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Therapeutic dissociation: Compartmentalization and absorption

Brad Earl Bowins*

Private Clinic, 2200 Yonge Street, Toronto, ON M4S 2C6, Canada

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Milder forms of dissociation often provide a defensive function diminishing the impact of disturbing emotional states. It is proposed that compartmentalization and absorption can be applied as psychotherapy strategies. Therapeutic compartmentalization and therapeutic absorption are easy to learn and master, and can be used to treat anxiety, depression, and other adverse emotional states. Therapeutic dissociation strategies fit in well with the real-life eclectic mix of techniques used by most psychotherapists, and can serve as an adjunct to other forms of therapy.

Keywords: dissociation; compartmentalization; absorption; meditation; psychotherapy

Introduction

Dissociation is a complex and multifaceted psychological construct. Controversy exists regarding many aspects including: what it actually is; how it should be defined; whether it refers to events, underlying mechanisms, or processes; entities included within its domain; whether it represents completely distinct processes; and what the factor analytic structure consists of (Brown, 2006; Dorahy & van der Hart, 2007; Fischer & Elnitsky, 1990; Holmes et al., 2005; Nijenhuis, Spinhoven, van Dyck, van der Hart, & Vanderlinden, 1996; Putman, 1985; Sadler, 2010; Steel, Dorahy, van der Hart, & Nijenhuis, 2009; Vaillant, 1977; van der Hart & Dorahy, 2009; Waller, Putman, & Carlson, 1996). Despite these controversies there is firm evidence that it constitutes a spectrum ranging from mild and commonplace to intense and less common (Fischer & Elnitsky, 1990; Ross, Joshi, & Currie, 1990, 1991). There might be more than one dimension (Brown, 2006; Holmes et al., 2005) or only a single one (Ross et al., 1990, 1991), but dissociative phenomena seem to occur on a dimension.

Milder versions of dissociation, such as emotional numbing and absorption with or without imaginative involvement, can perform a psychological defensive function (Bowins, 2004, 2006; Vaillant, 1977, 1994; J.G Watkins & H.H. Watkins, 1997). More intense versions can also be adaptive under extreme circumstances, such as amnesia for a severely traumatic event (Bowins, 2004, 2006; Vaillant, 1977, 1994; J.G Watkins & H.H Watkins, 1997). The purpose of this paper is to demonstrate how milder versions, namely absorption with or without imaginative involvement and compartmentalization, can be taught as psychotherapeutic strategies to relieve anxiety, depression, and other forms of emotional pain. To encompass the wide

*Email: brad.bowins@bellnet.ca

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range of dissociative phenomena, dissociation will be defined here in a process context as any separation of psychological processes, functions, or states.

The nature of dissociation

The concept of psychological dissociation has a long history starting with Janet. Janet viewed dissociation as the division of mental processes resulting from the failure of integrative processes (van der Hart & Friedman, 1989). Freud (1894/1964, 1895/1964) described how dissociation can dislocate affect from ideas. Aligning with Janet's view, some later researchers conceptualize dissociation as simply a breakdown or disruption in the usually integrated functions of consciousness (Marmar et al., 1994; Putman, 1985; Trijsburg, Spijker, van, Hesselink, & Duivenvoorden, 2000). This disruption is typically seen as arising from traumatic experiences (Marmar et al., 1994). Focusing more on the constructive aspects of dissociation, J.G. Watkins & H.H. Watkins (1997) see it as a natural organizing principle of the psyche giving humans the ability to adapt, think, act, and respond.

Another perspective consistent with an adaptive function is that it affords a defensive capacity in response to stress (Bowins, 2004, 2006; Valiant, 1977, 1994). Dissociation provides the ability to adaptively detach from disturbing emotional states (Bowins, 2004, 2006). Vaillant (1977) suggests that dissociation permits the ego to so alter the internal state that the pain of conflict seems irrelevant. Clinicians from different disciplines commonly see dissociation as only a clinical manifestation not applicable to the normal population. This perspective is understandable given that the examples noted clinically typically involve severely dysfunctional behavior. However, it perpetuates the notion that dissociative phenomena only consist of extreme events, and blocks an appreciation of how dissociative states actually occur on a continuum. This perspective also negates any possibility that dissociation can serve a positive function.

