Clifford Scott²⁶ (unpublished) added a position of postdepressive *zest* to the picture. This is perhaps best anticipated by Klein's concept of *reparation* (Hinshelwood, 1991).

John Bowlby (1980) expanded Klein's positions to four phases of mourning: 1. Numbness, 2. Yearning & protest, 3. Disorganization and despair, 4. Reorganization. The first is roughly schizoid, the second roughly paranoid, the third depressive, and his fourth can be construed as somewhat less optimistic *zest*.

A parallel has also been drawn between Klein's positions and Kübler-Ross's five stages of death and dying (Burch, 1989), a parallel which many find more 'user-friendly.' Kübler-Ross's (1969) first two stages, denial and anger, would correspond to Klein's paranoid-schizoid and to Bowlby's first two phases; her last two, despair and acceptance, would correspond to Klein's depressive position and to Bowlby's last two phases. Kübler-Ross adds her third stage, bargaining, between paranoia-protest-anger and depression-despair. This would correspond to an obsessive-compulsive interlude between Klein's positions. Earlier on, Klein referred to an 'obsessional position,' but later on folded this into her paranoid-schizoid defenses against the depressive position (Spillius et al., 2011).

These parallels underscore the general applicability of this progression to somebody's reaction not just to loss or death, but to any dysphoric event, and also to dramatically different concurrent time frames: an entire lifetime; child development; a response to and recovery from a major loss, trauma or life challenge; the response of a patient to a therapist's vacation or other frame distortion; the overall course of a therapy; the sequence within a single therapeutic session, etc. And so our discussion moves on to repression.

Freud's Primal Category Mistake: Rejecting Hypnoid Hysteria in Favor of Defense

Dissociative multiplicity predated psychoanalysis, under various names such as grand hysteria, hypnoid hysteria, *dédoulement de la personnalité*, *désagrégation mentale*, *état second*, *existences successives*, etc. The early Freud often

references Jean-Martin Charcot and Pierre Janet. At the time, dissociation and hypnosis were complementary concerns, and overt trauma was considered the primary etiology. These items all figure centrally and undisguised in what has been dubbed the *primal book of psychoanalysis* (Grubrich-Simitis, 1997), the *Studies on Hysteria* (Breuer & Freud, 1895):

The splitting²⁷ of consciousness which is so striking in the well-known classical cases under the form of ‘double conscience’ [‘dual consciousness’] is present to a rudimentary degree in every hysteria, and ... a tendency to such a dissociation, and with it the emergence of abnormal states of consciousness (which we shall bring together under the term ‘hypnoid’) is the basic phenomenon of this neurosis. In these views we concur with Binet and the two Janets [Pierre and Jules].

p. 12

The passage is striking in a number of respects: there is confusion between division (splitting) and multiplication (doubling); multiplicity is regarded as primary, and functional dissociation as secondary, so that any ‘somatoform’ symptoms are subsumed under more global altered states of consciousness.²⁸ Another telling citation is from Freud’s *Neuro-Psychoses of Defence* (1894). Freud distinguished four accounts of hysteria, which I have labelled 0–1–2–3 so as to accord with Freud’s naming of them, as he immediately discarded the first [0]:

... the syndrome of hysteria ... justifies the assumption of there being a splitting of consciousness. ... [0] According to Janet ... it is based on an innate weakness of the capacity for psychical synthesis, ... evidence of the degeneracy of hysterical individuals. ... [1] According to [Breuer], “the basis and *sine qua non* of hysteria” is the occurrence of peculiar dream-like state of consciousness with a restricted capacity for association, for which he proposes the name ‘hypnoid states.’ In that case, the splitting of consciousness is secondary and acquired. ... [There are] two other extreme forms of hysteria in which it is impossible to regard the splitting of consciousness as primary in Janet’s sense. ...

[2] the splitting of consciousness is the result of an act of will on the part of the patient; ... initiated by an effort of will whose motive can be specified. ... [3] the splitting of consciousness play an insignificant part, or perhaps none at all. ... [T]he reaction to traumatic stimuli has failed to occur. ... [T]hese are the pure ‘retention hysterias.’

pp. 45–47

Again, hysterical symptoms imply an underlying splitting of consciousness. Then apples and oranges muddy the waters. Is Janetian splitting of consciousness different from Breuerian oneiric or hypnoid states? Are Janetian “weakness of the capacity for psychical synthesis” and Breuerian “restricted capacity for association” essentially different? Are Janetian splits in consciousness congenital rather than acquired? Is an act of the will necessarily incapable of inducing a splitting of consciousness or hypnoid state? Does the presence of motive preclude an altered state of consciousness? The implied ‘Freudian’ answer to all these questions would be “Yes”; in my view, the correct answer to all of them is “No.” In any case, Freud discards Janet’s sense and calls the three remaining kinds 1. hypnoid, 2. defense and 3. retention hysteria (which he subsequently abandoned).

Freud’s dismissal of Janet may have been polemically mutual, as any text referencing Janet in Freud is more noise than signal, and ascribes more noise than signal to what Janet has to say about psychoanalysis (Dell, 2009b). For example, Freud criticized Janet for blaming genetic or innate predisposition, while he was concurrently (1896) attributing ‘choice of neurosis’ to constitutional (hereditary) liability – a theme which persisted throughout his life (Grubrich-Simitis, 1988). And in the quote above, Freud neglects to mention ‘traumatic stimulus’ as an etiological agent for either hypnoid or defense hysteria, as if it were not central to all authors concerned (Janet, Breuer and Freud).

My reading of the original texts and of various excellent treatments on this complex topic (Bromberg, 1998; Dell, 2009b; Grubrich-Simitis, 1997; Howell, 2005; Van der Hart & Dorahy, Chapter 1, this volume) is that Janet, Breuer and the early Freud had views which were essentially equivalent: both constitution and trauma were necessary etiological factors; splitting of consciousness, or oneiric or hypnoid states, resulted; which then manifested themselves through various hysterical symptoms. Freud exaggerated the differences as he was associated with Breuer [hysteria-1] and wished to distance himself from Janet [hysteria-0]. Freud then adds the interpretation that the subject’s reaction to trauma is on purpose: for defense. The *primal book of psychoanalysis*, then, features what I (O’Neil, 2009, 2018) have dubbed Freud’s *primal category mistake*: the confounding of defense and repression. This comes through *in statu nascendi* later in the text: “I willingly adhere to this hypothesis of there being a hypnoid hysteria” (Breuer & Freud, 1895). But the import of this is immediately undercut:

Strangely enough, I have never in my own experience met with a genuine hypnoid hysteria. Any that I took in hand has turned into a defence hysteria. ... I was able to show afterwards that the so-called hypnoid state owed its separation to the act that in it a psychical group had come into effect which had previously been split off by defence. ... I am unable to suppress a suspicion that somewhere or other the roots of hypnoid and defence hysteria come together, and that there the primary factor is defence. But I can say nothing about this. ... [A]t the basis of retention hysteria, too, an element of defence is to be found. ... It is to be hoped that fresh observations will soon decide whether I am running the risk of falling into one-sidedness and error in thus favouring an extension of the concept of defence to the whole of hysteria.

p. 286

The tension is palpable. Freud 'willingly adheres' to hypnoid hysteria, but is 'unable to suppress a suspicion'; he says a great deal about what he 'can say nothing'; he wonders if he is falling into error by making a risky hypothesis: defense characterizes the whole of hysteria. We can agree with Freud that the primary factor is defense, and we can disagree with him that only repression can defend.

The mistake persisted, and emerges again roughly 30 years later:

Breuer supposed that the pathogenic ideas produced their traumatic effect because they arose during '*hypnoid states*,' in which mental functioning was subject to special limitations. [I] rejected this explanation and inclined to the belief that an idea became pathogenic if its content was in opposition to the predominant trend of the subject's mental life so that it provoked him into '*defence*.' (Janet had attributed to hysterical patients a constitutional incapacity for holding together the contents of their minds; and it was at this point that his path diverged from that of Breuer and Freud.)

S. Freud, 1923b, p. 237

Freud again dismisses Janet parenthetically in the last sentence. The initial two sentences confuse resultant state (hypnoid state) with rationale or purpose (defense). In between are mechanisms, such as dissociation or repression. Why can the rationale for dissociation not be defense? The autohypnotic nature of hypnoid states was clear from the beginning to all concerned. Why was Freud unable to conceive of such an act of autohypnosis as unconsciously motivated or intended? The solution staring him in the face was that (imperfect defensive) dissociation results in hypnoid states, and (imperfect defensive) repression results in conversion. By 1923, Freud is still so muddled that he cites trauma as an effect rather than a cause: pathogenic ideas in the presence of hypnoid states produces trauma as an effect.

