

The Relevance of the Concept of Dissociation in Child Protection.

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This paper explores one aspect of unresolved trauma, namely dissociation. Its relevance to child protection is discussed with reference to two aspects: emotional neglect and choice of partner. There is an exploration of the implications for both assessment and treatment. The central place of shame in relation to dissociation is also explored. It is argued that dissociation is an important concept in child protection assessments and that social work assessments should be alert to this.

Key words: Dissociation, child protection, emotional neglect, partner choice, shame.

The Relevance of the Concept of Dissociation in Child Protection.

In a previous paper I explored unresolved loss and trauma in parents and its implications for child protection issues (Walker, 2007). This paper will explore one aspect of unresolved trauma, namely dissociation, and its implications for child protection.

There are two possible responses to trauma: either hyperarousal or dissociation. Traumatized individuals see and feel only their trauma, or they see and feel nothing at all; they are fixated on their traumas or they are somehow psychically absent (Sykes Wylie, 2004). This paper will focus on the area of dissociation in which the individual 'sees and feels nothing at all'.

Dissociation exists on a continuum and includes both benign and pathological behaviour. As Mollon (2000) comments, dissociation is a natural capacity. He describes the ability to be absorbed in a particular activity so that other information or

activity is left without conscious attention. Daydreaming can also be thought of as a benign form of dissociation. However, at the other end of the continuum of dissociation is dissociative amnesia and dissociative identity disorder. Dissociative identity disorder (previously known as multiple personality disorder) refers to a person who displays two or more distinct identities or personalities, each with its own pattern of behaviour. The diagnosis of dissociative identity disorder remains controversial and indeed controversy continues to surround the whole concept of dissociation, particularly in relation to the debate about the 'false memory syndrome' (Mollon, 2002).

Schore comments on the typical response to severe trauma. Initially the individual becomes hyperaroused, with increased heart rate, blood pressure and respiration. He describes the physical changes that take place in this hyperaroused state. However, if the trauma is prolonged the individual is likely to move into a second, later forming reaction of dissociation. He states that dissociation is a process in which the person disengages from stimulation in the external world and attends to an internal world. He likens dissociation to 'playing dead', in which 'the individual becomes inhibited and strives to avoid attention in order to become unseen' (Schore, 2003, p. 126). He comments that the child's dissociation in the midst of terror 'involves numbing, avoidance, compliance and restricted affect. Traumatized infants are observed to be staring into space with a glazed look' (Schore, 2001, p.10).

I believe that some of the controversy around dissociation arises because the term is used in a variety of ways and its meaning can often be unclear (Siegel, 1999). Brewin

states that the concept is ‘mysterious and little understood’ (Brewin, 2003, p. 52). In this essay dissociation will be thought about as an unconscious process in which thoughts, feelings and memories that cause anxiety are either cut off from consciousness or from the associated affect. Dissociation involves the capacity to separate ourselves from an aspect of our experience. In child protection assessments this will include individuals who have no memory of a traumatic experience (dissociative amnesia). Perhaps more commonly, it also includes individuals who retain the memory of the traumatic event but without the associated affect.

Schore comments that the longer the trauma lasts and the more severe the trauma the greater the likelihood that the person will use dissociation as a means of coping (Schore, 2003). Mollon argues that dissociation is most often found when the abuser is a caregiver because the child uses an internal escape when ‘there is nowhere to run and no-one to turn to’ (Mollon, 2001, p.218). Dissociation is particularly correlated with sexual abuse in childhood (Mollon, 2002). It can be thought of as being an internal flight when external flight is not possible. It frequently involves a numbing of the pain and a frozen state in which the individual can talk about a traumatic experience but without any associated affect. In this sense, dissociation involves remembering without affect.

Recently I interviewed a woman who had been sexually abused by her birth father. She has only fleeting memories of the abuse. She was subsequently abused by a number of different men. When talking about one incident she said: ‘I was there but all lights were off’. I asked her what she meant. She replied that only her body had been there, the rest of her had been a long way away. She said that she had ‘switched

off' all the lights. Other women who have been sexually abused have talked to me about the way in which they emotionally removed themselves from the event and looked down from the ceiling as though the experience was happening to someone else.

