Maladaptive Daydreaming and Dissociation: Both a Continuum and a Taxon

Colin A Ross, MD
Frontiers in the Psychotherapy of Trauma & Dissociation
The Official Clinical Journal of the ISSTD

EDITOR
ANDREAS LADDIS, MD, Private Practice and Faculty, Boston University, School of Public Health, Boston, Massachusetts, USA

ASSOCIATE EDITOR
MARTIN J DORAHY, PhD, Professor, Department of Psychology, University of Canterbury, Christchurch, New Zealand and The Cannan Institute, Brisbane, Australia

Frontiers in the Psychotherapy of Trauma & Dissociation is published by the International Society for the Study of Trauma and Dissociation, Inc., 1420 New York Ave NW, Fifth Floor, Washington, DC 20005.

Annual Subscription, Volume 3, 2019
Online subscription is part of the membership dues of the International Society for the Study of Trauma and Dissociation. Visit http://www.isst-d.org/default.asp?contentID=44.


Copyright ©2019 International Society for the Study of Trauma and Dissociation. All rights reserved. No part of this publication may be reproduced, stored, transmitted, or disseminated in any for or by any means without prior written permission from the International Society for the Study of Trauma and Dissociation. The publisher assumes no responsibility for any statements of fact or opinion expressed in the published papers. The appearance of advertising in this journal does not constitute an endorsement or approval by the publisher, the editor, the editorial board, or the board of directors of the International Society for the Study of Trauma and Dissociation of the quality or value of the product advertised or of the claims made of it by its manufacturer.

Subscriptions to this journal are acquired through membership in the International Society for the Study of Trauma and Dissociation only. Visit http://www.isst-d.org/default.asp?contentID=45.

Permissions. For further information, please write to info@isst-d.org.

EDITORIAL BOARD
ELIZABETH S BOWMAN, MD, Editor Emerita, Journal of Trauma & Dissociation, Adjunct Professor of Neurology, Indiana University School of Medicine, Indianapolis, Indiana, USA
LAURA S. BROWN, PhD, Private Practice, Seattle, Washington, USA
RICHARD A CHEFETZ, MD, Private Practice, Faculty and Founding Member Institute of Contemporary Psychotherapy & Psychoanalysis, Distinguished Visiting Lecturer: William Alanson White Institute of Psychiatry, Psychoanalysis & Psychology, New York City, USA
CONSTANCE J DALENBERG, PhD, Trauma Research Institute, California School of Professional Psychology, San Diego, California, USA
J.K. JUDITH DANIELS, PhD, Faculty of Behavioural and Social Sciences, University of Groningen, The Netherlands
STEVEN N GOLD, PhD, Professor, Center for Psychological Studies, and Founding Director, Trauma Resolution & Integration Program, Nova Southeastern University, Fort Lauderdale, Florida, USA
ELIZABETH B HEGEMAN, PhD, Professor, Department of Anthropology, John Jay College of Criminal Justice, New York, New York, USA
RICHARD P. KLUFT, MD, PhD Private Practice and Clinical Professor of Psychiatry, Temple University School of Medicine; Faculty Member, Philadelphia Center for Psychoanalysis, Philadelphia, Pennsylvania, USA

CHRISTA KRÜGER, MD, Professor of Psychiatry, University of Pretoria, Pretoria, Gauteng, South Africa

KARLEN LYONS-RUTH, PhD, Professor of Psychology, Harvard Medical School, Cambridge, Massachusetts, USA

ALFONSO MARTÍNEZ-TABOAS, PhD, Professor, Albizu University, San Juan, Puerto Rico

WARWICK MIDDLETON, MD, Adjunct Professor, Cannan Institute, Brisbane, Australia ELLERT R. NœENHUIS, PhD, Department of Psychiatry and Outpatient Department Mental Health Care Drenthe, Assen, The Netherlands

SANDRA PAULSEN, PhD, Bainbridge Institute for Integrative Psychology, Bainbridge Island, Washington, USA

VEDAT SAR, MD, Professor of Psychiatry, Koç University School of Medicine (KUSOM), Istanbul, Turkey

JOYANNA SILBERG, PhD, Trauma Disorders Program, Sheppard Pratt Health Systems, Baltimore, Maryland, USA

ELI SOMER, PhD, Professor, School of Social Work, University of Haifa, Israel

KATHY STEELE, MN, CS, Private Practice, Atlanta, Georgia, USA

ONNO VAN DER HART, PhD Emeritus Professor of Psychopathology of Chronic Traumatization, Department of Clinical and Health Psychology, Utrecht University, Utrecht, The Netherlands

VICTOR WELZANT, PsyD, Sheppard Pratt Health Systems, Trauma Disorders Program

REVIEWERS

JOHN BRIERE, PhD, Associate Professor of Psychiatry and Psychology, University of Southern California Keck School of Medicine, Los Angeles, California, USA

SHELDON IZKOWITZ, PhD, Clinical Associate Professor of Psychology and Clinical Consultant, Postdoctoral Program, New York University, New York City, USA and Teaching Faculty & Supervisor of Psychotherapy and Psychoanalysis, National Institute for Psychotherapies, New York City, USA

MARY-ANNE KATE, PhD Researcher at University of New England, Australia; University of New England, New South Wales, Australia

ULRICH F. LANIUS, PhD, Private Practice, West Vancouver, British Columbia, Canada

SUPPORTERS

ISSTD thanks its generous supporters whose contributions have made this publication possible:

Andreas Laddis, MD, USA
REJOINDER

Maladaptive Daydreaming and Dissociation: Both a Continuum and a Taxon

COLIN A. ROSS, MD

Dr. Somer’s commentary provides a model of professional commentary on my article about the potential relationship between maladaptive daydreaming (MD) and Dissociative Identity Disorder (DID). At this stage in the study of MD, no one has all the answers, and multiple perspectives can contribute to our thought and research on the disorder. I did not find anything to disagree with in Dr. Somer’s commentary, but I have a couple of thoughts.

In terms of the subscales of the Dissociative Experiences Scale (DES), it is widely stated that absorption is normal, in contrast to the pathological subscales. This is true and not true. It is certainly true that staring off into space and missing part of a conversation is normal if it happens for a few seconds or even half a minute. What if it lasts two hours? Or two weeks? Then we call it catatonia. People with DID commonly score much higher on the absorption scale of the DES than people in other diagnostic categories. That is, they have normal absorption experiences to a pathological degree. This is exactly the same as a few drinks now and then being normal, but a bottle of whiskey a day not being normal.

My second comment is about Dr. Somer’s discussion of Janetian dissociation versus a diversification model of dissociation. This is an interesting way to think about the current embodiment of Janet in the form of structural dissociation of the personality. There are two apparently opposing models of dissociation in the field: a discrete pathological structural dissociation model, and what I think it makes sense to call a diversification model. Rather than either-or, I think that both models are useful and apply, and both are models of dissociation. This is much like the wave-particle duality
in physics. It is also like all of psychopathology, really: there is a continuum of more and more alcohol consumption, but the end-stage alcoholic is clearly in a discrete taxon compared to someone who never drinks. Both the person who has an occasional glass of wine and the end-stage alcoholic are consumers of alcohol, drinkers, but one has normal drinking and the other has pathological drinking. Similarly, I would say, there is both a continuum of dissociation and a discrete taxon of pathological dissociation.

I think that a diversification model, combined with thought about imaginary companions, makes a lot of sense as a way to think further about the relationships between DID and MD. MD has elements of normal absorption but also occurs in a discrete pathological taxon.