Freud was trapped in his own Pythagorean table of opposites. One side of the table would be bad, Janet/Breuer, heredity, degeneracy, trauma, splitting of consciousness, hypnoid hysteria, dissociation. The other side would be good, Freud, drive, defense, repression, conversion. He was unable to advance to an Empedoclean grid, which would have allowed for defensive dissociative induction of hypnoid states, a move which would have allowed him to distinguish dissociation from repression without dismissing it, and forego the subsequent general psychoanalytic marginalization and abandonment of that significant (dissociative) patient population represented by a number of cases in his own *Studies on Hysteria* (Breuer & Freud, 1895). And so the latter is not only the primal book of psychoanalysis, but also the primal book of the psychoanalytic misinterpretation of major posttraumatic pathology. In this regard, I have some sympathy for Josef Breuer, who stated:

"Freud is a man given to absolute and exclusive formulations: this is a psychical need which, in my opinion, leads to excessive generalization. There may in addition be a desire *d'épater le bourgeois* [to shock middle-class attitudes]. ...

The case of Anna O., which was the germ-cell of the whole of psycho-analysis, proves that a fairly severe case of hysteria can develop, flourish, and be resolved without having a sexual basis. I confess that the plunging into sexuality in theory and practice is not to my taste. But what have my taste and my feeling about what is seemly and what is unseemly to do with the question of what is true?

... I still regard Freud's work as magnificent: built up on the most laborious study in his private practice and of the greatest importance – even though no small part of its structure will doubtless crumble away again."

Josef Breuer, quoted by Crane, 1958, p. 320

The quotation is poignant: Breuer accurately identifies Freud's excessive generalization, then denies the very significant sexuality in the case of Anna O.,²⁹ then admits to a distaste for the sexuality that he just claimed wasn't there, then grants magnificent truth to Freud, then predicts that science will no doubt refute that magnificence.

Freud's absolute and exclusive formulation was to conflate repression and defense. This underscores the two meanings of repression in the literature. The early meaning is equivalent to defense, a blanket term for all conceivable defense mechanisms. The late meaning is as just one of the potential set of defense mechanisms. His daughter Anna Freud (1966), for example, listed ten, the other nine being: regression, reaction formation, isolation, undoing, projection, introjection, turning against the self, and sublimation. This doesn't include Freud's own perverse splitting, nor the Kleinian defenses, such as splitting, introjection, assimilation, disparagement, control, idealization, identification and projective identification.

Freud clarified this in 1926:

(c) *Repression and Defence*... I have revived a ... term, of which I made exclusive use thirty year ago ... 'defensive process.' I afterwards replaced it by the word 'repression.' ... It will be an undoubted advantage ... to revert to ... 'defence,' provided we employ it explicitly as a general designation for all the techniques which the ego makes use of in conflicts which may lead to a neurosis, while we retain the word 'repression' for the special method of defence which the line of approach taken by our investigations made us better acquainted with in the first instance.

S. Freud, 1926a, p. 163

Alas, despite disentangling defense and repression, Freud was still unable to recognize that his early cases included different kinds of resultant psychopathology, and thus invited the hypothesis that more than one kind of defense was involved. While *undoing* was now in the wider defensive repertoire, Freud was unable to undo his break with Breuer.

In any case, Breuer's comments focus more on sex, Freud's second major shift in excessive generalization: in place of all psychopathology based on childhood sexual trauma, all psychopathology was now based on repressed sexual wishes.

Freud's "dissociative period" was thus short-lived (coming to an end even prior to the publication of the *Studies*), and clearly designated as 'pre-psychoanalytic' by Freud himself, and most psychoanalysts have dutifully followed his path.

The abandonment of hypnoid hysteria was not just psychoanalytic, of course. By the early twentieth century, hysteria had slipped from fashion as a diagnosis, and Eugen Bleuler (1911/1950) lumped some hysterics (i.e. patients with multiple personality) in with Kraepelin's *Dementia Praecox*, which he renamed *Schizophrenia* [schizo = split; phren = mind], a misnomer which has fostered a century of diagnostic obfuscation and popular confusion. While the word *hysteria* continued on the books as both dissociative and conversion types (e.g., up to DSM-II and ICD-9), the diagnosis still fell into disuse.

The shift from hypnoid to defense hysteria was thus a shift from dissociation to repression, from trauma to drive, from hypnosis to free association. There were obviously positive byproducts to such a shift: psychoanalysis went on to clarify the understanding of 'normal-neurotic' psychopathology and its treatment. The Kleinians went on to develop a convincing understanding of (Pythagorean) splitting, and gave birth to the object relations tradition in psychoanalysis (though not independently). And Kohut went on to clarify narcissistic pathology, and so on. But psychoanalysis has had to venture into the more serious psychopathologies burdened with an obstinate and even 'sanctimonious' ignorance of trauma, dissociation and hypnosis. And so hysteria underwent a split in meaning when Freud shifted from dissociation to repression, followed by two relatively independent streams of development of hysteria and conversion, the dissociative stream outside of psychoanalysis, and the repressive stream within psychoanalysis.

Dissociation, Repression and Conversion

Within Psychoanalysis: Conversion and Repression

In hysteria, the incompatible idea is rendered innocuous by its sum of excitation being transformed into something somatic. For this I should like to propose the name of conversion.

S. Freud, 1894, p. 49

This early quote coined the word. Note that it is directly tied to Freud's Q (sum of excitation) and thus part of his wrong-headed economic point of view, and for that reason *frankly* neurological at the time (though as the neurology in question was refuted, it became pseudoneurological). Originally, the 'sum of excitation' was due to external trauma; then to both external trauma and internal drive; and finally, primarily (though not exclusively), to internal drive. It rapidly became the paradigmatic compromise formation between drive (urge, intent, wish, motive) and defense (repression), and only secondarily between trauma and defense; and a paradigmatic example of primary gain: better to suffer the symptom than to be conscious of the wish or impulse.

Conversion in Psychiatric Nosology

Despite the Freudian origin of the word, conversion entered into official psychiatric nosology. In essence, any symptom appearing to be neurological but judged to be psychogenic is considered a conversion symptom, whereas a psychoanalyst would qualify it as a surface phenomenon of some more specific underlying dynamic – repressed drive (See O'Neil, Chapter 21, this volume, for a more complete story). *Hysteria* disappeared from DSM-III, then from ICD-10. *Conversion* disappears in ICD-11, now called *Dissociative Neurological Symptom Disorder*, while DSM-5 retains conversion, but with the alternative title *Functional Neurological Symptom Disorder*. In sum, hysteria is gone, and conversion is on the way out.

Conversion in Dissociative Disorders

In the dissociative disorders realm, conversion slips to subset status. Van der Hart et al. (2006) reflect psychiatric tradition by promoting *dissociation* to replace the umbrella term, *hysteria*, and then by qualifying the two types as *psychoform* and *somatoform* dissociation, a persistent pairing which is also in keeping with that high comorbidity which even the DSM-5 grants. But somatoform dissociation is broader than repressed drive, and thus broader than psychoanalytic conversion. Indeed, the most common somatoform symptoms in dissociative disorders are partial posttraumatic revivifications, rather than repressed wishes, and so it is not entirely clear whether psychoanalytic conversion warrants being considered as dissociative at all.

When faced with a somatoform symptom, then, one first rules out a neurological condition. One may then wonder whether it is a partial posttraumatic revivification (or the blunting of same), a repressed wish, or neither.

So if somebody wakes up with pain and stiffness in the neck and shoulders, psychiatrically one wants to figure out, say, whether this is a tactile flashback of having struggled against being pinned down and strangled 30 years ago; or, on the other hand, whether while visiting mother last night she said something grossly unempathic and demeaning, and the immediate reaction was the impulse to strangle her. While confessing this impulse in therapy, if the patient holds out her arms and hands as if strangling mother, fury on her face, and then perplexity, and then moves her arms up and down in slow wave-like fashion, and says, astonished, “The pain and stiffness are all gone – I can't even feel as if I just had it!” then better to have pain and stiffness in the muscle groups needed to strangle mother than to recall what she said or, indeed, that one wanted to strangle her. If somebody presents with blindness, one wants to clarify whether this is, say, a posttraumatic revivification of having been imprisoned in the pitch-black cellar at three years old or, rather, the somatic expression of the wish not to see oneself in the mirror, motivated by self-loathing, having recently discovered that one's alter had sexually abused a child last autumn. If the latter, then better to be blind than to look at the face of a child molester, oneself, in the mirror.

Revivifications may also be of one's dissociative state at the time of the trauma, and so have the quality of ‘negative’ PTSD symptoms (e.g., local anesthesia or analgesia, oneiric state, etc.). For example, while working in an eating disorders in-patient unit, I had a patient who was anesthetic from umbilicus to mid-thigh. She manifested curious surprise when I informed her that most women had sensation “down there” (*la belle indifférence* is not *passée*).