Hughes discusses the link between dissociation and shame (Hughes, 2006). Children who experience severe trauma are likely to develop deep shame about themselves. From an attachment perspective it is dangerous and frightening for the child to think of the parents – on whom the child is totally dependent – as being 'bad' and threatening. It is much safer for the child to think of himself as being 'bad', rather than think of primary caregivers in this way. Similarly, many abusing parents make comments which increase a child's sense of worthlessness (e.g. 'you are useless and pathetic'). In this way, the child comes to internalise a sense of himself as being 'bad' and consequently feels full of shame about himself. Dissociation, which involves a cutting off from childhood experiences and feelings, can therefore be thought about as being a way of avoiding thinking about deeply shameful feelings about oneself. The greater the degree of shame an individual feels about himself the more likely he will use dissociation as an unconscious defence against this feeling. Mollon discusses the way in which shame blocks access to emotional material (Mollon, 2008). It is likely that extreme shame will block emotional material both in terms of self knowledge and self disclosure to others.

Music also comments on the way in which dissociative processes can interfere with learning. He suggests that this is one reason why children within the care system do not achieve well academically. Because dissociation involves a retreat into an internal

world it leads to a loss of the capacity to process information from the external environment (Music, 2006). It is also likely that individuals who are more hyperaroused will have difficulty in learning because of the need to prioritise keeping themselves safe, leading to problems in relaxing and attuning to their environment.

This paper will focus on two consequences of dissociation which are relevant to child protection: neglect and choice of partner.

Social workers need to be increasingly alert to the dangers of neglect. Modern neuroscience is now demonstrating the devastating effect of neglect on brain development in the first few years of life. Both Schore and van der Kolk argue that neglect may be more damaging for a child's emotional development than abuse alone (Schore, 2003, van der Kolk, 2003).

Fraiberg provides an evocative example of the link between dissociation and neglect: 'Jane begins to cry. It is a hoarse, eerie cry in a baby....we see the baby in her mother's arms screaming helplessly; she does not turn to her mother for comfort. The mother looks distant, self absorbed. She makes an absent gesture to comfort the baby, then gives up. She looks away. The screaming continues for five dreadful minutes.....As we watched this tape later in a staff session, we said to each other incredulously, 'It's as if this mother doesn't hear her baby's cries!' (Fraiberg, 1980, p. 168f). Fraiberg concludes that this mother will not be able to hear her baby's cries until her own traumatic history has been acknowledged and her own cries heard. She argues that the key point is that while this mother can talk about her traumatic history,

she is not able to be in touch with the associated affective experience. She has dissociated from the emotional pain of the experiences.

Schore argues that maternal dissociation blocks infant attachment. He comments that episodes of persistent crying can act as a potent trigger for dissociation in the mother and that there is a strong link between dissociation and neglect. 'The caregiver's entrance into a dissociative state represents the real time manifestation of neglect' (Schore, 2001, p. 17). The mother who is in a dissociative state will be absorbed in her own internal state and hence not be able to 'tune in' to the needs of her child, thereby becoming neglectful. Thus, the mother who Fraiberg discusses was so absorbed in withdrawing from her own pain that she could not hear her infant's cries.

This links with Cozolino's argument that an individual's emotional availability to himself parallels his emotional availability to his child: the more open someone is to his own emotions, the more skilled he will be at tuning in to the emotions of others (Cozolino, 2002). This requires the person to be in touch with the pain and grief associated with a traumatic event. If the parent is not able to bear being in touch with his own pain, he will not be able to be emotionally available to his own child when the child is distressed or upset.

I have recently carried out an assessment of a mother with four children, all of whom have been severely neglected. This mother has never known her birth father and was rejected by her birth mother at a young age. She was brought up by her aunt who was cruel and punitive towards her. When I asked her what impact she thought that her childhood had had on her, she replied that it had not affected her. She went on to tell

me that she felt guilty for having such a happy childhood. This lack of congruence between her actual experience and how she thought about it was remarkable and a clear example of dissociation: she was not able to be in touch with the emotional pain of her childhood and instead consistently maintained that she had had a happy childhood.

However, although this dissociation in some ways protected her from the pain of her childhood, there was a cost for her. In 'closing her eyes' to her own traumatic history she became blind to the emotional needs of her children. Her emotional unavailability to herself paralleled her emotional unavailability to her children who were all, in different ways, showing signs of significant emotional neglect.

The second area of concern in child protection terms is in relation to partner choice. In the past I have co-facilitated a group work programme for mothers whose partners posed a risk of sexual abuse to children. The aim of the group was to enable the women to safeguard and protect their children from abuse. My belief was that many of the members of this group had come to use dissociation at a young age and continued to do so now. The degree of dissociation had an impact on their choice of partner and their capacity to assess risk in men.