Dissociative experiences seem to occur on a continuum from common manifestations expressed by everyone to pathological fragmentation of personality (Allen & Lolafaye, 1995; Bowins, 2004, 2006; Brown, 2006; Fischer & Elnitsky, 1990; Holmes et al., 2005; Ross et al., 1990, 1991). They occur in several forms including emotional numbing, absorption and imaginative involvement, depersonalization and derealization, amnesia, and identity fragmentation (Allen & Lolafaye, 1995; Brown, 2006; Bernstein & Putman, 1986; Holmes et al., 2005; Ross et al., 1990, 1991; Waller et al., 1996). These forms represent progressively intense degrees of dissociation although there is overlap of the spectrum, such that for example intense depersonalization or derealization will impact on functioning more than milder forms of amnesia. Mild to moderate dissociative experiences are actually very common in a normal population (Roche & McConkey, 1990; Ross et al., 1990, 1991). An appreciation of the continuous nature of dissociative experiences and the commonality of less severe variants might make those who see dissociation as only a clinical matter more open to its normal manifestations.

Relevant to the continuous nature of dissociative experiences it has been suggested that they might occur on two separate dimensions reflecting a division of dissociation into detachment and compartmentalization subtypes (Brown, 2006; Holmes et al., 2005). Detachment as a separation from everyday aspects of experience is said to include emotional numbing, depersonalization/derealization, and somatization

disorder (Brown, 2006; Holmes et al., 2005). Compartmentalization is viewed as a deficit in the control of processes or actions that are normally under control, and include absorptive states, hypnotic phenomena, amnesia, and dissociative identity disorder (Brown, 2006; Holmes et al., 2005). However, these dimensions might not hold up well to close scrutiny, as overlap does seem to occur. For example, is not absorption a detachment from everyday experiences much like emotional numbing? Dissociative states have also been separated into negative involving a loss like amnesia, and positive consisting of added activity as with absorption (Njenhuis et al., 1996). The debate regarding these issues is beyond the scope of this paper and does not detract from the central thesis that milder forms of dissociation, regardless of whether they occur on one or two spectrums, can be applied as psychotherapeutic strategies.

Absorption with or without imaginative involvement is an extremely common form of dissociation amongst the general population (Roche & McConkey, 1990; Ross et al., 1990, 1991). It consists of disconnecting from one's current circumstances, both external and psychological, and becoming immersed in another focus (Ross et al., 1990, 1991; Waller et al., 1996). When a person is experiencing emotional or even physical pain, absorption has the potential to be adaptive in terms of protecting psychological functioning (Bowins, 2004, 2006; Hymer, 1984). Hymer (1984) describes how absorption in music, nature, and other positive foci can be applied in psychoanalysis to relieve emotional distress. Supporting its therapeutic value is the finding that absorption is not indicative of pathological dissociation (Nijenhuis et al., 1996). Furthermore, the Dissociative Experiences Scale (DES) short form version for pathological dissociation (DES-T) does not include any absorption items (Nijenhuis et al., 1996).

Consistent with the debate characterizing the field of dissociation (Dorahy & van der Hart, 2007; van der Hart & Dorahy, 2009), there is controversy regarding whether or not absorption represents a form of dissociation. Steel et al. (2009) view them as related but different processes as in dissociation being a separation of consciousness and absorption following from this. The perspective taken here is that dissociation is a multifaceted psychological construct with many different expressions including absorption. Absorption in a pleasing or even neutral focus produces a detachment from disturbing emotional states, and thus constitutes a form of dissociation. Perhaps other forms of dissociation, such as emotional numbing might facilitate absorption by separating conscious experience, but absorption itself involves dissociation.

