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Saturday, November 18, 1995

Dissociation: Nature's Tincture of Numbing and Forgetting

This is a historical article, written many years ago. Please note that The fields of memory are like a rich archeological site with layers upon layer of artifacts from different periods, which through some geological upheaval, got mixed up.

Dissociation: Nature's Tincture of Numbing and Forgetting

© (1995) By David L. Calof

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Some years ago my good friend Anastasia suffered a severe knee injury in a bicycling accident. Facing emergency surgery with a poor prognosis, she chose to forego general anesthesia in favor of a spinal anesthetic with no sedative, so she could stay awake to watch and ask questions. If nothing else, my friend told herself, she could keep close watch over the delicate operation. Anastasia remembers being lifted onto the surgical table and getting the spinal injection. She also remembers the anesthesiologist testing the soles of her feet with a needle until she couldn't feel them anymore. But that's all. Next thing she knew, she found herself "waking up" in the recovery room, shocked and disappointed that she had "fallen asleep and missed the surgery."

As she pondered her perplexing "sleep," the surgeon walked in and enthusiastically thanked her for "a great discussion." He commended Anastasia for her pinpoint curiosity and incisive observations during the surgery, and he expressed his astonishment at her "clinical" comments throughout the difficult procedure. At first his praises puzzled Anastasia even more than her puzzling "nap," but at last it dawned on Anastasia that she must have carried on a technical discussion for nearly two hours, a very long talk that she'd totally forgotten.

To this day, she remembers neither the discussion nor the procedures she underwent during and immediately after the surgery, though she has it on good authority that she remained "conscious" throughout the operation. For over nineteen years, this traumatic memory loss has perplexed Anastasia, otherwise known for her practiced control, demanding self-discipline, and sharp memory. She finds herself less puzzled by the fact she suffered no post-surgical pain, despite an arduous rehabilitation. Because of her training as a long-distance runner and bicyclist, Anastasia knew then (and knows now) how to block out pain and discomfort so she can "go the distance." To shunt aside her stress during the surgical ordeal, to block her pain, to compartmentalize her traumatic knowledge afterward, Anastasia called upon an innate biological ability to dissociate, an ability sharpened in her case by years of training and competition.

We can't adequately explain this incident by the mechanism of repression alone; instead, we must understand it as a compelling example of dissociation, the dissociation of knowledge, emotion, sensation, and memory. Dissociation refers to those discontinuities of the brain, the disconnections of mind that we all harbor without awareness. Take, for example, the feelings from your feet. Until I brought them to mind, these feelings most likely sparked and synapsed through some dim center in your brain, some distant cubbyhole of your mind, far removed from your conscious awareness. Now, pay no mind to your feet. Pay no mind to the part of you that keeps track of time. Pay no mind to the part of you that tends to your thirst. Pay no mind to the part of you that carries your worst nightmare. Hard to do now? A moment ago it wasn't.

Such is the way of dissociation. Dissociation lets us step aside, split off from our own knowledge (ideas), our behavior, emotions, and body sensations, our self-control, identity, and memory. Dissociation, the splitting of mind and the pigeon-holing of experience, is a natural adaptation to the complex demands of daily life. Think back to the time when you first learned to drive a car. At first, didn't you find driving overwhelming, so greedy for your conscious attention? You had so much to "pay mind to": the steering wheel, the turns in the road, the gas

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pedal, the fog late at night, the clutch (or lack thereof), the brakes, the rearview mirror, the other cars, the road signs, the lions and tigers and bears. Oh my. In those first early days, caught up in the act of driving itself, it must have been hard to "keep in mind" that you actually meant to get somewhere! But you did mean to get somewhere, so you did learn to drive. Eventually.

Nowadays, you pretty much drive without really "minding" the road. To do so, you had to learn to split off an auto-pilot who could keep watch over all those things that once demanded your "single-minded" attention. In effect, while driving you can go to a land far far away, because you've got an auto-pilot who'll shake you by the ears when it needs your conscious attention.