The distinction between revivification and conversion proper is independent of the question of ‘source’ of the symptom. In general, the source needs to be ascertained before such a distinction can be clarified. Is the symptom coming from the one before me in the office, or is it an intrusion from one of their alters? In the case of multiplicity, the most common somatoform symptoms are intrusions from an alter, and so that is where one must go to determine whether they are partial posttraumatic revivifications or conversion symptoms. In such cases, true conversion symptoms (as incompletely repressed impulses) are rare enough that they come as a surprise. Intrusion phenomena are more commonly partial and undisguised revivifications from a traumatized child alter (e.g., oneself being strangled 30 years ago, or oneself in the cellar at three), so that psychoanalytic interpretation of symbolic significance may then be in the service of denial rather than insight – a “fallacy of misplaced abstraction.”³⁰ For example, if a patient feels “as if I'm being fucked in the head” this may be interpreted as symbolic of some sophisticated interpersonal manipulation enacted through verbal communications from a mate or boss, obscuring the more concrete possibility of having endured forced fellatio as a child. Combinations may also occur. A partial somatic (primarily posttraumatic) symptom may have secondary symbolic elaboration, as a compromise formation expressive of a wish-defence conflict.

It is also important not to needlessly multiply entities. If my neck and shoulders are stiff because I want to strangle my mother, I don't need to have an alter of whose stiffness I am the recipient. Where the alter is the child being strangled, and whose struggle I experience as an intrusion, that child alter may well have repressed the experience as well, and have the symptom instead of the memory. An infinite regress looms if that alter requires a subalter to hold the experience. And so a dissociated traumatized child alter may herself engage in the repression of the trauma. And if this is called dissociation, then it has nothing whatever to do with the dissociation that leads to the alter having the experience instead of the host. So better to retain the concept, repression.

Developmentally, I assume that dissociation of trauma predates its repression. In other words, one's defensive elaboration of an alter who suffers the overt trauma, in order for oneself to avoid such an experience, predates the subsequent repression of that trauma in the alter concerned. That alter may no longer experience the trauma, and have no memory of it, but may alternate between periods of blissful ignorance and excruciating flashbacks, on the pattern of an alternation between the criterion sets B and C for PTSD. And such criterion B symptoms may not manifest in the 'host' for decades, until some untoward event in later adulthood overwhelms the fragile dissociative defenses and the alter's revivification intrudes into the host's sensorium and occasions a trip to the clinic.

So then classic Freudian 'repression' remains a serviceable concept *especially* in the most flagrant cases of DID. Without it, two entirely separate kinds of dissociation need to be invoked: the dissociation into an alter of a given trauma; and the 'dissociation' (= repression) of that trauma in a given alter.

In practice, I accept the classic Freudian concept of repression not only as the repression of a wish that gains somatic expression in a compromise formation (conversion proper), but also as the repression of a trauma, in a given host or alter, that gains somatic expression in a partial post-traumatic flashback (body memory). It is worth noting that this second sort of conversion was Freud's initial idea, which he then largely replaced by the first sort. Historically, trauma preceded wish. And then wish replaced trauma. And now we have the return of the repressed: trauma trumps wish. But both survive.

This is not to imply that partial posttraumatic revivification and repressed wishes exhaust the somatoform dissociative repertoire. Depersonalization, that perplexing whole-body somatoform symptom, is a third type. And then there are complex enactments which involve the simultaneous play of real reality and the inscape, and conflict between the phantom realities of different alters. Examples follow.

A patient walks through the toy section of a department store heading for adult female clothing; her left hand reaches out and grabs a little doll in the bin and shoves it into her left pocket; the patient can't budge her left hand, and must reach over with her right hand to remove the doll to put it back. It is hardly pertinent to label the inability to move the left hand as pseudoneurological paralysis. It does make sense to assume that her 5-year-old alter was copresent in the eyes (she had to see the doll), and intruded her executive control into the left hand.

A patient is talking and relating to me normally, except that her fingers are 'clawed' at the interphalangeal joints. I point this out. She denies it, and says they are normal. I hold a pencil by both ends, and sweep it down her palm. It catches on the clawed fingers and pulls her hand. "How did you do that?!" she responds in amazement. Her legs are crossed but she thinks they aren't. She perceives her left foot as somewhere it isn't. With her permission, I hold her left foot as, from her point of view, I'm holding nothing. I pull, and she is pulled in her chair. She looks behind her to see who pushed her. She wonders if she's on Candid Camera. Later, I 'speak through' and ask who is in the hands and foot. More astonishment. She says a male child is in the hands, and he's laughing; an adolescent is in the foot, and he's more surly. So in this case, we have a pseudoneurological symptom that most resembles phantom limb, except that no limb has been amputated. Rather, the patient's phantom body has overridden the real one so that she can't perceive the 'local presence' of her alters in the hands and foot. This is clearly neither posttraumatic revivification (though the claws *per se* would be for the child alter) nor conversion.

Repression Reinterpreted: Zero Process

Joseph Fernando's *The Processes of Defense* (2009) has been regarded as the first major overall update on defense mechanisms since Anna Freud's (1966) classic, *The Ego and the Mechanisms of Defense*. Fernando makes an addition to Freud's concepts of the primary and secondary process by coining the 'zero process,' more primitive than the primary. The primary process operates in timeless fantasies, dreams, wishful thinking, poetry (metaphor, metonymy), etc., and the secondary process in logical sequential propositional thought. Fernando's zero process is the posttraumatic mode of mentation, with its own set of defense mechanisms: denial (different from primary process denial), temporal shifting (different from primary process timelessness: as if the trauma has not yet happened, but may happen at any moment), turning passive into active (motivating repetition), etc., but which may also include 'splitting of the identity' which leads to DID.

Fernando compares the 'bits and pieces' of zero process traumatic memory with Bion's (1962) 'beta elements,' but underscores these bits and pieces as caused by trauma, while Bion stresses the failure of mother to integrate the infant's endogenous bits and pieces of mental distress. The temporal shifting accounts for posttraumatic avoidance of the experience of the trauma, while its failure brings the future into the lived present: a posttraumatic flashback; when paired with alter generation, this temporal shifting accounts for the common occurrence of happy 'pretraumatized' child alters. Fernando is exceptional in dealing with trauma and multiplicity using very 'orthodox' psychoanalytic terminology, while at the same time daring to make very specific corrections and additions to it.

Repression Reinterpreted: Unformulated Experience

Stern (1997, 2009, Chapter 20, this volume) advances another interesting alternative to repression which bridges repression and dissociation. He defines dissociation as the refusal to formulate experience so that it never enters consciousness. Thus, instead of there being something conscious that needs to be rendered unconscious by repression, dissociation blocks it from becoming conscious in the first place. By this view, dissociation is earlier and more basic than repression. It involves a refusal to be curious, to engage in imagination. Becoming conscious requires curious, imaginative, effortful formulation, and refusing to do so is dissociation.

This hypothesis adds another dimension to the difference between partial posttraumatic revivification and repressed wish (conversion). Returning to our posttraumatic example of somebody waking up with pain and stiffness in the neck and shoulders, having struggled against being pinned down and strangled 30 years ago, is this because the event was formulated in consciousness and then repressed, only to be discovered later in therapy; or, on the other hand, was it never fully formulated, and thus not fully conscious, at the time, and instead was registered as a 'somatic memory,' until finally formulated in therapy for the first time? If, on the other hand, the pain and stiffness reflects the wish to have strangled mother last night, was the wish conscious last night and then repressed? Or was it never conscious, but rather unformulated from the outset, and made conscious for the first time in therapy through an unconscious decision to belatedly formulate it? These are interesting alternatives, and difficult to test. It strikes me as very likely that unformulated experience results especially when the trauma is in excess of somebody's ability to formulate, and thus more likely for more severe trauma, and younger victims. It would also better explain those amorphous symptoms and vague interpersonal conundrums for which there seems to be no words. It also matches the demographics of DID. And so if we grant an early inability to formulate, it is hardly a stretch to suppose a subsequent refusal to formulate. The former would be closer to Janet, the latter would be a bridge between Janet and Freud.

But that is not to say that all repression is really unformulated experience. It is common for DID patients to suddenly remember something, consciously, and then to remember that they once remembered it, and that they forgot it for an interval, during which time they both forgot it and forgot they forgot, prior to remembering it 'today.' This is more in keeping with classic dissociation or repression of previously formulated experience.³¹

A middle-aged patient complains of an itchy torso. She switches to a 4-year-old child alter, who tearfully explains: "Daddy's peepee is hurting him; he tries to make it feel better by rubbing it, but that only makes it worse; you can see it in his face; then his peepee gets really sick and suddenly throws up; daddy is sorry it threw up on me, and he tries to clean me off, but instead just seems to spread the throw-up all over me; poor daddy." Switch to a disdainful teen: "The idiot kid can't figure out he was just jerking off over her! She makes excuses for him all the time! What a loser." Switch to the sobbing adult: feeling betrayed and outraged – but the itch is gone. So in the same patient we have two formulations, at different ages, expressed on the same day, but they seem to have a prior history. And while the child's formulation is faulty, there is no lack of imagination, including mentalization: what the 4-year-old thought was going through daddy's head at the time.