It is put forth that absorption and compartmentalization (viewed as a milder form of dissociation and not as the dimension proposed by Brown, 2006; Holmes et al., 2005) have therapeutic value. Compared to other psychological defenses, dissociation is unique in that at least milder versions can be invoked voluntarily (Farb et al., 2007; Leonard, Telch, & Harrington, 1999). The ability of absorption and compartmentalization to be consciously learned and applied combined with their psychological defensive capacity makes them ideal psychotherapeutic strategies. Dissociation in the context of the therapeutic relationship (Bromberg, 2003; Gendlin, 1996) will not be addressed in this paper because the focus is on dissociative strategies that can be easily taught and learned. In addition, given the straightforward nature of the techniques advocated, therapeutic alliance issues are expected to have a lesser impact than they might in longer term insight oriented psychotherapy, particularly of a psychodynamic nature.

Therapeutic dissociation

Strategies designed to promote therapeutic dissociation will now be presented. With practice each can be mastered to achieve a comfortable detachment from disturbing emotional experiences and even physical pain. The simplicity and straightforwardness of these strategies assists in their ease of acquisition and mastery. Some might criticize therapeutic compartmentalization and therapeutic absorption on the basis that they seem too simple. However, effectiveness does not equate with complexity, and techniques that are simple to understand and apply even without psychotherapy can potentially help many people who are unable to access or afford treatment. The strategies advocated might also seem somewhat familiar to many psychotherapists because they have likely been suggested without being conceptualized in terms of dissociation. For example, statements such as "You need to put some emotional distance between yourself and the disturbing situation," "Perhaps it's time that you seek a mental break from the day-to-day stresses of your life" are advocating therapeutic dissociation helping the patient detach from disturbing emotional occurrences.

Therapeutic compartmentalization

Compartmentalization consists of learning to place simultaneous experiences in separate psychological spaces to aid in coping. The starting point in applying a compartmentalization strategy in therapy is to determine what major divisions within a person's life fit naturally. It is crucial to tailor these divisions to each person. Common broad divisions include work/school and social. Have the person imagine separate compartments using visual images as aids, particularly if the person is skilled at conjuring up these images. For example, the work setting might be imagined as a room with a lock that is opened at the start of the day and closed at the end to isolate it from other areas of life. By learning and applying compartmentalization a person can prevent adverse feelings from one area of life spilling over into another and interfering with performance. Marital problems can be kept away from the work setting and work-related concerns apart from romances.

When the person is successful at separating major areas of their life, finer divisions can be made, once again tailored to the individual. So for instance, work might be subdivided into meetings, customer interactions, and computer tasks. Each of these different aspects of the job can be seen as a separate compartment with mental imagery assisting. Perhaps a toolbox can be imagined with different drawers that can be opened and closed. Stressful meetings then will not impact negatively on customer relations or individual computer work. Social life might be subdivided into family, romance, and friendships, such that a family squabble does not spill into the romance or friendship spheres. One special form of compartmentalization that can be of enormous benefit to those experiencing significant fear or anxiety is to identify and set up a safe mental place. Have the person come up with a place or setting that feels safe to them, and practice entering it when stressed. A particularly effective utilization of the safe place is to imagine entering it when going to sleep because worries and fears can be very disruptive to restful sleep.

To demonstrate how compartmentalization can be applied, a middle-aged school bus driver, Arthur, provides a brief case example. Arthur suffers from significant anxiety and depression. He is single with limited friends and experiences conflict with

some relatives. While driving the children he found that negative thoughts regarding family matters would arise making it difficult for him to focus on the road and maintain control over his passengers. When the children began acting up the negative thoughts seemed to worsen, something he attributed to recalling his childhood family experiences. Psychotherapy as befit Arthur included both dynamic and cognitive behavioral approaches, and although he improved, the negative thoughts kept arising while driving the school bus. We applied the compartmentalization strategy whereby he separated work from non-work areas, such that when he entered the bus and placed his lunch bag in a side compartment he also mentally placed his social and personal concerns in there. All his family issues stayed in the compartment at least until he opened it for his lunch break. Using this compartmentalization strategy he became a more focused driver, and by maintaining better control over his charges he found that less in the way of negative thoughts arose. In effect the negative thoughts were contained such that they did not interfere with his job performance. He later went on to subdivide his non-work life into night school, romance, and family. These subdivisions prevented the largely intractable family concerns from spilling into any other area of his life, thereby promoting better functioning and overall mood state.