One of the women who was a member of the group would sometimes go into a dissociative state when the group was talking about sexual abuse. Her face would become vacant and she would stare at the ground. It was as though while her body remained in the room the rest of her had left. When spoken to in this state she would often not reply for several minutes, as though she was not able to hear us. Other group

members found this frightening and did not know how to respond to her. We eventually learnt that she had herself been sexually abused as a child, although she was unable to talk about this in the group.

This woman had recently had a baby with a man who had a history of sexual offences against children. However, she continued to maintain that he presented no risk to her child, despite significant evidence to the contrary.

This woman displayed aspects of an avoidant attachment pattern. Dissociation as described above, which involves an emotional cutting off from experiences, is linked with an avoidant attachment pattern. In contrast, hyperarousal, which involves an emotional flooding, is connected with an ambivalent attachment pattern.

There is a clear correlation between dissociation and repetitive patterns of behaviour. Anyone who has worked in the area of child protection for long will be familiar with repetitive patterns of behaviour, most commonly in relation to partner choice. Freud named this the repetition compulsion (Freud, 1920), whilst attachment theorists call it the narrative re-enactment of the story (Neborsky, 2003). Santayana's statement 'those who cannot remember the past are condemned to repeat it' encapsulates some of these ideas (Santayana, 1905). The concept refers to the way in which a traumatised person unconsciously recreates the traumatic event over and over again.

Similarly, energy therapists now talk about the Law of Attraction. According to this, whenever a person thinks a thought or feeling he broadcasts vibrations out into the

universe. These vibrations magnetically connect with people and circumstances of like vibration. We are like giant magnets pulling into our life whatever we focus on. At every moment we draw into ourselves the essence of what we predominantly think and feel (Corbin, 2000). Thus, unresolved traumatic issues, which have been subject to dissociation, nevertheless continue to have an energy and resonance, which is communicated to others. I believe that the greater the degree of dissociation, the more likely an individual is to become caught up in repetitive patterns of behaviour that are damaging, either to themselves or to others. The Law of Attraction has some similarities with the psychoanalytic concept of projective identification. Whilst the Law of Attraction makes intuitive sense to me, it should be noted that at present it is a speculative, rather than an evidence based, idea.

Following this, I believe that Cozolino's statement about the emotional availability of an individual being linked to her emotional availability to her children can be extended. It seems that an individual's emotional availability to herself is also linked to her capacity to assess risk and danger in another. In becoming blind to their own pain, these mothers became blind to assessing risk in their partners. In 'switching all the lights out' they are in the dark when it comes to assessing danger.

The concept of dissociation provides further insights into mothers who become involved with men who have histories of sexual offending. I was initially very puzzled by women in the group who themselves had been sexually abused but who seemed to have little knowledge, understanding or awareness about the way in which perpetrators operated. I had perhaps naively assumed that women who had been

abused would have increased knowledge about perpetrators and sexual abuse in general. The idea of dissociation helped me to realise that for such women knowledge about the abuse was held in a part of the brain to which they did not have conscious awareness or access. In separating themselves from such unbearably painful experiences they had lost contact with whole parts of themselves and their history. Much of the work, therefore, involved helping the women to regain access to things which on some level they already knew but had lost touch with.

I believe that dissociation is also linked to lying. It is common for Letters of Instruction in situations of domestic violence to ask whether a mother has separated from a violent partner. Recently I have assessed two women who both strongly maintained that they had ended their relationships with dangerous, volatile men. It later became clear that both of them had secretly been continuing their relationships with their partners. Both had been lying about their relationship.

It is very difficult to know how to assess whether a mother has indeed separated from her partner. However, one helpful element may concern dissociation. Lying involves dissociation. Lying requires the individual to be able to compartmentalise and keep separate two aspects of their lives. It is likely that this separation of two aspects of their lives happens on both a conscious and unconscious level. In addition, both of the women displayed aspects of dissociative identity disorder: both seemed to have two, entirely separate personalities: on the one hand, a competent, 'sensible' personality which was well able to care for their children; and another highly self destructive personality which was well hidden but which placed themselves and their children at considerable risk. In talking to the 'sensible' part of them, they seemed to be unable to

think about or gain access to the self destructive part of themselves. Consequently, I believe that the more that an individual uses dissociation the greater their capacity to deceive both themselves and others.

