



DISSOCIATION

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History

The concept of dissociation, proposed by Janet in 1889, described a disruption in the normally integrated functions of memory, identity, perception and/or consciousness, as he observed it in hysterical patients (Perry & Laurence, 1984).

Definition

Dissociation describes an array of phenomena as disparate as: daydreaming, amnesia, hypnotic responses, feeling that elements of the environment are unreal (derealization), and not feeling like oneself (depersonalization). Dissociation is also used to refer to the process by which behaviors, thoughts, and feelings can become split off from one another. This dual use of the word dissociation — descriptive and explanatory — renders the concept ambiguous and problematic.

Phenomenology

Dissociative experiences are often reported in situations such as excitement, fatigue, anxiety, sleep, sensory deprivation, acute stress, alcohol or drug intoxication, rituals and during hypnosis. Dissociative experiences have been observed in men and women of all ages and across various cultures. Although considered functional in nature (i.e. having no organic cause), dissociation is also known to occur in a number of neurological conditions, such as temporal lobe epilepsy, etc.

During and immediately after trauma exposure many individuals will experience a variety of transient dissociative symptoms (see Peritraumatic Dissociation). Several symptoms of Acute Stress Disorder and of Posttraumatic Stress Disorder (PTSD) can be viewed as dissociative, particularly those of numbing, feelings of detachment, as well as cognitive avoidance of trauma-related material.

Dissociative-like symptoms can also occur in panic disorder (e.g., derealization, and depersonalization), in psychotic disorders (e.g., hallucinations, feelings of estrangement from the self, lack of a sense of agency), in somatoform disorders (e.g., functional parasthesias), in sleep disorders (e.g., somnambulism), in certain personality disorders (e.g., self-mutilation), as well as in eating disorders (e.g., bingeing episodes).

Dissociation is the hallmark of a subset of DSM-IV (APA, 1994) Dissociative Disorders. Those include Dissociative Amnesia, Dissociative Fugue, and Dissociative Identity Disorder.

Epidemiology

Because of the crossover between pathological and non-pathological dissociative experiences and their concurrence with neurological and psychiatric disorders, the prevalence of such experiences in the general population has been difficult to evaluate (Kihlstrom, in press).

Theoretical models and Controversies

Dissociation has traditionally been conceptualized as lying on a continuum, ranging from normal to pathological. This view has been recently challenged. Analyses of questionnaires indexing dissociation have shown that certain types of dissociative experiences form a qualitatively different collection of symptoms unrelated to other everyday dissociative-like experiences (Waller, et al., 1996).

According to Foa and Hearst-Ideka (1996), dissociative symptoms are attempts at mental escape from the overwhelming consequences of the trauma and, subsequently, of the memory of the trauma. This attempt at affective self-regulation through dissociation is deemed maladaptive because it can impede psychological processing and recovery from the trauma.

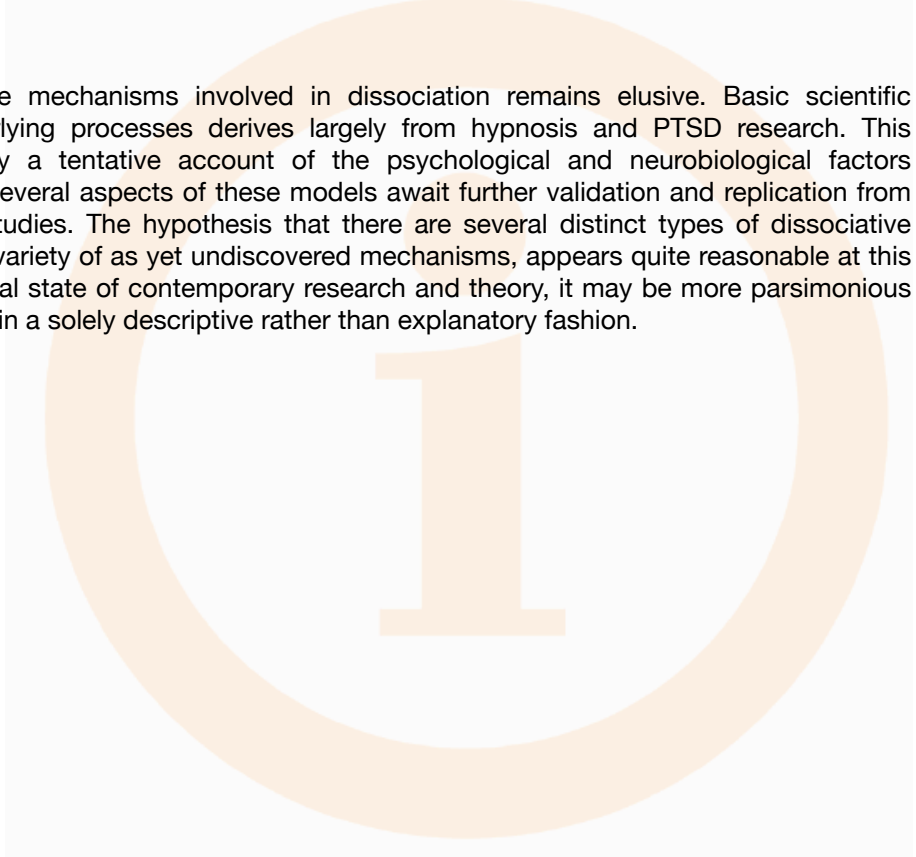
Substances such as sodium-lactate, yohimbine, and metachlorophenyl-piperazine have been shown to elicit dissociative symptoms in patients with PTSD or panic disorder, but not in normal controls (Krystal et al., 1998). Such findings suggest a role for the locus coeruleus/noradrenergic system, which is implicated in fear and arousal regulation and influence a number of cortical structures, such as the prefrontal, sensory and parietal cortex, the hippocampus, the hypothalamus, the amygdala and the spinal cord.

Clinical Implications

The concept of dissociation is at the core of many psychotherapeutic treatments whose aim is to bring back dissociated components of the psyche into the mainstream of consciousness.

Conclusion

A complete account of the mechanisms involved in dissociation remains elusive. Basic scientific knowledge about its underlying processes derives largely from hypnosis and PTSD research. This research has provided only a tentative account of the psychological and neurobiological factors implicated in dissociation. Several aspects of these models await further validation and replication from animal as well as human studies. The hypothesis that there are several distinct types of dissociative experiences mediated by a variety of as yet undiscovered mechanisms, appears quite reasonable at this stage. Given the controversial state of contemporary research and theory, it may be more parsimonious to use the term dissociation in a solely descriptive rather than explanatory fashion.



References and further readings on Dissociation

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