Therapeutic absorption

Absorption in a pleasing and positive focus can produce a comfortable detachment from negative emotional occurrences (Bowins, 2004, 2006), and not surprisingly absorptive experiences are extremely common in a normal population (Roche & McConkey, 1990; Ross et al., 1990, 1991). Furthermore, there is nothing inherently pathological about absorption, even when expressed at high levels, and people displaying it are well adjusted (Kihlstrom, Glisky, & Angiulo, 1994). The absorptive focus can be expanded upon by fantasy involvement to generate positive cognitive distortions, another major defense against adverse emotions (Bowins, 2004). Those who score high on fantasy proneness tend to have a positive response bias supporting the mental health enhancing effects of fantasy (Merckelbach, Rassin, & Muris, 2000). Given that absorption with or without fantasy involvement is a natural and common occurrence, teaching it in therapy really consists of elevating it to a conscious level and guiding its application and practice. As a starting point distinguish between mental and behavioral absorptive foci, appreciating that overlap will occur. This distinction is important because in the course of many negative emotional occurrences, engaging in behavior to detach oneself from the stress is not viable. For example, during a long and boring presentation that you must attend, active behavior such as reading a book is not acceptable. However, shifting your mind to a pleasing focus and engaging in fantasy pertaining to it is highly feasible.

First, have patients/clients compile a list of pleasing mental scenarios. Then have them practice shifting attention away from negative external and internal circumstances to each of the positive scenarios, and apply fantasy to expand on them. Mental imagery is very helpful in this regard. So, for example, during a boring presentation the person shifts attention to say scuba diving imagining exploring a coral reef. The person's emotional state shifts from one of boredom or irritation to interest and happiness. It might be commented that losing focus on the presentation or given circumstances is not adaptive, but if boredom or other negative emotions transpire the person will not really be paying attention and acquiring information.

In addition, thoughts and emotional reactions are often mutually reinforcing such that if a person experiences negative feelings their thoughts become more negative, and from this emotions worsen creating an emotional climate conducive to further negative thoughts, producing a mutually reinforcing negative cycle (Beck, 1976, 1991; Beck & Clark, 1997; Rachman, 1998). By shifting attention to a pleasing focus and absorbing oneself in it thoughts and emotions become more positive, creating a mutually reinforcing positive cycle that might assist a person in benefiting from current circumstances once attention shifts back to them. The impact of therapeutic absorption on mutually reinforcing cycles of thoughts and emotions demonstrates that it is not simply distraction at work, because although distraction can produce a brief disconnect from adversity, the mind invariably returns to the negative thoughts and emotions once the distraction passes.

When a person is able to engage in physical behavior absorption in an actual activity can transpire. Have the patient/client compile a list of positive activities. The range of such activities is virtually unlimited, such as playing video games, reading, knitting, listening to music, or talking to a friend. The key element from the perspective of therapeutic absorption is that the activity be positive to the given person. If a person shifts from negative thoughts and feeling about work to an argument on the telephone with his girlfriend, the value is negligible or non-existent. However, shifting to an intriguing game on the cell phone does help a person detach from a negative frame of mind. Engaging in fantasy about the absorptive activity further enhances dissociation from adverse circumstances. Hobbies are very adaptive because they provide an ongoing positive focus that can also help to generate mental absorption even when the actual behavior cannot be engaged in; for example, thinking about the next scuba diving trip and what destination and resort will be selected.

Behaviors constituting a positive absorptive focus can be extremely adaptive when they have a direct benefit in regard to the adverse circumstances. Not only does a person gain by psychologically removing themselves from disturbing emotions and thoughts, but improves on the circumstances contributing to these thoughts. For example, a university student, Sarah, had thoughts about how she cannot handle schoolwork such as ''I'm not that intelligent,'' ''The other students are simply smarter.'' Emotional reactions to these thoughts included anxiety, sadness, and dejection interfering with her motivation and attention. A positive and constructive focus involved breaking assignments up into manageable and enjoyable pieces. Given how easy and pleasing these smaller tasks were she was able to absorb herself in them and effectively detach from the negative thoughts and emotions. Improved performance led to better grades, and she began to see that she actually has what it takes to succeed in university. These optimistic thoughts resulted in further positive feelings that motivated her to work even harder. The end result being that the mutually reinforcing cycle of negative thoughts and emotional responses was terminated and Sarah advanced with their actual work, providing concrete proof instead of just thoughts that assignments and other schoolwork can be managed.

