

LETTER TO THE EDITOR:

REPLY TO VAN DER HART/ BROWN ARTICLE

By
Judith Peterson, Ph.D.

Judith Peterson, Ph.D., is a psychologist in Houston, Texas.

The historical narrative "Abreaction Re-evaluated" written by Van der Hart and Brown, (Van der Hart & Brown, 1993) illustrates how time changes everything. When Breuer first described Anna O. to Freud in 1892, he originated the initial foray into diagnosis and treatment of hysteria (Hunt, 1993; Breuer & Freud, 1955/1893-5). Ironically, where we are today in sorting out the baffling symptoms of what Freud and Breuer encountered may still be something best left to 20/20 hindsight. I would like to add to the contemporary narrative alluded to by the Van der Hart and Brown article for those looking back from the future.

In 1987 when many of us were baptized by fire as diagnosticians and therapists new to the world of dissociative disorders, we could easily count the numbers of published articles in the field. A quick glance at the Van der Hart and Brown bibliography points out the disparity between what was available in the field then and what we can put our hands on now. Within a few years, what we were learning through extensive telephone consultations with the current experts in the field finally became available publicly with the advent of *DISSOCIATION*. Still, a mere two years ago at the November ISSMP&D meeting, Richard Kluft mentioned that this specialized journal was not abstracted in computer form through the American Psychological Association's data base. Searches through that data base today reveals articles published in *DISSOCIATION*.

While we know more about the theory of dissociative disorders and memory, we still have few proven methods of effective therapy. One common thread in the later textbooks (Braun, 1986, Kluft, 1985, Putnam, 1989, Ross, 1990) was the concept of abreactive work. The term, abreaction, was defined, but the process referred to by these authors was only described in a limited fashion. After reading that a process called an abreaction was used therapeutically with multiple personality disorder patients, I saw a 1987 video of Sachs and Braun engaged in this very process. The tape showed the many successive steps including moments of "abreactive spikes of affect" to cognitive restructuring and integration. Thus, the term abreaction represented an entire process for which there was not other descriptive word at the time.

What occurred during therapy was the recognition that when patients began to recall their early histories, painful, emotional reactions followed. In order to use that affective knowledge effectively, therapy began to include the process that Braun developed when he identified the BASK model

(Braun, 1988). Memory processing was the therapeutic tool to associate the behavior, the affect, the sensation and the knowledge into an integrated whole. This has always been a lengthy procedure requiring a series of innumerable therapeutic skills and an umbrella term was needed to describe it. Thus, the birth of the "planned abreaction" which Van der Hart and Brown ascribe to the Watkins.

Coinciding with the concepts described by van der Hart and Brown, I had abandoned that term several months ago. The paper I delivered in 1991 which did have the original title "Hypnotic techniques recommended to assist in associating the dissociation: Abreaction" came about because of the theme of that particular conference. This paper focused on abreactive moments. Many steps are necessary in order to move someone from a dissociative state to an integrated one. We will probably discover even more steps as theory and practice evolve. However, the therapy did not consist of Freud and Breuer's definition of abreaction, nor of discharging emotional energy to release repressed ideas, nor narcosynthesis.

I disagree with Van der Hart and Brown on their use of the term metonymy to describe how we defined the process we used. ("The Crown" would be a metonymy to describe England.) That literary term implies a metaphoric designation for what it is associated with and to imply that would misunderstand what I have taught in numerous workshops around the United States and Canada. Therapy is not an emotional and affective catharsis ad nauseam symbolizing patients' traumatic experiences; rather Steele's (1989) staging process outlines the general model I use and that is now being further refined.

Van der Hart and Brown are correct: Therapy (or even association or integration) is not abreaction. However, even Freud suggested in 1896 *The Aetiology of Hysteria*, (1953/1896), that symptoms of hysteria are removed by "bringing about, during the reproduction of the traumatic scene" a psychic restructuring of how the patient responds to the trauma (Masson, 1984). I used the term abreaction to describe the process I have used; although in terms of actual abreactions, these are referred to as affective spikes. But traumatic memory is a whole memory from "a to z," not just a spike.

The redefined term was meant to describe the cognitive restructuring involved in memory processing. Therapy actually concentrates on healing and blending (a far more soothing metaphor) with the ideal goal being integration. The focus is not on abreaction but on the change points or moments in therapy where cognitive insights, reconstruc-

tion or blending and integration occur. I realized, as did Van der Hart and Brown, the term did not fit the process. When the issue was finally too confused, I quit using it. Instead, I have been using "Memory Processing" as the general term to describe this series of therapeutic tasks (but distinguish this process from memory retrieval). However, even as recently as Fall, 1992, I was being asked to give workshops on "abreaction." It takes awhile for accuracy to catch up with current habit. Tradition in language development has always encouraged redirection. When Ben Johnson developed one of the first dictionaries he quoted the roman rhetorician Quintilian, "Custom is the most certain mistress of language."

As professionals we believe in right reason and accurate terms, but like practically all of the second generation of therapists in this field (while still holding hands with the first generation), we are also redefining right reason. Having been handed a vocabulary, we have tried to work with it. Yet many techniques used in therapy are not defined in textbooks. Meanwhile rapid changes occur, textbooks never catch up. Someone somewhere is still using applications that someone somewhere else has totally abandoned as relics from a distant age. Just as I have found there is not simplistic multiple personality disorder I have found that our clinical applications are beyond what currently is published. We work beyond published theory and conceptualization. We are trying to express the art of psychotherapy without a full range of hues on our palette. There are probably other fields where this is true: artificial intelligence, virtual reality, robotics. Professional jargon, particularly in this new field, will evolve and their interpretations will, if they follow most patterns, sometimes vary from original meaning. ■

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