Dissociation and Assorted Triads

Dédoublement produces two from one, but we wish to know if there is a route to multiplicity other than through successive *dédoublements*. Obvious alternatives consist in various triadic conceptualizations that predated Freud, which Freud invoked, and that have continued with other authors.

Dissociation and the Œdipal Triangle

Returning to Breuer's comments cited above, which focus more on sex, the switch from dissociation to repression was also the switch from the so-called 'seduction theory' to the Œdipus Complex. Freud came to doubt some of the trauma stories that emerged, and wondered if they were due to suggestion. There is some irony in this, as the kind of hypnosis he engaged in at the time was essentially suggestive. In any case, this major shift in his thinking (Laplanche & Pontalis, 1967/1973) has been, at one extreme, hailed as the founding moment of psychoanalysis, the discovery of the Unconscious and, at the other extreme, condemned as a defensive, conformist fabrication (Masson, 1984). Subsequent scholarship (Blum, 1996) clarifies the mythic character of both extremes, finding fault with Freud, but also finding fault with tendentious misreadings of him.

The core Œdipal triangle is the child faced with the parents, wishing for an exclusive relationship with one, jealous and wishing to be rid of the other for that reason. Variations on Œdipal dynamics accommodate age, gender, hetero- and

homosexuality, identification, love and hate, and libido and aggression, and so may be viewed as a general schema underlying all triadic conflicts, as opposed to dyadic ones. Two's company, three's a crowd. Jealousy requires a trio. The first triad in a child's life is with its parents. Leaving etiology aside, dissociative patients, host and alters, have triadic conflicts, and thus manifest oedipal dynamics. By the same token, such a universal dynamic is unable to account for the genesis of alters *per se*.

In the manifestly traumatized, the oedipal triangle may be richly and ably complemented by various adaptations of Karpman's (1968) drama triangle, whose shifting roles among rescuer, persecutor and victim have been best explained by Davies and Frawley (1994). Various dyads may be drawn from this triangle illuminating what is typically enacted in the transference and countertransference with adult survivors of childhood sexual abuse (e.g., neglected victim confronting sadistic abuser under the blindly indifferent gaze of the uninvolved nonabusing parent). This reconfiguration implies not only the bad things that shouldn't have happened (sadistic abuser), but the lack of good things that should have happened (uninvolved parent).

Dissociation and the Topography: Cs, Pcs and Ucs

When Freud replaces dissociation with repression, the vertical dissociative split rotates to become the horizontal repressive split of the topography between the Preconscious (*Pcs*) and the Unconscious (*Ucs*) (S. Freud, 1915a). There is also the minor horizontal split between *Pcs* and Conscious (*Cs*), caused by inattention.³² The idea is that repression is a dynamic forgetting, and so needs work (working-through) to be undone (S. Freud, 1914b), whereas inattention just needs a reminder. This all remains clinically useful. The connection to multiplicity is complicated. Freud does claim that "The content of the *Ucs* may be compared to an aboriginal population in the mind" (S. Freud, 1915b), but this proves to be strictly metaphoric. No actual population is intended. The remark rather anticipates his later theory of the Id, apart from whatever mental contents are rendered unconscious by repression. As noted above, the difficulty with this triad is that a given alter will commonly have its own 'repressed contents,' but Freud would be unlikely to condone a plurality of *Unconsciouses*. This puzzle carries over to the structural theory.

Dissociation and the Structural Theory: Id, Ego and Superego

The 'classic' sense of structural splitting is the split between the Id, Ego and Superego (S. Freud, 1923a). In the prior topography, the ego (small 'e') is in the *Pcs-Cs* and, among other things, was responsible for defense mechanisms. But defenses are also dynamically unconscious. That is to say, one needs to work to get people to recognize not only *what* they repress, but *that* and *how* they repress. So ego defenses seem to belong in the *Ucs*, not the *Pcs-Cs*. Freud also interpreted dynamically unconscious guilt in some of his analysands, and so needed to put some of the conscience into the *Ucs*. Freud solves this problem by giving the *Ucs* two levels. The sub-basement he calls the Id, which remains the source of impulses (the 'aboriginal population'). Above that he partitions the *Ucs* into unconscious Ego (defenses and repressed contents) and unconscious Superego (the source of unconscious guilt), then allows this new division to carry up through the old systems *Pcs-Cs*, so that Ego and Superego are side by side at each level (despite the word 'superego' which literally means "above the ego").

This division is mostly functional: various mental faculties are allocated to various structures. But it is personal as well: the Ego, of course, must remain 'I' – the subject of the verb, as opposed to 'me' or 'self' or 'myself' or any object of the verb. The Superego, in turn, is something like the little angel telling the Ego to be good, over one shoulder, while the devilish (aboriginal) Id tells the Ego to be bad, over the other, much like Plato's charioteer with the rational white and lusty black horses.

What happens when such a conceptual structure encounters multiplicity? The division might indeed seem to apply if the alters of a given patient happened to be exactly two and functionally distinct in just the right way (e.g., pure impulse vs. pure morality/guilt, etc). As we noted above, however, working even with the average multiple generally requires dealing with different 'I's, each of whom requires working through of their own unconscious defenses against unconscious mental contents, their own impulses, defensive style, cognitive ability and moral code. Thus, a given alter has its own Id, Ego and Superego, regardless of how muted, exaggerated or perverse these might be. This suffices to reject structural splitting as a viable explanation for alter generation or for relations between alters.

Freud's double layering of the *Ucs* invites a third layering between the Id and the unconscious ego of the one facing you in the therapy room: a deeper and singular unconscious ego, above which would be the various unconscious egos (and superegos) of host and alters. Some clinicians insist that such an ego can be met in every patient. That hasn't been my experience. But there are reasons to assume this underlying 'commonality.' There is presumably some 'agency' that

decides who is to be out when. There is also the remarkable internal third reality or 'inscape' inhabited by the distinct phantom bodies of host and alters, and as noted earlier, even if no one agrees with another on anything else, they generally agree on the inscape itself and on the respective appearances of their phantom bodies. All the same, whether this is simply epiphenomenal to having arisen from the same brain, or rather directed by some underlying common agency, the therapeutic goal is to achieve integration, such that Freud's structural theory can play a teleological role: we intend that the patient eventually become such that the id-ego-superego model applies.

In passing, the enormous psychoanalytic structural literature regarding the Superego may apply to intra-alter, alter-alter and alter-therapist dynamics that feature conflict among impulses, defenses, prohibition, punishment and guilt. More particularly, just as is the case for internal object representations, a "harsh superego" may indicate the presence of an alter defensively identifying with an aggressor, or authority figure, in which case psychoanalytic literature on the harsh superego may be found to apply (Howell, 1997, 2011), even if it does not suffice.

Fairbairn's Triad

The theorizing of Ronald Fairbairn promises more to the clinician of dissociation than the work of any other classic author. Some of the headings of his (1944) paper on endopsychic structure hint at a return to nineteenth-century multiplicity: 'Back to hysteria,' 'A multiplicity of egos,' '... the central ego and the subsidiary egos,' and so on. There are a number of excellent summary discussions of this challenging author (Greenberg & Mitchell, 1983; Howell, 2011; Rubens, 1994, 1996).

Freud is 'corrected.' The economic theory is jettisoned: no psychic energy comes from the Id – psychic structures have their own energies. The topographic theory is jettisoned: repression is a mere subset of dissociation: the dissociation of the unpleasant; and a rather late arrival, requiring some degree of higher mental functioning. Drive theory is jettisoned: libido is object-seeking, not pleasure-seeking, and pleasure is a by-product of successful object-seeking. Hedonism, or the seeking for pure pleasure, is reinterpreted as the result of a failure of object-relatedness. As a damning corollary, classical drive theory is reinterpreted as a symptom of conversion hysteria in the theorist-analyst, focusing on erotogenic zones and missing how they are somatic displacements from interpersonal longing. Classical narcissism is jettisoned: newborn infants are not narcissistic but primordially object-seeking, a view which anticipates attachment theory and interpersonal/relational psychoanalysis.