The most common form of dissociation involves spontaneous trance. You may have heard it called "highway hypnosis," "spacing-out," "daydreaming," "lost in another world." By their very nature, these trance states demand dissociation from aspects of on-going experience.

Dissociation makes us all more resilient to life's daily miseries. Who hasn't at some time or another "cracked up" or "gone to pieces" or "numbed out?" Have you ever been "beside yourself" or "out of your senses?" These idioms all refer to the splitting off of aspects of consciousness. Greater loads of traumatic stress create greater demands to dissociate. Dissociation offers trauma victims the ability to blunt traumatic realities. During the 1991 fires in the Oakland, California hills, for example, homeowners with dissociative symptoms were twice as likely as others to try to cross police barriers and rush back into the flames (Goleman, 1994). Following the 1989 San Francisco Bay Area earthquake, Stanford researchers Cardena and Spiegel (1993) found, among a sample of Bay Area graduate students, a significant increase in the prevalence and severity of transitory dissociative symptoms, including time distortion and memory alterations.

I've experienced the practical value of dissociation in blunting my own traumatic reality. Once I participated as the hypnoanesthetist during major reconstructive surgery to the face of one of my long-term clients. As I watched the surgeon literally roll up my client's face toward her nose (after cutting it free), I felt a sharp stab of abject terror, followed by nausea and a weakening in the knees. Then came a massive shift in my consciousness. Suddenly I grew quiet all over. All the fear and dread snapped away. I could breathe and my vision tunneled. I felt as though I were floating about an inch in front of my body. In that instant, I gave my rapt, undivided, and unselfconscious attention to the fascinating scene before me. I remained in that dissociative, surreal state until well after the surgery. As I walked to my car afterward, I played back the surgical scenes again and again, without emotional reaction except awe, until I got to my car and put the key in the door. As I did so, my knees buckled, I wanted to vomit, and the color drained out of my vision. Grabbing the door handle to support myself, I took in the full load of the terror and revulsion I had dissociated during the surgery. All the feelings and sensations that would have overwhelmed me during the surgery came crashing in from their temporary dissociative containers. I nearly passed out on the spot.

During this surgery I made an adaptive choice to compartmentalize my mind. Dissociation gave me the ability to stay present and emotionally unreactive in my professional role during a traumatic and demanding experience.

Of course I'm not alone in these experiences. In the summer of 1993, traumatic dissociation saved Donald Wyman's life. While working in a remote Pennsylvania area clearing timber, Wyman suffered a terrible accident. A huge tree fell on him, pinning his left leg. He screamed for help for an hour, all the while trying in vain to dig his leg out from under the huge tree. Then Wyman made a decision. Because of the seriousness of his injuries and the remoteness of the area, he knew that he would die before anyone found him. So he made a tourniquet from a rawhide bootlace and used his chainsaw wrench to tighten it. Then, using a pocket knife, he set about methodically cutting off his left leg about six inches below the knee. When he'd severed the leg, he crawled to a bulldozer 500 feet away, drove it about 2,000 feet to his pickup truck, then drove the truck about two miles to a farmhouse. The farmer, who called paramedics, described Wyman as "sharp and mentally strong" (Pro, 1993).

Wyman remained conscious and kept his wits throughout the ordeal because of his capacity to dissociate knowledge, body sensations, and emotions. Had he truly been aware of the enormity of his decision (knowledge), or felt the totality of the pain (body sensations), or let terror overtake him (emotions), he would not have survived. Instead, he summoned the truly remarkable human capacity for dissociation.

For victims of sadistic and violent abuse, dissociation offers a way to sanity and survival. Whether in bloody Bosnian back rooms, Nazi death camps, or childhood holocausts in abusive homes, victims use dissociation to escape intolerable terror and pain, to cope with terrible loss. Because they're enjoined to repress their suffering and dissent, victims of sadistically abusive systems must split off these sentiments. Dissociation allows the compartmentalization of experience, giving victims relief from the stress of horrible secrets by putting them out of consciousness. Victims of sadistic systems know that, sometimes, it's best not to know the things they know. The dissociation of knowledge gives victims the chance to manifest "plausible deniability."