The absorptive focus can be less constructive but still adaptive if it interrupts mutually reinforcing cycles of negative thoughts and emotional responses, and fosters positive cycles. In Sarah's case she enjoyed acoustic guitar playing that while not constructive in terms of advancing her schoolwork, removed her from the cycle of negative thoughts and emotional states. Possessing some skill she wrote several of her own songs and was able to engage in fantasy regarding the absorptive focus,

imagining herself playing at a nearby bar catering to the university population. Whether or not she will ever take the step to play at the bar is not the primary issue, instead the fantasy involvement elaborating the positive focus and removing her from negative foci is crucial. In ongoing therapy sessions, patients/clients can practise and improve their skill at absorbing themselves in each of the positive foci they have listed, imagining various fantasies pertaining to the chosen scenarios.

Related to dissociative absorption is the concept of "flow" which refers to a state of becoming totally engrossed in an activity to the point of forgetting about daily concerns, losing track of time, and acting as if nothing but the present matters (Salovey, Bedell, Detweiler, & Mayer, 2000). A flow state helps people detach from undesirable thoughts and feelings, and facilitates success in achieving desired goals (Salovey et al., 2000). A flow state might be described as the ultimate in therapeutic absorption, providing the ability to fully detach from adverse cognitive and emotional states. The resulting achievements will often foster cycles of positive thoughts and emotions. For example, by maximally absorbing oneself in a writing project a person might produce a work that generates good thoughts and feelings about their writing ability.

Currently very much in vogue within the realm of treating and reducing the recurrence of depression and anxiety is meditation, with mindfulness meditation and Yoga highly popular. Although proponents of the various forms of meditation might frame these activities in different ways, they share the common ingredient of absorption in a pleasing or neutral focus, and mental detachment from disturbing thoughts and emotional occurrences (Bowins, 2004). Essentially, they work to a large extent by promoting dissociation in the form of absorption with or without imaginative involvement. Absorption in repeated vocalizations, breathing, other bodily sensations, peaceful thoughts, images, or external stimuli produce a trance like state, dissociating the person from distressing reality, allowing pleasing mental images or fantasies to dominate conscious awareness (Castillo, 2003). There is typically active instruction on how to redirect attention away from distressing cognitions, emotions, and memories, maximizing the more positive or neutral stimulus focus consistent with the particular form of meditation (Waelde, 2004). In the process, negative thoughts and emotional reactions are detached. Meditation comes in various forms but might be separable into concentrative and mindful types (Waelde, 2004). Concentrative meditation focuses on an object of meditation, whereas mindfulness meditation maintains awareness of the present moment (Waelde, 2004). Both involve the absorption form of dissociation with or without imaginative involvement, in that a person becomes absorbed in the focus of meditation in the concentrative form, and in the safe, positive, or neutral present in the mindfulness variety.

Yoga in the form of stretching and breathing exercises, rather than formal meditation, involves absorption in the various movements and breathing exercises. Vigorous exercise including more aerobic varieties of Yoga can also entail absorption, with the added advantage of released endogenous opioids that likely enhance the dissociative state. Supporting the therapeutic value of absorption and other milder forms of dissociation is the literature pertaining to meditation. Mindfulness meditation has shown benefit for psychological illnesses, chronic pain, and some physical conditions (Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn et al., 1998; Miller, Fletcher, & Kabat-Zinn, 1995). Other forms of meditation have also been demonstrated to be helpful for depression, anxiety, and psychological

stress (Alexander, Robinson, Orme-Johnson, Schneider, & Walton, 1994; Eppley, Abrams, & Shears, 1989). Highlighting the benefits of therapeutic dissociation, institutionalized forms of trance and dissociation occur worldwide (Castillo, 2003).