Klein is also 'corrected.' The 'good breast' and 'bad breast' are not in-born templates, but the result of internalization of a real disappointing mother-breast, and the split reinterpreted as the exciting and rejecting aspects of an ungratifying real mother. Splitting is not so much into good-bad self-object relations, as into a primary triad. The 'original' ego confronts the ungratifying mother, and becomes the 'central ego' by maintaining her as an ideal object. This it does by introjecting her ungratifying aspect as a split into the exciting and rejecting mother. The split mother has comparable split-off parts of the ego: the two 'subsidiary' egos, libidinal and antilibidinal. Then the libidinal ego with its exciting mother and the antilibidinal ego with its rejecting mother are all repressed (or dissociated) into unconsciousness. This leaves the central ego free to have an 'ideal' relationship with an 'ideal' mother and to carry on 'normally' with the real world, similar to the clinical reality of a host with its alters, and unlike Kleinian splitting, which produces polar opposites but has no remaining center or core, no intervening third option.

The repressed (or dissociated) ego-object pairs fight it out with each other, and intrude into the real world. Indeed, Fairbairn had previously called the antilibidinal ego the 'internal saboteur' – a wording which resonates clearly with troublesome alters in therapy. For Fairbairn, this is universal psychopathology – 'normal' psychopathology.

From the perspective of a clinician treating DID, Fairbairn seems to be engaged in three separate lines of thought which he confounds. One is the introjection of a real object and the concomitant dissociation of a related part of the self into an unconscious subsidiary ego. This could be understood as his interpretation of the genesis of a dissociated alter personality, and it works quite well, but only to a point. It stops working when the patient switches and we discover that the subsidiary ego is quite conscious and has been conscious of the central ego (host) all along, even if the central ego has not been conscious of it.

The second line of thought is that the introjected object is necessarily split in a Kleinian sense (i.e., into polar opposites) with exciting and rejecting internal objects. Related to these objects are the unconscious subsidiary libidinal and antilibidinal egos. This formulation requires that all alters show up in polar pairs. In practice, a significant portion of DID alters may be paired, such as contrasting child alters of the same age, or 'twins,' or child-adult combinations such that the traumatized child is disguised as the traumatizing adult, etc., but certainly not all alters arrive in pairs. This difficulty was addressed long ago by Young (1988).

The third line of thought is that all patients may be understood through this triadic schema. If so, then the triad would indeed apply to a host, but would also apply to each of the alters as they showed in therapy. We arrive at the same

conundrum as we did with Freud's structural theory. So the extent that such triadic dynamics are universally applicable, they can't at the same time explain the genesis of DID and how it is different from universal normal neurosis. At the same time, a Fairbairnian analyst who 'gets' dissociative multiplicity, would likely be able to profitably reinterpret Fairbairn's approach for the successful treatment of a given patient, just as Brenner does with Freud, or Tarnopolsky with Klein.

Kohut's Triad: Dissociation and Self Psychology

Another tempting conceptualization is Kohut's self psychology. Kohut contrasted Freud's horizontal split between pre-conscious above and unconscious below with his own vertical split between different aspects of self, which would then be side-by-side rather than at different depths. Can Kohutian vertical splitting accommodate dissociation? The limiting feature, as with Fairbairn, is that Kohut delimits three specific kinds of self defect, reflected in the three typical self-object transferences that would emerge in analysis: the mirroring, alter-ego, and idealizing self-object deficits (Kohut, 1984). Self-object mirroring is the earliest, and happens between mother and baby, wherein baby looks into mother's eyes to discover what mother thinks of baby, and thus what baby thinks of itself – the relational origin of basic self-esteem, good, bad, or indifferent. Self-object idealizing happens later, as child contemplates parent in the world beyond the home, serving as a concrete example of what the child might hope to become in life – the relational origin of hope, admiration, emulation, optimism, idealism, etc. The alter-ego dynamic mediates between mirroring (how wonderful I am) and idealizing (how much more wonderful I can hope to be) by showing how: having a peer just a little more advanced than oneself who can show you the ropes, who can help you realize your raw talent, your potential, in the real world.³³

So Kohut is to some extent more old wine in new skins. Mirroring recycles the oral phase and the id: primarily with mother, but focusing on the eyes instead of the mouth, needing the satisfaction of an adoring, benevolent, tolerant gaze. The alter-ego dynamic recycles the anal phase, latency and the ego: concerned with how-to, competence, sibling relationships, group identity, mediating between the mirror and the ideal, just as the ego mediates between id and superego. Idealizing recycles the phallic phase, and the superego: concerned with wanting to become like another (instead of wanting another), and emphasizing the parental imago as ideal more than punishing. So Kohut makes a break from Freud, emphasizing the narcissistic side of both conflict and structure, but then dresses up the result in refitted Freudian clothing so that in succeeding to fit universally, it fails to fit dissociation in particular.

Triadic Conclusion

Triadic theories, which interpret psychic structure into three components, are all challenged by dissociative multiplicity as the triads don't apply to the dissociative structure itself, which has no particular preference for 'three.' All call for major reconceptualization in the presence of more than one center of consciousness. However, these triadic structural theories of Freud (id/ego/superego), Fairbairn (central/libidinal/antilibidinal egos) and Kohut (mirror/alter-ego/ideal), are interpretive schemas universally applicable to any given 'I,' any given center of consciousness, any alter, any dissociative part.

Dissociation and Schemata in General

Object Relations Theory

Object relations theory has been implicit in the discussions involving splitting, the structural theory, and especially Fairbairn. As noted, ego psychology regards one's objects as representations of objects in the *inner* world, while the superego and Klein's internal objects are structural entities in the *internal* world, about which one may then have secondary representations in one's inner world. In this regard, object relations theorists (e.g., Fairbairn, Winnicott, Balint, Guntrip, Bion) reflect Klein's interpretation (Hinshelwood, 1991).

An object relations theory that abandons forced dyads and triads and embraces a general multiplicity of internal objects gets around one problem of accounting for multiplicity, but is left with another: since object relations theory help us understand the interpersonal schemata operative in any patient, underlying their attitude to others in the world, and especially to us in the transference, the theory helps us understand the interpersonal schemata operative in *any given* host or alter, underlying their attitude to others in the world *and to their alters*, and especially to us in the transference. I've never met a host or alter in whom I was unable to interpret an internal world of object relations distinct from the world that would represent the host and alters as a whole, concretely manifest in the inscape. So in the true multiple, there are two very distinct levels of internal object relations, and the theory itself would need to explain that difference.

Attachment Theory

Attachment theory also invokes internalized object relations schemata under the label of *Internal Working Models* (IWMs). John Bowlby's conceptualizations derive from a number of different sources (Sigmund and Anna Freud, Klein, ethology, systems theory, direct observation of parents and children, etc.), and so the resultant system has not been assimilated by any one psychoanalytic school without difficulty. Bowlby's work has been interpreted as enriching many areas of psychoanalysis (Fonagy, 2001), and, to the contrary, of being essentially nonpsychoanalytic (Zepf, 2006). At one extreme, it may be seen as rescuing psychoanalysis from scientific error by bringing in elements of an updated natural science (ethology), and at the other extreme of being irrelevant because it doesn't all derive "from the couch."

Peter Barach (1991) first proposed interpreting MPD as an attachment disorder. The late Giovanni Liotti (1999, 2004, 2009) made major advances, with further advances by Adriano Schimmenti (Chapter 10, this volume). The journal of The Bowlby Centre in London, *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, is a major source of publications bringing together attachment, dissociation, and relational psychoanalysis.

The emphasis shifts from trauma to neglect, from the abuser to the uninvolved parent: not so much the bad things that happened to the child, but the good things the child did not get from the nonabusing parent – the absence of a secure base. The literature on attachment and dissociation is enormously bolstered by the very large literature on attachment and allied concerns (e.g., child development, mental state theory, early trauma and deprivation, PTSD, personality disorders – especially borderline, the interface with the neurosciences, etc).

There seems little doubt that psychoanalysts who are able to incorporate attachment theory in all its complexity would be better able not only to critically evaluate a host of psychoanalytic theories, but also to reincorporate hypnoid hysteria: dissociative multiplicity. Hypnoid hysteria now tends to be called ego-state theory or self-state theory, and these theories have cross-fertilized with attachment theory for a number of years. For further reading on this topic, please refer to the excellent chapters that discuss attachment and dissociation elsewhere in this book (e.g., Linde-Krieger, Yates, & Carlson, Chapter 9; Schimmenti, Chapter 10; Schore, Chapter 11).