Elizabeth Loftus, PhD (ironically a member of the False Memory Syndrome Foundation, Inc. Scientific Advisory Board, which generally holds that people do not forget traumatic experiences) described this very phenomenon in trauma victims as "motivated forgetting" (1980, p. 71-73). She states that "forces seem to operate to help people forget [traumatic experience], especially when such forgetting would make life more bearable" (p. 82). To illustrate this concept, Loftus cites several cases of airplane crash survivors who forgot both their crashes and subsequent rescues. She also discusses a case study (from Zimbardo & Rush, 1975) of a college professor who lost her memory traumatically: It seems that she had suffered an incredible series of traumatic events within the past year climaxing with the breakup of her marriage and the sudden death of her mother before her eyes. Amnesia put all

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Survivors ARE Heroes!

The Awareness Center believes ALL survivors of sex crimes should be given yellow ribbons to wear proudly.

Survivors of sexual violence (as adults and/or as a child) are just as deserving of a yellow ribbon as the men and women of our armed forces, who have been held captive as hostages or prisoners of war.

Survivors of sexual violence have been forced to learn how to survive, being held captive not by foreigners, but mostly by their own family members, teachers, camp counselors, coaches babysitters, rabbis, cantors or other trusted authority figures.

For these reasons ALL survivors of sexual violence should be seen as heroes!

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that past ugliness, and more, out of awareness. In its place this motivated forgetting had given her peace of mind. (1980, p. 73) Though the woman dissociated her identity and much of her memory, she held onto her professional knowledge (English literature) "so that she was able to teach again even before the rest of her memory returned" (Loftus, 1980, p. 72). Over time, the patient pieced together the memories that had led to her massive traumatic amnesia. With words seeming almost to bless dissociation, Loftus quotes from Christina Rossetti's *Remember*: "Better by far you should forget and smile than that you should remember and be sad." This sentiment is a far cry from the "false memory syndrome" hypothesis, which holds that people "forget" a happy childhood in order to "remember" terrifying "false" memories.

For victims of severe abuse, motivated forgetting (otherwise known as dissociation) offers not only a means to cope, but also the way to invisibility. Abuse victims are universally enjoined not to show their pain, suffering, rage, and dissent. They must learn to wall off and contain these reactions. "Crying, are you? Well then, I'll give you something to really cry about." Recounting his experiences while a prisoner in the Nazi concentration camps at Dachau and Buchenwald (1938-1939), the late psychoanalyst Bruno Bettelheim described the universal injunction laid on prisoners by the Nazi camp guards: "Don't dare come to my attention." Drawing parallels with the traditional qualities of the "good" child, Bettelheim said that, to the demand "to be seen and not heard (never talk back or express an opinion) was . . . added the further injunction that the prisoner . . . should also be unseen Invisibility was thus a primary rule of defense" (1960, p. 210-211).

Of his own traumatic dissociation, Bettelheim (1960) wrote that a "split was soon forced upon me, the split between the inner self that might be able to retain its integrity, and the rest of the personality that would have to submit and adjust for survival" (pp. 126-127). In a passage clearly describing a dissociative response, he states: Anything that had to do with present hardships was so distressing that one wished to repress it, to forget it. Only what was unrelated to present suffering was emotionally neutral and could hence be remembered It was not just coercion by others into helpless dependency; it was also a clean splitting of the personality. (p. 197) Bettelheim stressed that his reactions to varieties of events closer to normal were "distinctly different from [these] reactions to extreme experiences" (p. 129). He emphasized that these reactions (amnesia, denial, emotional detachment, and so on) emerged specifically as defenses to extreme traumatic events.

Arguably, the child's experience of abuse happening secretly within their own family poses an even greater threat to integration than that of the adult concentration camp prisoner. At least (and this is a terrible reduction) the prisoners face anonymous persecutors, and they're not altogether alone in their horror. Such is not the case with children caught in a secret horror. To function in daily life, children in acutely abusive families may dissociate the knowledge of their on-going abusive experience so they can hold onto an idealization of their caregivers. Other demands also contribute to the dissociation of knowledge. These include powerlessness, threats against disclosure, injunctions not to trust personal perceptions, attributions of fault laid on the victim, and the stigma of the secret acts themselves.