Finally the concept of dissociation is also helpful in terms of partner choice. The concept requires us to think about couples as a psychological system with a shared pathology within the couple (Freeman, 2005). I believe that social work has a tendency to split couples into the 'good parent' and the 'bad parent', the 'abusing parent' and the 'protective parent'. However, as the examples above demonstrate, the concept of dissociation leads to the idea that people who dissociate unconsciously 'choose' partners who will act out some of their hidden pathology. Freeman gives the example of a woman who had had a traumatic childhood which she allowed herself 'not to see'. Her husband was violent to her children, in this way, argues Freeman, acting out some of his wife's hidden aggression. The local authority had tended to see 'the problem' as being located solely within the father, whereas the likelihood is that the mother had a strong unconscious role in the abuse of the children.

Implications for Assessment:

Because of the clear correlation between dissociation and neglect, partner choice and the capacity to protect, it becomes important for social workers to become skilled at

assessing for dissociation. The Manual for the Dissociative Experience Scale (Carlson and Putnam, 1993) is a self-report measure that can helpfully assess for dissociation.

However, questions about childhood are also ways of assessing for dissociation. A lack of memory about childhood should alert the social worker to the possibility of dissociative amnesia. I generally ask for the person's earliest memories. While many people have little memory much before the age of about seven, a lack of memory after that may be significant in terms of dissociation.

A lack of affect about traumatic events or experiences is also significant. I would note how an individual 'tells his story', particularly in relation to traumatic experiences. It is common in child protection assessments to hear a person talk about painful, traumatic experiences in a 'flat', cut off kind of a way. This may indicate that the person has unconsciously used dissociation to protect himself from unbearable pain and to separate himself from the experience.

Similarly, I will always ask an individual what effect she thinks her childhood has had on her adult functioning. With people who have experienced some trauma in their childhood I would hope to hear some acknowledgement of the pain and distress of the trauma. However, often when I ask this question of traumatised individuals their response is to say that the experience has had no effect on them at all.

In addition, I ask people for three happy and three sad memories from their childhood. Again people who dissociate often find it hard to think of unhappy memories. I asked this question of the women mentioned previously who had been brought up by her

aunt. She told me that she was not able to remember any unhappy memories from her childhood. She went on to say that she felt guilty for having such a happy childhood. This lack of coherence in her account is a clear indication of dissociation.

I also ask people whether they find themselves repeatedly daydreaming or ‘in a world of their own’. I ask if they ever lose periods of time or suddenly find themselves somewhere, with no recollection of how they got there.

Finally, it is important to assess both partners within a parental relationship. In so doing, one of the aims would be to gain an understanding of the relationship as a psychological system with a shared pathology. Assessment of just one parent within a couple is likely to be colluding with the false notion of a ‘dangerous parent’ and a ‘safe parent’.

Implications for Treatment:

Psychotherapy with people who strongly dissociate is likely to be complex. Because of the clear link between dissociation and trauma people who strongly dissociate may have difficulty in benefiting from purely verbally based therapy. Modern neuroscience is now showing the impact of trauma on the brain. It is now recognised that trauma affects Broca’s area, the part of the brain related to speech (Cozolino, 2002). Trauma can inhibit the functioning of this area of the brain, hence the expression ‘speechless terror’. Thus Deborah Orr wrote about her experience of being raped as follows: ‘I never went to the police, and I never told a soul what had

happened for many weeks, because I was simply mute with the misery of it all' (The Independent, 31.01.07). Becoming mute is a common response to trauma. In carrying out risk assessments in child protection cases I frequently find that parents simply do not have the words to describe traumatic experiences. I frequently hear people say that they cannot find the words to describe their experience. It follows from this that any form of therapy that is largely verbally based is going to be problematic in terms of trauma.

A second issue revolves around the issue of re-traumatisation. While some people gain relief from being able to talk about painful experiences and feeling heard and understood, for others talking about a trauma can in itself become re-traumatising. For such people any therapy that requires them to tell and retell the story may become distressing and re-traumatising. Recently I have assessed a woman who has experienced major violence in both her childhood and her adult life. These traumas continue to impact on her capacity to trust and parent her children safely. I spoke to her about the possibility of engaging in psychotherapy in order to address these unresolved traumas. Her response was to say that if she talks about her past traumas she relives them, something which she has no wish to do.

Consequently therapies which are less verbally based such as EMDR, EFT and TFT may be more applicable in terms of dissociation (Mollon, 2005, 2008). These therapies can at times rapidly accelerate the pace of change and are challenging the idea that change is necessarily a long, slow process. In addition, these therapies rely less on the therapeutic relationship, and the development of trust (which is often

problematic with deeply traumatised people) is not always a necessary condition of the work.