Dissociation and States of Mind

Back to Breuer's Hypnoid Hysteria

We are returned to Breuer's hypnoid hysteria as the earliest psychoanalytic example of a 'state of mind.' The concept has only recently begun to recover since Freud made his primal category mistake. It is interesting to wonder how psychoanalysis might have evolved if Freud had been able to go beyond Janet, and conceive of the induction of hypnoid states as defensive, and not merely as a fragmented effect of constitutional weakness. And then, of course, also adding defensive repression as well. A good example of how psychoanalysis might have evolved is represented by Richard Kluft, an IPA psychoanalyst who has been a leading figure in the dissociation field for the past 45 years in all its aspects (Kluft, 2003): diagnosis, treatment, teaching, research, publication, editing, etc. While remaining a psychoanalyst, he also mastered hypnosis to the point of rising to the forefront of that field,³⁴ a trajectory which has led him to publish very widely outside the 'psychoanalytic literature' with just two notable exceptions (Kluft, 1999, 2000). Kluft's eclectic theoretical origins and his seamless incorporation of formal and informal hypnosis into the process of treatment makes it difficult to discuss Kluft's 'psychoanalysis of dissociation,' but then his work (see 2009, Chapter 43, this volume) clearly speaks for itself.

Federn's Ego States and the Watkins' Ego-State Therapy

It is curious that Paul Federn was dubbed "Apostle Paul" by his colleagues for his religious devotion to Freud and the psychoanalytic movement (Accerboni, undated). Federn analysed Edoardo Weiss, who founded the Italian psychoanalytic society before emigrating to Chicago, where he analysed the late Jack Watkins.³⁵ It was through this route that Federn's (1952) seminal 'heresy' regarding 'ego states' took root, sprouted and flowered into 'ego state therapy' (Watkins & Watkins, 1997),³⁶ familiar to virtually everyone in the dissociation world. Watkins, a psychologist non-physician, was not permitted to join the American Psychoanalytic Association (APsaA). This is perhaps fortuitous, as close affiliation with the APsaA may have precluded his subsequent theorizing and hypnoanalytic innovations, and constrained him to ego psychological orthodoxy.

The Watkins' book (1997) is a welcome summary of their contributions over the previous four decades, and elevates Federn's 'ego state' construct to a general interpretive schema. This schema well describes and instructs the therapy of

the most severe dissociative patients. But it is also an interpretation of normal-neurotic patients generally as suffering from symptoms understood as dissociative. That is to say, in patients who are not manifestly dissociative in the diagnostic sense, the Watkins, in using hypnosis as a general therapeutic adjunct, are able to have patients encounter the ego states which ‘hold’ whatever symptom, affect, conflict, deficit, whatever, is in question, or in relation to whom the ‘host’ is in conflict. This amounts to interpreting all psychopathology as subclinical multiplicity. Like Fairbairn’s theorizing, it eclipses Freud’s drive theory, topography, and structural theory in favor of an expanded interpretation of Federn’s concept of ego state, and accords very well with Fairbairn’s idea of subsidiary egos, though without being hamstrung by his libidinal-antilibidinal splitting. This general applicability exemplifies what they call the differentiation-dissociation continuum. There is little question about the approach being faster than traditional psychoanalysis. Jack Watkins’ perennial complaint about psychoanalysis was how slow and time-consuming it was (personal communications).

The approach invites a variety of questions. Assuming that DID is real, then there is no question about the ‘reality’ of alters. But those who don’t have DID, and in whom ego states may be ‘discovered’ under hypnosis, an interesting research question is whether these ego states are pre-existent, or rather hypnotically created at the time of ‘discovery.’ ‘Truth’ and therapeutic efficacy are independent, of course, so positive therapeutic outcome can’t decide the matter. Nor would the creation be a contrived artefact of the treatment, to the extent that it appropriately ‘packaged’ the pathology into a subjective ego structure and rendered it capable of speedy resolution. The issue is one which will likely be debated for years.

And while ego state theory may best *describe* multiplicity, which is not to say that it *explains* it. The Watkins retained a number of classic psychoanalytic constructs in their explanations: energy economics of the self, self and object cathexis and decathexis, object relation, abreaction, adaptation, etc. As with Klein, the problem has to do with explaining the difference between subjects and objects. Federn conceived of there being a variety of mental objects, comparable to Kleinian internal selves and objects, and these could then be invested with more or less ego energy or cathexis.³⁷ But “energy” is also a mental object, in the mind of the theorist, and calling it “ego energy” (in whatever language) hardly explains its character as subjective agency. We don’t generally converse with energy.

Ego-state theory thus tries to recycle Freud’s Q: his energetic or economic viewpoint, his pseudoscientific fairy tale. Updated versions of the metaphor invoke information-processing, but also miss the point: while information can be thought, it cannot think. Information can, however, be duplicated or proliferated, so that information-processing at least provides a metaphor for alter genesis other than splitting.

Putnam: Discrete Behavioral States

Independent of psychoanalysis, Frank Putnam, who authored the premier classic text on MPD (1989), has since drawn on research into infant behavioral states especially as described by Wolff (1987), and proposes a “Discrete Behavioral States” (DBS) model to describe and explain the derivation of normality, ego or self-state disorders, and frank DID from infant behavioral states (Putnam, 1997; see Loewenstein & Putnam, Chapter 16, this volume). He has since generalized his interest in states of mind with a remarkable recent book (2016) concerning the origin of states of mind generally and the role they play in memory, identity, personality, and various psychopathologies.

This approach promises to clarify the Breuer-Freud split by beginning at the heart of the matter. The DBS model has already yielded a very detailed elaboration even for the perfectly normally developing child, an elaboration which clearly sets the stage for speculating about pathological development.

To explain DID, with its multiplicity of self-states, evident most often in adulthood, and with a supposed early childhood origin, Putnam begins with the finite set of well-described infant states of mind, very closely related to attachment theory; state switches, not just in MPD/DID, but also in panic attacks, catatonia, and manic-depression; state-dependent memory, especially autobiographical memory, and how this affects identity; the contribution of mental states to personality traits, but also how such theories fall short of explaining “secret lives”: people who have two distinct self-states with dramatically different sets of personality traits. Putnam ably deals with what I had regarded as a difficulty with the theory when applied to DID: the question as to whether some ‘quantum leap’ is required to explain how *I* can have a whole set of states of mind, but apparently can manifest another whole set of states of mind which seem to be as if *another’s* whole set of states of mind. He describes the evolution of such clusters of states of mind, seen to some extent in all humans, but most dramatically in DID, when the clustering becomes more complexly and hierarchically nested.

Between the normal multiplicity of states of mind, and cases of DID, Putnam’s treatment of “secret lives,” highlighting religious zealots and politicians, is perhaps the most interesting, clearly eclipsing any personality disorder explanation, but also different from DID. In my view, his “secret lives” resonates most with Freud’s *Splitting of the ego in the process of defense* (1940; see above under Brenner: *Reducing dissociative multiplicity to perverse splitting*).

Interpersonal and Relational Psychoanalysis

As I noted above, the interpersonal and relational schools of psychoanalysis have produced the most significant and voluminous contributions to dissociation in the psychoanalytic literature, and so I refer the reader to the appropriate chapters (see Bromberg, 2009; Howell & Itzkowitz, Chapter 45, & Stern, Chapter 20, this volume). Especially significant in this development is the smooth incorporation of attachment theory which has proven to be not only a link between psychoanalysis and empirical research in general, but also a link between American and British 'heresies.'

Interpersonal and relational paradigms may in part be an unintended but welcome side effect of the prior exclusion of nonphysicians from the American Psychoanalytic Association³⁸ (APsaA), which gave rise to a variety of societies with otherwise perfectly 'orthodox' roots but which, by virtue of that very exclusion, were freed from the constraints of ongoing APsaA oversight, and able to evolve independently. A key historical event was ending the APsaA monopoly in 1989, allowing for non-APsaA societies to have direct membership in the International Psychoanalytic Association. A PEPWeb search for "multiple personality" or "dissociative identity disorder" by decade yields an average of only eight publications per decade for the period 1900–1970; this increases to 26 for the 1970s; to 65 for the 1980s; and then jumps to an average of 235 per decade for the 1990s to 2020. This is all cause for optimism as the twenty-first-century rediscovers, reappropriates and broadens knowledge and insight from the late 1800s.

Needed Research

Researchers have little time to spend in prolonged empathic immersion with a given patient. And depth psychotherapists of whatever stripe have little time to spend in prolonged research design and data analysis. I am a psychotherapist and so my comments are more conceptual and clinical than research-oriented.

Hypotheses need to be formulated before they can be tested. There is no privileged source of scientific hypotheses, which is why both psychiatry (concerned with the diagnosis and treatment of the mentally ill), and psychoanalysis (concerned with the psychotherapeutic through open-ended regular empathic immersion in the mind of another), after being filtered through colleagues and after arriving at some degree of consensus, can be so fertile for the generation of various hypotheses and even of elaborate diagnostic and explanatory systems about the human mind. But while such clinical experience can give rise to bumper cash crops, it can also result in a luxuriant overgrowth of weeds. The primary vocation of research is to do the weeding. Clinical experience comes up with bright ideas, and research shoots down the faulty ones. This relationship is irreducibly dialectical, and there is no way around it. 'True' theories are not so much evidence-based as evidence-vulnerable.

