**Supplemental Text Box 4**

**Dissociation**

Dissociation is a complex construct that has multiple meanings and relates to a wide variety of mind-body experiences and behaviors that represent lapses in neural processing and in the integration of neural processes that are normally connected. The International Classification of Diseases (ICD-10) defines dissociation as “a partial or complete loss of the normal integration between memories of the past, awareness of identity and immediate sensations, and control of body movements.”1 Although the DSM-IV definition is similar,2 it does not include reference to bodily processes and is therefore not helpful in relation to the problems addressed in this article. In the broader literature, the term *dissociation* is used in many different ways to describe different aspects of human functioning.

Clinicians treating patients with PTSD use the term *dissociation* to describe two different responses to trauma: (1) a reexperienceing/hyperarousal response and (2) a hypoarrousal response.3-7 For example, a nomenclature by Van der Kolk and colleagues7 considers hyperarousal states (flight or fight) as *primary dissociation* and hypoarousal states associated with a subjective state of distance (detachment, derealization, and depersonalization) from present events as *secondary dissociation*. In that same framework, *tertiary dissociation* refers to particular identity states with distinct cognitive, affective, and behavioral patterns, as seen in dissociative identity disorder.

*Peritraumatic dissociation* refers to dissociation that occurs during a trauma.8 The construct includes symptoms of panic, dissociation (detachment, derealization, and depersonalization), and sometimes also the subjective experience of immobility.9,10

*Dissociation* (*detachment subtype*)11 refers to a subjective experience of detachment, also referred to as depersonalization, derealization, or “zoning out,” analogous to that described by subjects with dissociative PTSD. Noyes and Ketti12 found that on exposure to life-threatening situations, 66% of individuals report symptoms of depersonalization, and some researchers use the term *depersonalization*, in preference to *dissociation*, as a generic term to encompass both depersonalization and derealization phenomena.12,13

*Structural dissociation* (also known as complex dissociation or complex structural dissociation) refers to the coexistence and alternation (relative to one another) of psychobiological subsystems within an individual’s personality that lack adequate cohesion and coherence—dissociative parts of the personality.14 These dissociated parts of the personality are also sometimes described as alternate personalities, alters, identities, ego states, dissociative states, disaggregate self-states, dissociative self-states, self-aspects, and part-selves.15

The term *somatoform dissociation* refers to a lack of integration of physical components of experience, reactions, and functions.16 In this type of dissociation, the individual suffers from somatic symptoms—loss of motor function, loss of sensory function, or abnormal motor movements or sensory experiences—over which he or she has no conscious control: in other words, the somatic functions are cut off from conscious experience and control. In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, somatoform dissociation is classified under conversion disorder (“functional neurological symptom disorder”), and in ICD-10, it is classified under both dissociative disorders and somatoform disorders.

Some writers argue for a bipartite model of dissociation: *detachment* and *compartmentalization*.11 Detachment involves an altered state of consciousness that involves a sense of separation (or detachment) from everyday experience—being spaced out, disconnected, unreal, or in a dream—commonly referred to as states of derealization and depersonalization. Compartmentalization involves a deficit in control processes and encompasses dissociative amnesia, fugue, and somatoform dissociation.

An alternate manner of viewing dissociation is to see it along a continuum. Conceptualized in this manner, imaginative involvement, daydreaming, and loss of time while driving fall on the normative end of the spectrum, whereas dissociative phenomena that disrupt cognitive integration and the individual’s level of function fall on the pathological end of the spectrum and are referred to as *psychopathological dissociation*.17

Finally, *dissociation* is used in a broader way to refer to disorders that involve complex disturbances of the self—borderline personality disorder, complex trauma, or developmental trauma—that occur in the context of attachment disruptions, neglect, or maltreatment early in the child’s life.4,17-23

In the body of this article the authors use *dissociation* to refer exclusively to dissociative states associated with a traumatic event—dissociative PTSD and peritraumatic dissociation.5,6,24,25

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