Agenda: Dissociation

• Announcements

• Lecture (part 1): Definitions, examples, peri-traumatic dissociation

• Film: Excerpt from Band of Brothers

• Lecture (part 2): Measurement, dissociation & trauma
Announcements

• DRC forms – please turn them in
• Research paper
  – turn in research question in lecture on 4/19 (next Tues)
  – final paper due Th 5/19
Definition of Dissociation

• Association = Link or connection
• Dissociation: lack of link or connection
• "Structured separation of mental processes (e.g., thoughts, emotions, conation, memory, identity) that are ordinarily integrated" (Spiegel & Cardena, 1991)
DSM Definition

• "Disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment"

• Dissociation is part of several diagnoses
  – BPD
  – DID
  – PTSD
  – Acute Stress Disorder (ASD)
Examples: Behavior

• Behavior that seems outside of voluntary control
  – tics or involuntary movements

• Behavior that seems removed from normal perception or emotion
  – cutting, self-mutilation
  – perhaps some perpetration
Examples: Memories

• Cannot be called up at will
  – amnesia
• May spontaneously and intrusively become available
  – flashbacks
• Flashbacks seem qualitatively different than "normal" memories
Automaticity vs. Dissociation

• Automaticity
  – e.g., "highway hypnosis"; a route is so familiar you are not consciously attending to it
  – attention and behavior are separate
  – but, you could choose to integrate the two
Why Dissociate?

• Make behavior automatic
  – frees attention for other tasks

• Separate (compartmentalize) affect (emotion) and cognition (information)
  – useful if we need information but emotion gets in our way
  – e.g., war (need to be aware of danger, but terror will get in our way)
    • but dissociation can also be unhelpful in war
Why Dissociate?

• Alteration of identity, estrangement from self
  – ability to get away from trauma experience
  – it's not you who is being abused
    • Maire from Dialogues with Madwomen
  – it's not you who is aggressing
Peri-Traumatic Dissociation

- So, peri-traumatic dissociation (dissociation during the trauma) can be adaptive
- But, often continues as an "idée fixe" (fixed idea; Janet)
  - rigid
  - inaccessible to everyday consciousness
  - often maladaptive
Peri-Traumatic Dissociation

• Phenomenology
  – Altered sense of time (slow down or speed up)
  – Depersonalization
    • sense of detachment from one's physical or psychological being
      – e.g., feeling like someone else is being victimized
    • feeling of being unreal or absent
    • feeling like an outside observer of yourself
      – (e.g., out of body experience)
More Phenomenology

• Derealization
  – sense of detachment from social and physical environment
  – the external world seems strange, unreal, dreamlike, foggy, visually distorted
  – people and places seem unfamiliar or surreal
• Profound feelings of unreality
• Confusion and disorientation
More Phenomenology

• Altered body image or feelings of disconnection from body
  • e.g., looking at your injury and feeling like it doesn't belong to you
• Tunnel vision
• Altered pain perception
Band of Brothers

- Episode 6: Bastogne (Battle of the Bulge); Chapters 5 and 6 [DVD1444]
- Warning: Realistic scenes of combat
  - serious injuries, pain, death
- Featured character: Eugene the medic
- Look for signs of peritraumatic dissociation
Measurement

- Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986)
  - most widely used
  - includes range of items from
    - common experiences (e.g., zoning out when listening to someone)
    - more severe symptoms (e.g., can’t remember writing or drawing something)
Measurement: PDEQ

• Peritraumatic Dissociative Experiences Scale (PDEQ)
  – designed to measure dissociation at the time of the trauma
  – brief scale (9 items)
PDEQ

• At the time of the trauma
  – did you lose track or blank out?
  – did you act on automatic pilot?
  – did time slow down or speed up?
  – did events seem unreal, as in a dream or a play?
  – did you feel like you were floating above the scene?
PDEQ

• At the time of the trauma
  – did you disconnect from your body?
  – did you experience confusion?
  – did you not notice things you would normally notice?
  – did you not feel pain?
Dissociation & Trauma

• Positive correlation between the two long observed by clinicians (e.g., Janet)

• Combat vets and child abuse survivors score higher on DES
  – both in-patient and community samples
  – more likely for
    • sexual abuse (rather than physical)
    • early abuse
    • severe abuse
    • abuse by family members
Dissociation & Other Outcomes

• Peri-traumatic dissociation usually predicts later PTSD
• Dissociation usually predicts later psych distress
• DES and PTSD often correlate (post-trauma)
Conscious Strategy?

• Dissociation seems to usually not be consciously chosen strategy

• But occasionally it is
  – Woman woman tried to induce anesthesia in her hands in response to sexual abuse by stepfather (Gelinas, 1983)
  – "Prisoners frequently instruct one another in the induction of these [dissociative] states through chanting, prayer, and simple hypnotic techniques" (Herman, pp. 87-88)
Dissociation as a Mediator

• Dissociation may mediate many of the responses to trauma
  – memory problems
  – revictimization
  – depression
Self-Care Exercises

• Self-care practices to help deal with stress
• Simple, easy to learn, easy to practice
• We’ll do a few of these in class
Stress and Breathing

• Acute stress
  – triggers fight/flight response
  – sympathetic nervous system activated; parasympathetic deactivated
  – breathing becomes shallow and rapid
• Threat/stress → shallow breathing
• When threat is over, breathing automatically slows and deepens
  – parasympathetic nervous system reactivated
Self-care: Breathing

• Can use this consciously
• Simplest form of stress management
• Take deep, slow breaths
• Immediate effect
  – relaxation, shift from sympathetic to parasympathetic
• Longer-term impact
  – increased peace, calmness, optimism, less of a “hair trigger” for stress response
Deep breathing practice

• Breathing into the belly rather than higher up in the chest
Tips

• Taking a few deep breaths only takes 10-15 seconds, so it’s easy to practice this skill several times a day
• If you like, you can sometimes practice for 5-10 minutes
• Can practice when under stress or when already fairly relaxed
Use this breathing skill:

• When you feel angry
• When you need help falling asleep
• When you feel stressed, tense, or anxious
• When you notice that your breathing is tight or shallow
For this class, use the skill:

• During or after films that are shown in class
• As a break to your reading or studying
• If you find yourself thinking about a traumatic story or image from class
• Before you leave the classroom or on your way home
• Before or during the midterm or final exam