There is also no way around the self-reference implicit in any psychology, and especially in any psychotherapy. This self-reference is intrinsic to the problem of consciousness, and to any interpretive discipline regarding human intentionality. Psychoanalytic theories need to be tested against evidence, of course, but psychoanalysis also needs to be free to analyze proponents of those who hide behind scientific methodologies in order to protect themselves from real encounters with life, and distasteful truths. Guile is core in the behavior of all metazoans, and raised to an exquisite art form in the human species, and psychoanalysis must remain free to circumvent it.

That being said, it also seems to me that psychoanalysis has suffered from a century-old selective blindness inherited from Sigmund Freud with regard to severe repetitive trauma happening during early development and the kind of psychopathology that results in the adult. The blindness includes willful ignorance about hypnosis.

Solving the theoretical issues among the various camps requires first and foremost communication. Technical jargons differ. Resolution of interpretive questions would be helped by the following:

1. Dissociative multiplicity be considered part of the routine differential diagnosis in psychiatric, psychoanalytic and psychotherapeutic clinics.
2. Psychoanalysts include 'hypnoid hysteria,' states of consciousness, dissociation, multiplicity, body memories, the inscape, etc., in what they routinely look for in treating analysands.

These modest recommendations are asking a great deal from some traditions. But until multiplicity is widely recognized and treated with eyes open, without apology, its psychotherapeutic treatment will be unpredictably compromised by selection bias in the patient sample and those inevitable blinders that all therapists wear, whether they know it or not.

A Summary View

Dédoublement

One of the most primitive defenses available to the child is the hypnoid (hypnosis-like) defense of auto-duplication. I say auto-duplication rather than self-duplication so as not to imply that it is the child's self, as one of its intentional objects, that is duplicated. The duplication is rather of subjective agency: of the 'I' rather than of the 'me' or 'self'; of the *Ich* or Ego; of 'le je' and not 'le moi.' From among various historical designations, *dédoublement* (doubling) would be closest to what I intend, as the action is essentially multiplicative rather than divisive.

Dédoublement may occur if 1. the child has the capacity to do so – this is most likely hypnotizability (Dell, Chapter 14, this volume); 2. the trauma is some combination of sufficiently early, severe and repeated; 3. There is no one available to appropriately rescue, soothe and comfort the child. Naturally, 2 and 3 are related, as if there were someone available to appropriately soothe the child, then the trauma would tend not to be repeated. Thus hypnotizability, trauma and disordered attachment are prerequisites for *dédoublement*.

Weakness vs Defense

In this formulation, I opt, structurally, for Breuer's hypnoid hysteria over Freud's repression and, dynamically, for Freud's active defense over Janet's fragmentation due to weakness. This circumvents what I dubbed as Freud's *primal category mistake* of assuming that the hypnoid state could not be the result of an active defense. At the same time, the formulation does allow for a little of Janet's weakness in the age of onset – early childhood – with the implication that the elements of multiplicity in the adult must have been there from early childhood. But this weakness does not reflect constitutional deficit. If anything, it may reflect constitutional propensity to dissociate as a specific ability, and this may be identical to auto-hypnotizability, especially in the young child.

The active and creative aspect of the defense of *dédoublement* is consonant with a 'remorselessly Darwinian' view of mentation, to the extent that all mental contents and structures can be interpreted as being internally generated and acted upon selectively (never instructively) by environmental signals. To that extent, metaphors that connote instruction, such as induction, internalization, incorporation, introjection, intromission, alien haunting, etc., mislead, to the extent that they imply that something literally gets in from the outside. Other metaphors such as imitation and identification do not mislead in that sense.

Full Adult DID

The paradigm case of *dédoublement* is somebody with full DID in whom the creative defense has been used repeatedly and become something of the default defense. Such a patient will have amnesia or lost time due to switching without co-consciousness. We may erroneously claim that they experience themselves as having distinct identities, when this claim pertains more to the clinician: the patient may honestly deny experiencing themselves that way – at which point the clinician may wish that they experienced themselves the same way the clinician experienced them.

This remains the 'hard case' which psychoanalysis needs to accommodate.

Repression as a Defense

In opting for hypnoid states as the result of an active defense, I do not replace or supplant Freud's repression as a defense. Indeed, the attempt to reduce repression to dissociation leads to an infinite regress. In any frank multiple, it is common for distinct alters to have body memories of a repressed traumatic event (or series of events), and, less commonly, classic conversion symptoms (somatized wishes). When a host has amnesia for an event, it may well be that repression is not in play, because the event is 'located' in a dissociated alter. In that circumstance, explaining the amnesia by repression is an error. But the alter may likewise have amnesia for the event because it is repressed in the alter itself. Thus, defensive dissociation and defensive repression both operate and can be distinguished. They can most clearly be distinguished when they co-occur in the same patient.

A separate question is whether one is dealing with a traumatic event or a forbidden wish. A somatic symptom is commonly both dissociated from the host (say) and repressed in the alter concerned. What is repressed is commonly a traumatic event, so that the symptom is not, strictly speaking, a conversion symptom at all, but rather a partial post-traumatic revivification of the event, or what are succinctly called 'body memories' in the dissociation and trauma fields.

However, it may be a classic conversion symptom: not a body memory, but rather a somatoform compromise formation between a wish and a defense.

Polar Splitting of Self and Object Representations

In opting for *dédoublement*, a multiplicative rather than divisive concept, I do not supplant the classic Freudian or Kleinian polar splitting of self and object. Splitting and dissociation cannot account for each other. Splitting is a primitive style of mental categorization which predates ambivalence. No adult is entirely incapable of either splitting or ambivalence, and no measure of dissociative multiplicity is required for either. Anyone may have a greater propensity to split or to be ambivalent; the former tends to be labelled borderline and the latter normal neurotic. Dissociative multiplicity predates polar splitting, and the child who is able to effectively split needn't engage in *dédoublement*. Similarly, both splitting and ambivalence are 'available' as defensive styles to host and alters.

Id, Ego, Superego, and Other Triads

Freud's most concrete evocation of a variety of multiplicity is his structural theory of Id, Ego and Superego. Of the three, only the Ego is really a subject, however, a role betrayed by its name, Ego, I, the subject of the verb (or of the defense mechanism). The Id is on the border of biology and mentation; and the Superego is the personification of one's conscience. There is merit in considering whether someone's Superego is rather a dissociated self-state or alter personality. This ought to enter routinely into the 'differential diagnosis' of anyone with a Superego which seems to go beyond the 'norm,' such as being too harsh, or arbitrary, or idiosyncratic in one way or another. But the Superego, in general, cannot be reduced to a dissociated self-state. That is because any patient with DID will have alters who themselves are not devoid of consciences, and some who will have relatively well-delineated and personified consciences (i.e., Superegos), just as they may have lively internal object representations. Postulating two levels of Superego: 1. an alter who poses as the host's conscience, and 2. the set of subordinate Superegos variably personifying the individual consciences of host and alters, including of the alter posing as the Superego, generates an infinite regress, and so must be avoided. An apparent Superego may prove to be an alter; but not all consciences are alters; especially as alters commonly have consciences.

Internal Object Relations, Attachment, IWMS, Templates, Schemas

These approaches get beyond the triadic limit. The absence of someone to soothe the child can best be understood in terms of attachment pathology, and lends credence to the claim that dissociative multiplicity is essentially a result of disturbed attachment. The attachment paradigm works primarily from the stance of the external observer. This is what renders it so amenable to empirical test. The internal working model (IWM) of attachment theory has a counterpart in object relations theory: the internal object relation, which is a representation of the relation between a self-representation and an object-representation. What all such schemata have in common is a patterning of self-other relationships.

A case can always be made that one's alters are simply one's internal objects which have somehow become subjects, using such ideas as cathexis by ego energy, or whatever. But all such explanations are a way of hypothesizing subjectivity as a kind of conservable fluid that can flow into this or that internal object to endow it with subjectivity: covert translations of the mistaken 'hydraulics' of Freud's Project.

The internal-object-become-subject poses another conundrum. Alters may function as relatively full psychological subjects. Consequently, their mentation is similarly interpretable in terms of their own repertoires of internal object relations, or IWMs, or templates, or schemata, some of which may overlap or coincide with those of the host or other alters, and some of which may prove to be unique. So we would then need two levels of object relation, a supraordinate one constituting the field of host and alters, and a set of subordinate ones variably characterizing the individual repertoires of the host and alters.