Dissociation used as an acute means of coping with traumatic stress is virtually synonymous with the hypnotic state. Soldiers fight on, oblivious to their mortal wounds. A mother wholly "forgets" her chronic arthritic pain as she dashes after her child who has run into traffic. Sexually abused children often report "leaving" their bodies when the pain of the assault became unbearable. Chronically abused children learn to go into trance to endure repeated acts of sexual aggression. Concentration camp prisoners perform their daily grim labors by drifting in and out of daydreaming, a state that Primo Levi (a survivor of the Auschwitz concentration camp) called "the hypnosis of interminable rhythm" (1959, p. 45). Farmers who lived within earshot of the railroad tracks--which often carried people in cattle cars to the Nazi death camps--learned to "forget to hear the screams" coming from the boxcars, just to go on with daily life.

Severe traumatic dissociation of knowledge is amnesia. A wealth of studies have documented traumatic amnesia (partial and complete) in victims of trauma, including survivors of combat, natural and man-made disasters, violent crime, sexual assault, torture, concentration camps, cults, child abuse, and vehicular or industrial accidents. Winnie Smith, for example, a former army nurse, says (1992) that she forgot, for 16 years, whole segments of her traumatic experiences as a critical care nurse in Vietnam.

At the farthest end of the dissociative continuum lies dissociative identity disorder (DID, formerly MPD), with its characteristic amnesia, derealization, depersonalization, and personality-splitting. DID, an autohypnotic disorder, usually comes into being to cope with prolonged traumatic childhood demands (often sadistic abuse). Early, repetitive, sadistic abuse overwhelms the child's unified personality and calls upon the psyche to use massive dissociation and personality compartmentalization. Massive dissociation typically occurs when the traumatic experiences happen at a time when the child's brain is still malleable to influences of any kind. The demands to contain and manage the effects of massive trauma and paradoxical realities ("I'm Daddy's favorite by day. By night Daddy likes to hurt me.") may engender a compartmentalized, dissociative structuring of consciousness.

People with DID may fragment traumatic memories into pieces that are then held by unrelated personality fragments. One alter personality, for example, may remember the events leading up to abusive acts, another may remember participating in the preliminary activities, and others may carry the actual sensations and knowledge of the assault. For trauma victims, visual memory sometimes takes leave of kinesthetic memory, as when the abuse victim "floats" above her body. Likewise, auditory memories may be cleaved and disowned, only to return later as the haunting sound of intrusive voices. Without therapy, these fragments usually remain disintegrated. This compartmentalization serves many purposes. Most important, it allows abuse victims to bear unbearable experiences. Without a strong demand for integration, personality fragmentation can continue for a lifetime. The fragments of the traumatic storyline gradually coalesce as the patient gathers sufficient ego strength to contain

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and work through them, a process usually occurring only with therapy.

The alters in a system often hold incredible dissociative strength. Even under oath, alters without knowledge of particular events will testify "truthfully" that the events never happened. They'll even pass a polygraph test. At the same time, other alters in the system will testify "truthfully" that the events did indeed happen. This dissociative strength characterizes the victim as well as the victimizer. Sex offenders with dissociative disorders may spontaneously dissociate sexual offenses (Bliss & Larson, 1985; Ondrovik & Hamilton, 1991; Schwartz, 1992; Stamatiou, 1994).

Out of sight, though, is not out of mind, but in "parallel mind." Sometimes dissociated traumatic experiences "leak" across dissociative barriers. Old feelings and body sensations may intrude on present-day experience. Clinically, present day anxiety or panic disorders often turn out to be unexpressed affects from earlier traumatic events that leak from their dissociative container to affect present emotions and behavior. For a rape victim, a whiff of the wrong aftershave in an elevator triggers pervasive panic and dread. A WW II psychiatrist noted that bombing raid convalescents scanned the sky and "became upset by the sight of a harmless sparrow" (Mira, 1943, p. 102).

