

FACT SHEET: **DISSOCIATION**

Our minds can compartmentalise our psychological processes including our memories, thoughts, senses, perception, and even conscious awareness. Think of this like being in a noisy office where it is hard to concentrate. You go into a separate room and close the door, so you are not distracted by the noise outside. Similarly, our minds can “close off” information or sensations that are not assisting with the activity at hand.

This is usually a helpful mechanism because if we were trying to be conscious of everything, or remember everything all the time, our minds would quickly become overwhelmed.

Instead, our minds can focus on a particular task (a bit like a spotlight on a stage) and exclude supposedly irrelevant stimuli that might otherwise overwhelm our brains. The ability to exclude irrelevant stimuli is sometimes referred to as inattention blindness. (For a good example of this watch “[the invisible gorilla](#)” experiment on YouTube).

John Bowlby referred to a similar process as defensive exclusion. According to Bowlby, defensive processes include repression, splitting denial, dissociation, displacement, identification, and reaction formation.¹ Such processes are a defensive mechanism used to exclude unwelcome information such as the painful loss of attachment figures (whether parents or adult partners).

One benefit of selective exclusion is to avoid overload and unhelpful discrepancies to maintain integration. Such a discrepancy can occur when a caregiver (who should assist a child meet his/her needs and be a sense of comfort) is in fact a source of fear, or not emotionally available.

- If the child is to maintain a connection with the caregiver,
- It is necessary for the child to “shut the door” on the information that has been processed in the child’s mind that the caregiver is also a source of fear.

The difficulty with this is that the body and mind encode some information or sensations consciously, and some information unconsciously. The latter become part of our implicit memory.² Our cognitive brain might try to hide away certain information about a poor caregiver, but our implicit memory may continue to recall the sensations of fear or anxiety in response to the caregiver’s behaviour.

¹ John Bowlby, Attachment and Loss, (1980) p139

² For further information on memory see our factsheets “Different Types of Memories” and “Making Memories and the impact of Trauma”

According to Judith Herman, the “*conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma. People who have survived atrocities often tell their stories in a highly emotional, contradictory, and fragmented manner which undermines their credibility. When the truth is finally recognized, survivors can begin their recovery. But far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative but as a symptom*”.³

Herman goes on to say “[t]he dialectic of trauma gives rise to complicated, sometimes uncanny alternations of consciousness, which George Orwell, one of the committed truth-tellers of our century, called “doublethink” and which mental health professionals, searching for a calm, precise language, call “dissociation”.⁴ Herman explains “Doublethink means the power of holding two contradictory beliefs in one’s mind simultaneously, and accepting both of them”.⁵

Unfortunately, “double-think” or dissociation in childhood, can give rise to ongoing problems and patterns of behaviour in adult life.

Types of Dissociation

Dissociation can occur in several ways, and to differing degrees.

- At one end there is normal dissociation. For example: you might daydream or “tune out” during a lecture on business valuations when the presenter starts talking about the capitalisation of future maintainable earnings.
- At the extreme end however, structural dissociation can become pathological.
 - Memories of events that were overwhelming may not be capable of being fully or consciously recalled.
 - A person may feel emotionally numb; experience *depersonalisation* (i.e., feel like they are observing themselves from outside their body); or experience *derealization* (i.e., feel detached from their surroundings or people and objects around them may seem unreal).

Trauma survivors will sometimes describe the abuse they suffered as if watching it happening to someone else, rather than recall the sensations in their own bodies. Their conscious knowledge of the abuse and the feelings associated with the abuse may not be integrated. Similarly, survivors of rape or ongoing domestic violence will often have difficulty giving a coherent narrative or timeline of events that occurred because their emotional memories and cognitive thinking are not integrated.

Dissociation in Childhood

³ Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror; p1.

⁴ Ibid

⁵ Ibid p87

Many people who suffered trauma in childhood or other complex trauma, did not have the option to run away or escape; they have nobody to turn to and no place to hide. Instead, they “tune out” in their minds (dissociate) as it is the only means they have to “escape” the abuse.

