

# WHAT IS DISSOCIATION?



by Carolyn Spring

## DISSOCIATION – STATE OR STRUCTURE?

There are lots of ways to describe dissociation and one of the reasons for the confusion surrounding dissociative disorders is that it can refer both to an experience – when we feel that we are drifting off into a fog, or we switch to another part of our personality – or to the fundamental state and structure of our mind. So to say that we dissociate can refer to something that we do or something that we are. Here are a number of ways in which dissociation has been described, and some quotes from professionals working in the field:

## DISSOCIATION IS:

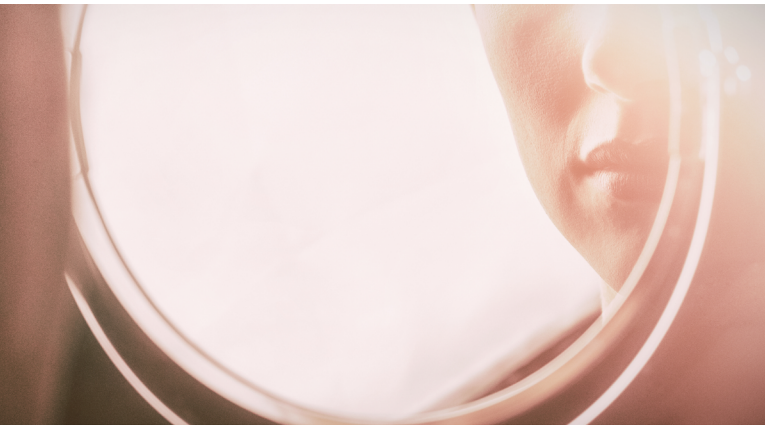
- a fairly common and normal response to trauma
- a creative survival mechanism
- a way of mentally blocking out unbearable thoughts or feelings
- a defence against pain
- an instinctive, biologically-driven reaction
- a splitting-off of mental functions which normally operate together or in tandem
- a normal process which starts out as a defence mechanism to handle trauma, but which over time becomes problematic



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- a way of distancing or disconnecting ourselves from the awfulness of trauma
- a failure to integrate or join up information about the environment and our self
- an alteration in consciousness which often feels like being detached or disconnected from the environment or our self
- an automatic and reflexive response based around survival from extreme threat
- a way to cope with irreconcilable conflicts in our mind (such as being abused by someone we love)
- a way of having conflicting emotions by keeping them separate in different parts of our mind
- a way of escaping psychologically when we cannot escape physically
- an automatic response when we are faced with overwhelming emotional or physical pain

- a coping mechanism for surviving overwhelming trauma
- 'a disruption in the usually integrated functions of consciousness, memory, identity, or perception' (APA, 2000, p.519).
- 'a lifesaving response to overwhelming life experiences' (Haddock, 2001, p.21)
- 'a partial or complete disruption of the normal integration of a person's psychological functioning' (Dell & O'Neil, 2009, p.xxi)
- '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' (ICD-10, WHO, 2010)
- 'a compartmentalisation of experience: Elements of a trauma are not integrated into a unitary whole or an integrated sense of self' (Van der Kolk et al, as cited in Dell & O'Neil, 2009, p.108)
- 'a protective activation of altered states of consciousness in reaction to overwhelming psychological trauma' (Loewenstein, 1996, p.312)
- 'an unconscious defence mechanism in which a group of mental activities split off from the main stream of consciousness and function as a separate unit' (O'Regan, as cited in Haddock, 2001, p.11)



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- 'its purpose is to take memory or emotion that is directly associated with a trauma and to encapsulate, or separate it, from the conscious self' (Haddock, 2001, p.11)
- 'mental flight when physical flight is not possible' (Kluft, as cited in Sanderson, 2006, p.187)
- 'a major failure of integration that interferes with and changes our sense of self and our personality.' (Boon et al, 2011, p.8)

## DISSOCIATION AS A RESPONSE TO TRAUMA

Dissociation is an entirely normal response to overwhelming trauma. It is a way of us surviving something that otherwise would be unbearably painful, by narrowing down our consciousness, and failing to 'join up' the different strands of an experience, such as our actions, our memories, our feelings, our thoughts, our sensations and our perceptions. So we may have only an emotional memory (eg terror, disgust, shame) of what happened in a traumatic event, but no 'visual' record ('seeing it' in our mind's eye). Or we may have a vivid mental picture of what happened, but it is disconnected from our feelings, so it is as if it didn't affect us: we feel numb or nothing. The traumatic experience is 'unintegrated' and it takes on a life or identity of its own, separate

from our main stream of consciousness. For the rest of our lives, we may have difficulty making a connection between what happened to us and how we felt about it at the time, or its impact on us in terms of how we feel or behave now. We may even struggle to connect with the fact that it happened to us at all.

