

ABREACTION
RE-EVALUATED:
AUTHOR'S REPLY TO
PETERSON

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Dr. Peterson provides valuable observations and comments on the treatment of traumatic memories in MPD. She also draws attention to the incorrect use of the concept of abreaction to denote this multi-stage process. We are pleased that she shares our concerns about the term, and that she independently chooses to abandon its use. We also value highly the pioneering North American treatment approaches which have been developed for MPD.

In a subsequent paper (Van der Hart, Steele, Boon & Brown, in press), we demonstrate how our own clinical practice is significantly based on notions derived from North American publications and workshops, including those offered by Dr. Peterson. In this paper we attempt to show that the treatment of traumatic memories consists of a series of more or less discrete states, which we denote as: (1) The preparation stage, in which the treatment of a traumatic memory is carefully planned; (2) The core synthesis stage, during which alters share their respective experience of the trauma with each other; and (3) realization/integration stage, in which the event is assimilated or integrated into the patient's personality.

Peterson stated that in the MPD clinicians' vernacular, the term "abreaction" denotes an entire process for which, at the time (1980's), there was no other descriptive term. We argued that other more appropriate concepts were already available. We recognize and accept that the pioneering generation in the field of MPD had other more immediate and practical concerns, such as developing effective treatment approaches, than searching the literature for the best available terms. Peterson's alternative to "abreaction" is "memory processing," and this describes the series of therapeutic steps which we subsume under the rubric of synthesis (i.e., relinquishing the dissociative nature of traumatic memories, followed by realization and integration). Although "memory processing" is well related to what actually occurs in practice, we feel that it is still too diffuse a term to specifically denote the kind of transformation, which occurs, which we prefer to call "synthesis."

On a minor point, we refer to Peterson's disagreement with our use of the term "metonymy" to describe the way in which the concept of abreaction is used for the treatment

of traumatic memories. We feel we are correct in using this term. Metonymy is defined in *Webster's Dictionary* (1976) as a "figure of speech consisting of the use of the name of one thing for that of another of which it is an attribute or with which it is associated (as in lands belonging to the crown)." The basis of metonymy is the principle of contiguity, not the principle of similarity, which is rather the characteristic of metaphor. We believe that Peterson would agree with us, however, if we state that the term "abreaction" constitutes the wrong pars-pro-toto to denote the treatment of traumatic memories.

Following Seltzer and Seltzer's (1983) conceptualization, psychotherapy exists on both a material and an ideational plane. These planes stand in a dialectical relationship with each other. Furthermore, there is an ideational dimension both to clinical and professional communication. It is to the latter that our comments on changes in terminology are addressed. Just as *DSM-IV* will substitute "Dissociative Identity Disorder" for "Multiple Personality Disorder," we suggest the time is right to give up the term "abreaction" and substitute "synthesis." ■

REFERENCES

- Seltzer, W., & Seltzer, M. (1983). Material, myth and magic: A cultural approach to family therapy. *Family Process*, 22, 3-14.
- Van der Hart, O., Steele K., Boon, S., & Brown, P. (in press). The treatment of traumatic memories. Synthesis, realization and integration. *DISSOCIATION*, VI(1), (2-3), 1993.