Dissociated, unmetabolized body sensations of sadistic abuse may leak into the present as physical flashbacks, sometimes called body memories. Especially with survivors of sadistic sexual abuse, we often find that body sensations return before other memories, and leaking panic may permeate the therapy process for years before the clients consciously recall the abuse. I once treated an adult client working through a decade-long amnesia for a prolonged, brutal, multiple-perpetrator sexual assault in which she'd been left for dead. She often bled vaginally, though not in session. In one particularly intense therapy session, however, this client suffered a severe vaginal hemorrhage. The heavy flow of blood quickly became visible, understandably alarming both of us, so I took the client to a nearby hospital emergency room.

Following her examination and treatment, which included cauterization to stop the bleeding, the hospital staff called in a rape investigation team. The client, however, adamantly refused to give them a statement, insisting that she had nothing to report; to her mind, and in reality, the rape had occurred many years ago, and she didn't want to discuss it. The rape investigation team replied that, while they understood her reluctance to report the rape, they insisted that my client had indeed suffered a recent rape. They offered as proof the physician's report that the client's tissue wounds were "about three days old." Though it took a long time, this client at last worked through these traumatic memories. When she had fully metabolized the rape experience, her chronic vaginal bleeding stopped.

Early in his career, Sigmund Freud recognized dissociation as a fundamental clinical mechanism in his hysterical patients reporting childhood sexual abuse. He wrote that "the splitting of consciousness . . . exists rudimentarily in every hysteria," and he considered "the tendency to this dissociation [to be] the chief phenomena of this neurosis" (1936, p.8). By 1897, though, Freud stopped believing his patients when they described childhood sexual trauma. About the same time, he also abandoned the dissociative framework, and along with it hypnosis, its primary investigative tool. Freud subsumed dissociative phenomena under his new concept of repression, the central psychoanalytic tenet that people tend to inhibit (and consequently tend not to remember) unacceptable wishes, impulses, affects, and especially unacceptable sexual impulses.

We mistake ourselves when we call the dissociation of a traumatic experience "repression," and we do our clients a disservice when we insist that their late recollection of abusive experiences involves intact memories filtering up from the depths of unconsciousness. Quite often these recollections point to a leakage, a breaking-down of the walls built around memory fragments. "Repressed" memories may not be repressed at all. We must learn to distinguish between not remembering (simple forgetting), burying intact memories (repression), and never consciously knowing the whole of a memory (traumatic dissociation).

Dissociation not only helps manage the painful realities of abuse victims, but also the split realities in abusive family systems. In such systems, family members often use dissociation to compartmentalize experience. They may isolate important incidents, for example, often failing to see any pattern connecting them. Mothers in incestuous families tell belatedly they didn't relate suspicious incidents to one another, thus diluting their cumulative meaning. Other members may use dissociation to live in parallel realities: One father with an alcoholic wife bitterly complained that his adult daughter hadn't known what it had been like to live with an alcoholic woman. In making this complaint, the father "forgot" that the daughter had been the primary caretaker of the often drunk mother.

Memories of shattering childhood events seldom "bubble up" intact. Instead, they live in the apartment next door, they bang on the pipes and shout at you at night, and sometimes they come crashing through the walls to grab at life. Memory work for most trauma survivors means becoming best friends with the worst neighbors imaginable.

Traumatic dissociation gave my friend Anastasia a way to put aside her knowledge, emotions, and sensations of a traumatic event. It gave her a purely clinical autopilot to deal with her situation, as her surgeon will attest. A practiced athletic faculty to dissociate allowed her to block out pain throughout a rigorous rehabilitation to a full recovery. She still runs marathons.

Anastasia's long-term dissociative amnesia doesn't threaten us, so no one will cry "false memory" or start a foundation if she ever regains her memory. But looking back with her to that bloody event, we see that memory is merciful. Traumatic dissociation, the tincture of numbing and forgetting, let's us detach from traumatic suffering until the day comes when we're strong enough to feel again and say, I remember.

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