One example of a child experiencing dissociation can be seen in the short film “Tommy”⁶. Tommy “tunes out” when his parents are fighting and escapes into his imaginary submarine world. In the film, we don’t get to see what happens to Tommy when he grows up but if he “tunes out” a lot as a child as a means of dealing with stressful situations, the risk is that he will continue to do this as an adult (and possibly a parent) with serious implications.

Dissociation (or compartmentalizing the mind) can happen unconsciously as a means of Tommy regulating himself in certain situations. Unfortunately, over time this can mean that Tommy won’t learn the skills he needs to self-regulate his emotions in a healthy and developmentally appropriate way.

A person who experiences dissociation may outwardly appear very normal and the effects of their past trauma may not be readily identifiable. It can take special skills to pick up on the more subtle signs of dissociation.

How to Recognise Dissociation

Signs of dissociation include:

- *Avoidance of traumatic memories.* An example of this is a person having a difficult childhood but not acknowledging this when interviewed for a family report and specifically questioned about this.
- *Detachment from traumatic memories.* An example of this is a domestic violence survivor giving testimony in an unemotional, flat, detached manner.⁷
- *Partial or complete amnesia of traumatic memories.* An example of this would be where a victim of childhood sexual abuse cannot recall certain details about the abuse or does not recall certain details until a significant period after the abuse occurred.

Comments by a client, or notes in subpoenaed material may indicate:

- A person is losing track of time or they have an altered sense of time.
- They don’t feel like they’re in their own bodies or they feel like their watching themselves from outside of, or above their bodies.
- Their heads feel spacey or at times their bodies or minds feel numb.
- They don’t remember how they got somewhere.

⁶ To watch go to <https://www.darrenmort.com.au/home/tommy-the-movie/>

⁷ In this regard see p17 of the Family Violence Best Practice Principles (Edition 4 2016)

- They get tingling in the hands or fingers.
- They are reading about themselves, but it feels like they're reading about a different person.

The above can all be signs of dissociation.

When inconsistencies are seen in a person's court documents or subpoenaed material, it is easy to assume the person is being untruthful and their credit should be called into question.

What is sometimes occurring however, is that the person is experiencing dissociation. They may not be "consciously" untruthful, but elements of their past may have been shut away or compartmentalized at that point in time, as a means of helping them get on with everyday life or avoid becoming overwhelmed in a stressful situation (e.g., an interview for a family report or psychiatric report).

Our experience unfortunately, is that many single experts, judges, and lawyers simply don't recognise the subtle signs of trauma or dissociation. It is perhaps much more common to think of trauma survivors only in the context of domestic violence victims and then when they present as "hyper-aroused" rather than when they are "hypo-aroused" or are dissociating.

The Getting on with Normal Life Part vs The Traumatized Child Part

Many traumatized individuals alternate between re-experiencing their trauma and being detached from, or even relatively unaware of the trauma and its effects.

In 1940 Myers⁸ described this primary structural dissociation in terms of a dividedness between the "apparently normal" personality (ANP) and the "emotional" personality (EP). In Myer's view, the EP is stuck in the traumatic experience that persistently fails to become a narrative memory of the trauma. The ANP, on the other hand, is associated with avoidance of the traumatic memories, detachment, numbing, and partial or complete amnesia. Modern day writers now often referred to ANP as the "getting on with normal life part" and the EP as the "traumatized child part".

As increased stress can lead to dissociation, high risk times for our family law clients can include:

- Being interviewed for a family report or psychiatric report.
- Attending Child Inclusive Conferences or Conciliation Conferences.
- Giving evidence or hearing the other party give evidence.
- Reading an unfavourable report or affidavit for the first time; or
- Obtaining evidence from a client about traumatic periods in their past.

Solicitors Bev Reaston and Deanne Drummond have been involved in several matters where a party has experienced a dissociative episode whilst giving evidence or hearing another witness be cross-examined. The case of Theophane & Hunt [2014] FamCA 1038 is one such example.

⁸ Myers, C.S. (1940). Shell shock in France 1914-1918. Cambridge: Cambridge University Press