## DOES EVERYONE DISSOCIATE?

Some researchers believe that everybody experiences dissociation to a degree, and that dissociation exists on a continuum, ranging from mild to severe.

At the mild end of the spectrum the mind 'dissociates' unimportant information so that we can concentrate on the task in hand. This is a narrowing of attention to focus only on what is essential. Getting lost in a book is a choice to 'dissociate' away from external distractions. Similarly, 'highway hypnosis' is the name often given to the kind of lost-in-thought state that people can fall into when driving a familiar route. Consumed with their thoughts, they are driving perfectly safely and are ready to respond immediately in an emergency, but while 'on autopilot' their attention is focused inwardly on what they are thinking about rather than on the scenery. As a result they may miss their turning or arrive at their destination thinking, 'How did I get here so soon?'



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In both of these examples, this is not a response to threat: in fact, it is the direct opposite, as it only occurs when the threat-level is low and there is a relative sense of 'safety' in the environment. For that reason some researchers do not think that this is the same kind of dissociation as is caused by trauma and which can lead to dissociative disorders. But many people do see it as existing on the same continuum as more problematic forms of dissociation and say that it is therefore a very normal, natural part of the way that our brain is designed to operate.

This kind of 'alteration of consciousness', where attention is directed on a specific task and away from other stimuli, can also be practised deliberately, for example in prayer or meditation.

## PROBLEMATIC DISSOCIATION

Chronic, problematic, 'pathological' dissociation develops when there is repeated threat or trauma, especially when it starts at a young age, and when there is inadequate support or soothing from an attachment figure (usually a parent or primary caregiver).

This kind of trauma-based dissociation is an automatic, biologically-driven mechanism that is usually an involuntary response and which

acts as 'mental flight when physical flight is not possible' (Kluft, 1992). Probably the greatest risk factor for developing a dissociative disorder in adulthood actually comes not from the degree of severity of the trauma, but from having a 'disorganised attachment' pattern. This comes from being cared for in infancy by a caregiver who is persistently 'frightened' or 'frightening' (Main & Hesse, 1996).

## FACTORS WHICH MAKE CHRONIC DISSOCIATION MORE LIKELY

Childhood trauma does not automatically lead to a dissociative disorder. The greatest resilience factor is a secure attachment pattern.

According to Christiane Sanderson, factors that increase the risk of developing a dissociative disorder include:

- The severity of the abuse
- The degree of coercion and pain
- The younger the child at the onset of abuse
- The longer the abuse goes on for
- Abuse by an attachment figure – betrayal trauma ('The need to reconcile the impossible: that the parent is both frightening and nurturing, both monster and rescuer.' (p.184))



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- The presence of alternative realities (for example, nightly abuse versus daily normality)
- Social isolation during the abuse (no attachment figure with whom to process the experience, so it remains dissociated)
- Society's taboo on speaking about the abuse ( 'The child almost needs to push the experience outside of his consciousness in order to ensure that the CSA is not verbalised to others.')

- Reality-distorting statements from the abuser (such as 'That didn't happen; you were dreaming.')
- The perception of the abuse as trauma (eliciting fear, horror, pain)
- (Sanderson, 2006, p.185)

## HOW DO DISSOCIATIVE DISORDERS DEVELOP?

Dissociative disorders develop as a result of dissociation being used as a survival strategy repeatedly during childhood. It is as if a 'groove' or 'track' in the mind is formed – in other words, certain neural networks are strengthened, and the mind develops with a propensity for dissociation as a coping mechanism for all kinds of stress, not just traumatic stress. Using dissociation repeatedly means that a child is unlikely to develop alternative coping strategies. This therefore affects their emotional and personality development.

The nature of dissociative identity disorder is that the trauma is hidden from view, 'dissociated' behind usually quite strong amnesic barriers in the mind. For this reason people can be well into middle or even late adulthood before these protective barriers disintegrate and clear evidence of a dissociative disorder is manifest. ●