Following on from Music's ideas about the way in which dissociative processes interfere with learning, it seems clear that a purely educational approach will have limitations. When we tried to 'educate' the woman referred to previously about the way in which paedophiles groom their partners and the community she switched off and took nothing in. The material became retraumatising for her and triggered a dissociative withdrawal. Other mothers who had traumatic histories also found it hard to absorb information of this kind.

It will also be important that any treatment programmes avoid punitive, shame inducing interventions. Any punitive interventions are likely to increase an individual's deep sense of worthlessness and heighten dissociative processes, thereby increasing resistance to change. The aim should be to reduce feelings of shame and worthlessness and hence dissociative processes, so that the individual can become freer to think about their personal history and current behaviour.

Hughes, in a moving case study, provides a model of how to work with a deeply traumatised and disturbed child. The foster carer and therapist are able to set boundaries for the child without using shame inducing comments or interpretations (Hughes, 2006). Many social work interventions, such as the removal of children, can potentially be highly shame inducing for parents. Social Workers may need to handle

the challenging dilemma of informing a parent that their behaviour needs to change without doing it in such a way as to increase that person's sense of shame.

Case Example:

I was asked to work in psychotherapy with a 21 year old woman. She had been sexually abused by her birth father and there was external evidence for this through medical evidence and her father's confession. The woman had no memory of the abuse and was almost certainly experiencing a form of dissociative amnesia. She repeatedly maintained that apart from her father's abuse of her she had had a happy, uneventful childhood. However, the local authority also had concerns about this woman's mother who they described as having a long standing drink problem. It was thought likely that my client had experienced significant emotional neglect as well as sexual abuse. Schore comments that people who experienced maternal neglect and paternal abuse are at particular risk of developing emotional problems in adulthood (Schore, 2003). It seems clear, therefore, that she had been severely traumatised by her experiences with her parents and had unconsciously used dissociation to separate herself from the experiences. Her dissociation was evidenced by her poor memory of the childhood (including dissociative amnesia about the sexual abuse), her lack of affect and her minimisation of the problems.

This woman had two children by different fathers. Both fathers had convictions for sexual offences against children. The woman strongly maintained that she had not known of the men's offences when she first became involved with them and that she only learnt their history after she became pregnant. The Local Authority were

concerned about her choice of partner and her ability to protect her children. Although she had separated from both men, she maintained that neither of them posed any risk to her children and saw no problems in their having contact with the children, despite significant evidence to the contrary. In addition, there were concerns about her emotional availability to the children and she was thought to be insensitive to their needs. Consequently the assessing psychiatrist recommended that she engaged in psychotherapy to address the unresolved trauma, thereby hopefully interrupting what seemed to be a repetitive pattern of behaviour in terms of partner choice, her minimisation of her past, her difficulty in assessing risk in men and her emotional unavailability to her children.

In practice, the work became highly problematic. The woman could understand intellectually that she could have been negatively affected by her father's abuse but was unable to recall any memories about it. She continued to be protective of her mother, with whom she was in frequent contact, despite the local authority's concerns. She was also frightened and reluctant to probe too deeply into her past. She was not articulate and found it hard to be in touch with or express her feelings. She repeatedly told me that she 'had nothing to talk about' and that she had no problems that she wanted to change. It was also understandably hard for her to develop any trust in me or form a working alliance. The degree of dissociation that she used made it difficult for me to make any emotional contact with her and she often presented as being withdrawn and emotionally cut off. At the time I was working purely analytically and found that solely verbally based therapy was unhelpful in enabling her to resolve these traumatic issues. We worked together for six months before she disengaged. While the therapy may have given her some experience of being in a

relationship with a man who was caring and unintrusive with her, it did not begin to address the traumas she had experienced or the degree of dissociation that she uses. It is likely that a less verbally based form of psychotherapy would have been more appropriate with her.

Conclusion:

As with unresolved trauma in general, the greater the degree of dissociation that an individual uses the greater the consequent risks from a child protection perspective. We all use dissociation to some degree (such as daydreaming) and life would probably be intolerable without it. However, if used to excess it has the dangers as previously outlined in this paper.

The concept of dissociation is relevant to both assessment and treatment within social work. Social workers need both to be able to assess the possibility of dissociation in their clients and to work in such a way as to reduce feelings of shame and thus dissociative processes. As shame decreases, the associated denial, rage and dissociation will also decrease. However, I also think that it is likely that many social work assessments fail to identify dissociative processes. Individuals who tend more towards hyperarousal are in some ways easier to assess: symptoms of hyperarousal such as flashbacks, nightmares and intrusive thoughts are more vivid in contrast to dissociative processes that tend by their nature to be more hidden.

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