States

Multiplicity is unquestionably a disorder of mental states, as has been conceptualized in that way from the beginning. There are two challenges facing any mental state theory: 1. to account for the difference between self-states that define the alters of somebody with DID, and the various self-states of any given alter; 2. To answer the original Janet-Freud question: to what extent is the appearance of an alter due to a failure to integrate self-states, and to what extent is it a

purposive creative act of defense? Putnam (2016) has gone a long way to explain the complexity of hierarchical nesting of self-states in DID.

Technique

There is no consensus about altering ‘classical’ technique for DID analysands. Relational psychoanalysis is the current major alternative, but also with variable use of the couch, variable use of adjunctive techniques, such as hypnosis and EMDR, variable mixing of paradigms, with approaches borrowed from CBT and ego-state therapy, a tendency toward fewer but longer sessions per week, variable use of techniques from child analysis (especially for child alters), etc.

Psychoanalysis and Multiplicity: Recent Developments

In the first edition of this chapter (O’Neil, 2009) I interpreted the major ongoing obstacle to the smooth re-adoption of multiplicity by psychoanalysis to have been Freud’s personal rejection of hypnoid hysteria and hypnosis at the dawn of psychoanalysis itself. While this rejection manifested a category mistake with suspect motives, psychoanalysis, like any other interpretive discipline (e.g., any psychotherapy) is formulated so as to be able to interpret anything and everything, shielding it from refutation. This goes for the various flavors of psychoanalysis; it also goes for the general construct of dissociative multiplicity, as is clear from the ego-state therapy tradition.

I had wondered whether interest in dissociative multiplicity would achieve critical mass: a sufficient number of IPA analysts who would be prepared to look for it, recognize it, and undertake to treat it. Would the psychoanalytic treatment (with or without so-called parameters) of dissociative multiplicity approach the ‘average expectable’ range of case reports, etc., effectively reincorporating ‘hypnoid hysteria’ back into psychoanalysis?

There have been some notable contributions in the past decade, which do not skirt the issue. As expected, most come from relational psychoanalysis (which includes the Bowlby Centre’s *Attachment* journal). To name just a few examples, Rothschild (2009) has a significant DID case report concerning integration; Baker (2010) presents a DID case describing the emergence of a cohesive sense of self out of eight self-states; Epstein (2011) presents a DID patient with anorexia and a history of ritual abuse, in therapy for five years, with a focus on her achieving the leap “from object use to intersubjective relatedness”; Wolk, Savoy and Frederick (2012) present an fMRI study of switching in a DID case, and discuss how this might also apply to the vertical splitting described by Kohut; Sachs (2013) has a case illustrating the interrelationship of attachment, ongoing abuse, and DID; MacIntosh (2013) compares the trauma model with a relational psychoanalytic model for the understanding and treatment of dissociation, with proposals for their integration; Shahar (2016) focuses on relational body psychotherapy in addressing ‘disembodiment’ and ‘bodily homelessness,’ with the curious absence of any reference to depersonalization.

Declining to correct Freud’s primal category mistake commonly requires imbuing mental objects with subjectivity. An implicit side effect of this contrivance is some sort of infinite regress. Important sources of clarification and correction will continue to be biological, ethological and social scientific, and also broad social developments beyond the sciences. Attachment theory has interdisciplinary roots which link psychoanalysis to biology, animal behavior and neuroscience. Neuroscience itself will continue to accelerate. Social movements, instrumental in changing ideas about women, then homosexuality, and currently transgender and related issues, now also include multiplicity, with websites providing information, online support groups, discussion groups, etc., with the usual admixture of signal and noise.

The key to further psychoanalytic progress in this field is thus the same as in the psychiatric field: the need for dissociation to be become generally recognized as a predictable portion of the average expectable psychopathology one would encounter in any clinic.

Notes

- 1 In psychoanalysis, fantasies are conscious, while phantasies are unconscious.
- 2 See, e.g., Bromberg (1998), Davies (1998), and Howell (2005, 2011).
- 3 Very briefly, the Fallacy of Affirming the Consequent (FAC): $[(H \supset P).P] \supset H$. Hypothesis H implies prediction P, the consequent, and P is affirmed (found to be true), which we mistakenly take to imply the truth of H. The language has eroded over time. Logical positivists invoked ‘verification,’ which connoted implication of truth, and since this never occurs, it was serially downgraded to ‘confirmation,’ then to ‘corroboration,’ and now to ‘support,’ which still means nothing at all, except “not refuted when it might have been.” The FAC is obtained by tampering with one of two tautologies: Modus Ponens (tautology of affirming the antecedent) or Modus Tollens (tautology of denying the consequent).
- 4 From scientism = excessive belief in the power of scientific knowledge and techniques.

- 5 The most straight-forward refutation of this is Swanson, 1977.
- 6 To avoid confusion, I use 'themselves' when the subject 'they' is intended to be nonbinary singular.
- 7 Strictly speaking, the doctrine of 'psychic determinism' is self-refuting. If all mental phenomena are causally determined, then so are all mental products, including all doctrines, such as the doctrine of psychic determinism, at which point no doctrine can maintain any claim to truth but rather reduces to just another bit of behaviour warranting a causal explanation in the psychic determinism governing the one making the claim. Psychoanalytic psychic determinism and behaviourism have this in common.
- 8 The current 'official' figure is 1.5% of the general population, according to DSM-5 (2013), as per Johnson et al. (2006).
- 9 Notable past exceptions are Lawrence Kubie (Silverstein & Silverstein, 1990) and Merton Gill (Hoffman, 1985).
- 10 My shamelessly free interpretation of the essential difference between phenomenology and hermeneutics.
- 11 Merton Gill (1988) succinctly summarize various sides to this conundrum up to 1988.
- 12 French *verbes pronominaux* (pronominal verbs) are a good example of self reflexivity, where the object is the subject, as in *je me lave les mains* = I wash me the hands, rather than I wash my hands.
- 13 www.britannica.com/topic/personality
- 14 See www.apa.org/topics/personality
- 15 E.g. Hippocrates, Galton, Allport, Cattell, Guilford, and the 'Big Five.'
- 16 www.merriam-webster.com/dictionary/personality
- 17 The oral tradition seems to have borrowed 'inscape' directly from the visual arts as intending an 'internal landscape,' rather than from Gerard Manley Hopkins who independently coined the term earlier, but gave it an unrelated meaning.
- 18 These bodies may be considered the body schemata of the respective alters, akin to virtual bodies in virtual reality. I prefer 'phantom' body to relate it to the older concept of phantom limb.
- 19 An excellent published autobiographic example is detailed by Robert Oxnam (2005).
- 20 PEP – Psychoanalytic Electronic Publishing: <https://pep-web.org/>
- 21 International Psychoanalytic Association, headquartered in London.
- 22 Blum's paper, *Dissociation and its disorders*, cites Dell & O'Neil (2009) early on, so its title may be a sardonic nod to *Dissociation and the Dissociative Disorders*.
- 23 This argument borrows from Young (1988).
- 24 Identification with the aggressor is most often associated with Anna Freud (1966), but the concept originates with Sándor Ferenczi (Frankel, 2002).
- 25 Named after a short story by Washington Irving published in 1819.
- 26 W. C. M. Scott (1903–1997), a Klein analysand, former co-editor of the International Journal of Psychoanalysis (1947–62), and one of the founders of the Canadian Psychoanalytic Society (Scott, 2001).
- 27 *Spaltung*, Freud's first sense of the word, the splitting of consciousness, or dissociative multiplicity.
- 28 In agreement with Steele, Van der Hart, & Nijenhuis (2009).
- 29 Bertha Pappenheim, who had hypnoid hysteria, or DID.
- 30 As the negative of Alfred North Whitehead's (1925) oft-cited "fallacy of misplaced concreteness": misinterpreting an abstract belief, opinion or concept as physically or 'concretely' real.
- 31 See Williams (1994) for a study reflecting just this pattern.
- 32 Freud used the letters rather than the words when intending to denote parts of the psychic system.
- 33 Such as is summed up in the medical training adage: "See one, do one, teach one."
- 34 He has been President of the American Society of Clinical Hypnosis, and of the Society for Clinical and Experimental Hypnosis.
- 35 John Goodrich Watkins, 1913–2012.
- 36 A work he coauthored with his late wife, equally celebrated, Helen Watkins (née Helyanthe Maria Wagner), 1921–2002.
- 37 When translating Freud's plain German "besetzung" into English, Strachey (1966) instead picked the Greek term cathexis, meaning "a holding in" or "that which is held fast." The nearest English cognate is "beset," so "that with which one is beset"; the French chose to translate the plain German into plain French, and came up with "investissement," roughly, "investment," meaning the quantity of whatever, in this case psychic energy, with which something is invested.
- 38 This was done by A. A. Brill, against Freud's (1926b) very clear preferences to the contrary. Canada and Latin America, in contrast, followed the international model.

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