Discussion

Therapeutic use of dissociation already occurs in the context of hypnosis. Dissociative states are enhanced by hypnotherapy (J.H. Edgette & J.S. Edgette, 1995; Myerson & Konichezy, 2009), and dissociation is the main component of hypnotic trance used to diagnose and control various symptoms (J.H. Edgette & J.S. Edgette, 1995; Kluft, 1996). Hypnotically induced dissociation is applied to regulate sensitivity to internal and external stimuli, separate conscious from unconscious functioning, access deeply rooted dynamic issues, and foster detachment from negative ruminations (J.H. Edgette & J.S. Edgette, 1995; Lemke, 2005; Phillips & Frederick, 1995). Hypnotherapy induced dissociation has also been applied to separate positive functioning from chronic pathological functioning in so-called obstinate mental disorders (Myerson & Konichezy, 2009). Hypnotherapy might be capable of improving upon the success of therapeutic compartmentalization and therapeutic absorption, although research would have to establish whether the additional effort is justified. The therapeutic compartmentalization and therapeutic absorption strategies presented are relatively easy to acquire without any specialized intervention, and can be incorporated into many types of therapy as part of the eclectic mix of techniques that typically dominates in clinical settings. Furthermore, their simplicity enables people to learn them even without psychotherapy, an important option if treatment is either not available or unaffordable.

It might be suggested that a side effect of therapeutic dissociation is not addressing important issues and hence letting the suffering persist. Therapists of different orientations usually try and have their patients/clients address relevant issues. For example, psychodynamic therapists do so through transference interpretation and cognitive therapists by identifying negative cognitions and underlying schema. For some people these techniques suffice but in many instances the suffering persists. In addition, not all patients/clients are suited for cognitive therapy some being unwilling to engage in homework assignments (hence the screening applied initially), and others find that they are unable to effectively reframe negative thoughts. In all these instances, learning to detach from painful thoughts and emotions arguably reduces the suffering without any adverse consequences.

Therapeutic dissociation strategies can play a particularly powerful role when a patient's circumstances are truly negative. As clinicians we see people who are facing very difficult scenarios where it is virtually impossible to reframe things in a positive fashion. For example, it is all but impossible to put a positive spin on lung cancer or the death of a child. In some instances negative thoughts and emotions can persist well beyond the grieving period because they mutually reinforce one another. Helping the person detach from these negative cycles by placing the adverse scenario in a compartment and/or absorbing oneself in positive foci can be extremely helpful. Adverse memories associated with traumatic experiences can also be detached from. Suppression therapy whereby adverse memories are actively blocked helps people cope with traumatic occurrences (Anderson & Levy, 2009). The blocking of negative memories effectively dissociates the sufferer from the traumatic occurrence.

Less traumatic but truly negative scenarios also respond well to therapeutic dissociation. For example, the realization that there might be nothing after death is very difficult to face even for those who are not prone to anxiety or depression. Religious and spiritual beliefs can be viewed as positive cognitive distortions designed to alleviate or eliminate suffering derived from an awareness of the inevitability of death and the possibility of nothingness (Bowins, 2004). When a person is not able to believe in anything religious or spiritual and is prone to anxiety or depression the weight of this scenario is not to be underestimated. One of the only beneficial interventions consists of detaching oneself from these concerns via absorption in positive activities. In an existential sense much of the constructive activity that non-believers engage in might be viewed as dissociation based defense helping to manage the unpleasant reality that human intelligence makes us aware of.

Conclusion

Therapeutic dissociation in the form of compartmentalization and absorption constitute easy to learn and apply psychotherapy strategies. Their simplicity and ease of acquisition is a strength enabling them to be learned and applied even without formal psychotherapy, important in an era when funding for psychotherapy is often limited. Until such time as therapeutic dissociation strategies are tested as a stand-alone treatment, it is recommended that they be applied as components of eclectic psychotherapy and/or adjuncts to other forms of treatment. In a real-life clinical setting, an eclectic mix of different therapeutic styles increasingly seems to be the norm, and adding therapeutic compartmentalization and therapeutic absorption fits in nicely with this clinical reality.

Notes on contributor

Brad Earl Bowins is a psychiatrist in private practice in Toronto, who also runs the on-line Centre for Theoretical Research in Psychiatry & Clinical Psychology.

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