



Photo by Denis Jones

As if it were Happening to Someone Else

Dissociation as a Symptom of Refugee Trauma

Coping with the experience of extreme psychological trauma sometimes results in the subject splitting off the experience from one's everyday consciousness and attributing the memory to a separate identity. GENEVIEVE CRIBB examines a case of Dissociative Identity Disorder (formerly known as Multiple Personality Disorder) and reports how this is dealt with in the counselling context.

My most memorable experience of dissociation in its most complex form was with a client in the UK who had survived severe childhood trauma. During a counselling session one day, Anne began to behave differently. She was very childlike and coy. I asked her what she would like to do next and she said to draw.

She drew with the crayon in her left hand a picture of a group of men who had abused her and whom she had never told me about before. The drawing was very simple, like that of a six year old. When she seemed to have finished I was concerned that she had become lost in the trauma the picture depicted and asked her to draw with me a happy picture. Together we drew purple flowers and the sun over a lovely garden. Following this I tried to ask her about the process we had just gone through. She made no response. As I said "Anne?" to attract her attention she continued not to respond. I looked at the nurse who was with us in the session and she shrugged. We both knew there was something new happening here. Trying another angle I asked her to write her name on the picture. In child like writing she wrote "Annie". "Annie?" I

asked and she looked straight at me.

At the end of the above session Anne "came round", which is to say that she returned to her usual self. I asked her how she felt the session had gone. She was surprised it was over, she couldn't remember any of it. As time went on I came to realise that Anne was suffering from Dissociative Identity Disorder (DID, formerly known as Multiple Personality Disorder). There were more than just her and Annie; there was also Dana.

While Anne suffered the more extreme example of dissociation, it is a phenomenon encountered commonly by survivors of trauma. Its complexities and psychological processes are just beginning to be known so it is impossible at this stage to give a comprehensive account of the whys and wherefores. What we do know is that dissociation comes in several forms, that it is more common than most people think and that it has been crucial to the survival of many people including refugees.

The essential feature of dissociation, according to Stanley Krippner, is an "alteration in the usual integrative functions of identity, memory or

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consciousness”, that is to say that something in the experience is split off from the rest. In its different forms it can manifest as a feeling that your experience is “unreal”, that your identity is temporarily forgotten or a new one imposed, that events in your past cannot be recalled, a sense of being outside your body or of simply being “vagued out” (or in a fugue state). We can all relate to these to some extent in our everyday lives. You know when you’re driving to work, like you have a thousand times before, and suddenly you realise you’re there and you cannot remember the journey or the process of driving there? That’s dissociation.

The example of a survivor of childhood sexual abuse who, when she gives birth to her first child, suddenly remembers the abuse, also illustrates the point. Dissociative amnesia is not uncommon in such survivors. But how, might you say, is it possible to completely forget such an important event in your life? This brings me to the function of dissociation; it enables you to survive a trauma.

Dissociation has been found to be closely associated with trauma. When a trauma occurs you are completely overwhelmed by the physical senses and emotions of the experience. The brain is flooded and simply unable to deal with the event in the way it deals with every other in your life. The emotions are too strong and too many and the implications for your life are too huge. Your brain therefore resorts to its more primitive mechanisms in order to survive the experience and continue to function. Dissociation is one of these mechanisms.

Take dissociative amnesia for example. If you forget the experience ever happened, then you are able to continue to survive beyond the trauma and its implications will not interfere with your functioning. In the case of Anne, at certain key events in the ongoing abuse, she split off her personality. Those “alters”, as they are known, contained their own memories of that part of the abuse and the “primary alter”, Anne, could continue to survive and function.

One thing we do know about dissociation is that it is associated with trauma in earlier life, more severe and more chronic, a theory which explains why Anne was so severely affected. How then are refugees, who suffer extraordinary trauma, affected by dissociation?

A typical example will be dissociative fugue during a counselling session; that is, the client will drift off during the session, as if they are “vagued out” or “in another world”. Usually just by saying their name or gently touching them on the arm you

can bring them back. Dissociation will commonly happen when you begin to discuss a particularly traumatic memory. The emotions attached to the memory will be so strong that, in order to avoid them, the client will, quite unconsciously, dissociate. Over time the counsellor and client can work together to prevent the dissociation and remain grounded so that the memory can be brought into the counselling process and dealt with. Grounding refers to remaining in the “here and now”, attached to your current experience.

We also see dissociation in another way when working with refugee clients. Unable to integrate the emotional trauma in their life, many clients experience the results as bodily pain or dysfunction. This is called somatisation. They may have been to doctors seeking a physical explanation, but none can be found. Common examples are headaches, backaches, an inability to properly use parts of their body like shoulders or legs. The use of physiotherapy at STARTTS is, in part, due to this very phenomenon. It is not uncommon for the symptoms to disappear when the attached memory is resolved.

Just like other psychological responses to trauma, dissociation is experienced by refugees from all backgrounds. Unfortunately, we are not able to say to what extent, because research has not yet caught up with the issue. Studies have found a high incidence of dissociation among Cambodian refugees settled in the USA, in Former Yugoslavian refugees in camps in Macedonia and in Bhutanese refugees in a refugee camp in Nepal. Studies investigating the nature and extent of dissociation among refugees who have experienced trauma are few and far between. Much more research is needed before extensive conclusions about its role in ensuring the psychological survival of many of our clients, let alone its long term affects, can be known.

In the meantime, as I work with refugees, it never fails to amaze me how similarly trauma affects people from all over the world. The ingenious capacity of the human mind to enable the spirit to survive horrors beyond the imagination, is as effective in a young single Kurdish woman from Iraq as it is in a Vietnamese grandfather. They both benefit from the natural survival based processes of dissociation experienced by Anne. ■

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