

**BOOK REVIEW:**  
**“Dissociation: Culture,  
Mind and Body”**

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*Dissociation: Culture, Mind and Body*, Edited by David Spiegel, M.D. Published in 1994 by the American Psychiatric Press, Washington, DC., 227 pages.

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Dissociation, as the editor of this important volume reminds us, “challenges many comfortable assumptions.” From a theoretical vantage, it demands great conceptual clarity and a knowledge of many areas of import in psychology; from a clinical vantage, it has brought about one of the most contentious debates in recent history, whether or not important memories can be “forgotten” only to appear as habits, behaviors, and dreams, or even later as full-fledged remembrances. But above all, dissociative phenomena challenge the cherished notion that our conscious self is an all-knowing, integrated entity.

This volume is the result of a 1991 conference at the Center for Advanced Study in the Behavioral Sciences, sponsored by the MacArthur Foundation. I was fortunate to be present at this truly multidisciplinary meeting. Anthropologists, psychiatrists, psychologists, and neuroscientists were asked to give presentations and respond to each other’s work. This book shows its multidisciplinary heritage, with sections on the concept of dissociation, how to measure it, how it relates to mind-body interactions, and how it is undergirded by culture.

In this first section, memory researcher Erdelyi presents a lucid discussion of dissociation. In other works Erdelyi has repeatedly made the case that the usual distinction between “dissociation” and “repression” does not hold much theoretical or even historical water. In this chapter, he presents two models of dissociation: one, as a “discrepancy of information conveyed by two concurrent indicators of information” (p. 12); the other, as memories that, although inaccessible at one point, may later be recovered. To that, I would only add that “dissociation” is also used as a descriptive term for alterations of consciousness in which estrangement from the self or the environment predominates.

Hypnosis researcher Kenneth Bowers gives a clear summary of his own dissociative theory in which dissociated con-

trol of experience and action is directly activated by hypnotic suggestion. In his account, absorption and imaginal involvement do not mediate hypnotic responding and are epiphenomenal or may even interfere with hypnotic responding. Bowers’ theorizing can also be seen in the light of other experimental (e.g., Pekala, 1991) and cross-cultural evidence (e.g., Cardeña, 1996) that at least some of what we call dissociative states do not involve imagery.

Eve Carlson, one of the creators of the DES (Dissociative Experiences Scale) introduces the most widely used paper and pencil instrument to evaluate trait dissociativity. The DES has been shown to differentiate clinical from non-clinical populations, and dissociative disorders from other forms of psychopathology. Carlson also reviews some of the research with the DES, showing that patients with eating disorders, PMS during follicular and luteal phases, and individuals with a history of early abuse, score significantly higher on the DES than comparison groups. She also mentions a study that showed high dissociators to withstand more pain than low dissociators. Finally, she concludes that seizure patients do not report more dissociative phenomena than do controls, although the evidence is that while seizure patients do not even closely report dissociative phenomena to the extent that DID patients do, they nonetheless report more dissociative phenomena than is the norm for non-clinical populations (cf. Cardeña et al., 1996).

Marlene Steinberg is the creator of probably the most widely-used structured clinical interview for the dissociative disorders, the SCID-D. The SCID-D measures five dimensions of dissociation: amnesia, depersonalization, derealization, identity confusion, and identity alteration. Steinberg thoroughly discusses each dimension and gives examples of how dissociative disorders patients have responded to the SCID-D. Although both the DES and the SCID-D have greatly advanced research and practice in dissociation, we should remind ourselves that they and similar instruments have come out of particular conceptions of dissociation at a particular time. We would fall into an operational trap if we concluded, as some people are starting to do, that dissociation is nothing more than what these and similar instruments measure. Theoretical and empirical advances in dissociation should determine the forms of evaluation we will use in the future — not the other way around.

The section on mind-body interactions contains an article by Colin Ross on dissociation and physical illness. A number of authors have decried the separation of somatization from the dissociative disorders (e.g., Nemiah, 1991) and there is evidence that somatization is significantly related to dissociation and early abuse (e.g., Saxe et al., 1994). Ross introduces his own measure, the DDIS (Dissociation Disorders Interview Schedule), mentions the relation between dissociation, early abuse, and somatization, and makes the bolder claim that some medical disorders and symptoms have "large post-traumatic dissociative subgroups." He writes that there is good evidence of this subgroup in patients with nonorganic pelvic pain and irritable bowel syndrome, and that we should investigate other medical illnesses, particularly those associated with sexual abuse such as gynecological and genitourinary diseases.

It is of particular interest that in the next chapter David Spiegel and Eric Vermuten specifically mention a well-controlled study that showed that irritable bowel syndrome patients treated with hypnosis showed significant improvement in the signs and symptoms of the disease as compared with a control group. More generally, Spiegel and Vermuten review the physiology of hypnosis and dissociation and focus on some of the important work on event-related potentials and hypnosis-induced hallucinations done by the first authors. They also give a succinct and clear review of the effect of hypnosis interventions on skin disorders, allergic responses, burns, blood flow, the gastrointestinal system, and neurological and respiratory symptoms.

I have left for the last the area that is commonly neglected in the discussion of dissociation, namely culture. Laurence Kirmayer illustrates how dissociation is used to describe such diverse phenomena as a Vietnam veteran with PTSD, a DID patient, and a Tamil woman who does not evidence pain while her cheeks are being pierced through in a Thaipusam ritual. He makes the important point that such diverse phenomena "may have no single essence to be discovered by psychometrics or neurophysiology" (p. 92), a fact that our classificatory schemas tend to make us forget. Kirmayer then presents a theory of how diverse states of mind and self-consciousness may be related to dissociative experience, and how social discourse and praxis can affect and be affected by gaps in experience.

Roberto Lewis-Fernández follows with a chapter that analyzes the links between culture and dissociation. He reminds us that we ordinarily assume that culture affects expressions of normalcy and pathology in every other culture but our own, and that culture cannot be isolated (or worse, ignored) in research methodology. Failure to consider the effect of cultural notions of identity, self-control, etc., have made authors commit such indiscretions as assuming that spirit possession must be but an exotic form of dissociative identity disorder (as if DID were a culture-free, universal phenomenon), or that DID as an entity must be suspect because

it is affected by our culture's interest in the unity and continuity on the self (as if culture did not affect the prevalence, expression, and morbidity of other psychopathologies, including schizophrenia, eating disorders, depression in women, etc.). This chapter also includes a thorough review of *ataque de nervios* and possession syndrome, and gives the rationale for a proposed new diagnosis: "trance dissociative disorder."

*DISSOCIATION* concludes with some reflections by the editor on the various issues raised by the contributors. While we may not be at a stage of being able to integrate how culture, mind, and body interact in dissociation, this volume is the first step on that essential task. ■

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