

A Study of Emotional Processing and Patterns of Adjustment among Patients with Dissociative Disorder

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ABSTRACT

The objective of this study was to explore the emotional processing and adjustment patterns in patients with dissociative disorders. The Study was conducted at Institute of Medical Sciences and Neurosciences (IMHANS), Srinagar, India. **Methods:** The patients were chosen with the help of purposive sampling. A total of 30 participants (both male and female) were taken for the study. The Cross-sectional Research Design was used to collect the data. The **tools** used were Personal Information Schedule, Emotional Processing Scale (EPS 25) (Roger Baker 2000) and Bell's Adjustment Inventory. Scoring of Emotional Processing Scale and Bell's Adjustment inventory were done using the manual. Mean and Correlation was calculated by using SPSS. **Results:** It was found that dissociative disorder patients were plagued by intrusive and persistent emotions. In order to avoid those negative emotions, the patients tried to avoid experiencing them. Unprocessed emotional style was found to be most frequently used by the patients. Dissociative disorder patients were found to have poor adjustment in home, social, health as well as emotional areas of adjustment; with the maximum adjustment on emotional front. Further, it was found that there was no significant correlation between emotional processing and adjustment. However there was positive correlation between health and unregulated and unprocessed emotions. **Conclusion:** The findings of this exploratory study shed some light on the emotional processing and patterns of adjustment. This would help in the understanding and formulation of therapeutic cases and its implications on therapeutic interventions.

Keywords: *Emotional Processing, Patterns of Adjustment, Dissociative Disorder*

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Dissociation is that process in which normally related psychological experiences and events are detached from each other and result in a distortion of experience with both subtle and profound alteration in interpretation of the meaning of personal and interpersonal events. Dissociative disorders are defined as conditions that involve disruptions or breakdowns of memory, awareness, identity and/or perception. Typically the development of these disorders are the reaction to some trauma, used as a coping mechanism to avoid thinking about difficult memories. In severe forms of dissociation, disconnection occurs in the usually integrated functions of consciousness, memory, identity, or perception. For example, someone may think about an event that was tremendously upsetting yet have no feelings about it. Clinically, this is termed emotional numbing. Dissociation may affect a person subjectively in the form of “made” thoughts, feelings, and actions. These are thoughts or emotions seemingly coming out of nowhere, or finding oneself carrying out an action as if it were controlled by a force other than oneself. Typically, a person feels “taken over” by an emotion that does not seem to make sense at the time. Feeling suddenly, unbearably sad, without an apparent reason, and then having the sadness leave in much the same manner as it came, is an example, or someone may find himself or herself doing something that they would not normally do but unable to stop themselves, almost as if they are being compelled to do it. Thus the common theme shared by Dissociative disorders is a partial or complete loss of normal integration between memories of the past, awareness of the identity and immediate sensations, and control of bodily movements.

The concept of emotional processing has its origin in Lang’s analysis of fear-relevant imagery in the context of behavior therapy for fear reduction. It was given by Rachman (1980) who defined it as a process whereby emotional disturbances are absorbed, and decline to the extent that other experiences and behaviors can proceed without disruption. If an emotional disturbance is not absorbed satisfactorily, some signs become evident, which are likely to occur intermittently, and may be direct and obvious or indirect and subtle. Foa and Kozak (1986) broadened the definition of Emotional Processing as either decreased or increased emotional responding resulting from exposure to both fear state and information inconsistent with the activated cognitive-affective fear structure. Pennebaker et.al. (1997) defined emotional processing as decreased inhibition of emotion, increased self understanding, and enhanced positive self-reflection.

Adjustment is defined as the adaptation of the individual in his or her interpersonal and social environment. Emotional processing is seen as critical to successful adjustment to traumatic experiences such as breast cancer. Emotional processing can be facilitated by dispositional and social environmental factors. Emotional intelligence is a dispositional characteristic defined as the ability to understand, accurately perceive, express and regulate emotions (J.D. Mayer and P. Salovey. 1997)

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One of the core problems for the person with a dissociative disorder is affect dysregulation, or difficulty tolerating and regulating intense emotional experiences. This problem results in part from having had little opportunity to learn to soothe oneself or modulate feelings, due to growing up in an abusive or neglectful family, where parents did not teach these skills. Problems in affect regulation are compounded by the sudden intrusion of traumatic memories and the overwhelming emotions accompanying them (Metcalf & Jacobs, 1996; Rauch, van der Kolk, Fislser, Alpert, Orr et al., 1996).

The inability to manage intense feelings may trigger a change in self-state from one prevailing mood to another. Depersonalization, derealization, amnesia and identity confusion can all be thought of as efforts at self-regulation when affect regulation fails. Each psychological adaptation changes the ability of the person to tolerate a particular emotion, such as feeling threatened. As a last alternative for an overwhelmed mind to escape from fear when there is no escape, a person may unconsciously adapt by believing, incorrectly, that they are somebody else.

Thus we see dissociative disorder is a common psychiatric disorder and emotional processing, alexithymia and adjustment plays a very important role in the course of dissociative disorder. This area is not yet explored so much and it seems appropriate and desirable to carry out scientific studies in order to understand dissociative disorder in the context of emotional processing, alexithymia and adjustment.

Verona, Sprague, and Sadeh (2012) studied inhibitory control and negative emotional processing in psychopathy and antisocial personality disorder recorded event-related brain potentials during an emotional-linguistic Go/No-Go task to examine modulation of negative emotional In control offenders, inhibitory control demands (No-Go vs. Go) modulated frontal-P3 amplitude to negative emotional words, indicating appropriate prioritization of inhibition over emotional processing. In contrast, the psychopathic group showed blunted processing of negative emotional words regardless of inhibitory control demands, consistent with research on emotional deficits in psychopathy. Finally, the APD group demonstrated enhanced processing of negative emotion words in both Go and No-Go trials, suggesting a failure to modulate negative emotional processing when inhibitory control is required. Implications for emotion-cognition interactions and putative etiological processes in these personality disorders are discussed. Barlow (2011) studied memory for complex emotional material in dissociative identity disorder wherein Eleven women with dissociative identity disorder (DID) participated in an experiment that included a variety of memory measures. DID participants were faster than a group of 13 female students at producing autobiographical memories in response to cue words. DID participants had difficulty answering detailed questions about a story containing fear compared with a neutral story; the student group did not. The DID group reported experiencing significantly more childhood trauma than did the student group. Effect sizes were moderate to high.

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AIM

- I. To study the emotional processing and adjustment patterns in patients with dissociative disorders.
- II. To study the pattern of emotional processing in dissociative disorder patients as measured by Emotional Processing Scale
- III. To study the adjustment pattern in dissociative disorder patients as measured by Indian adaptation of Bells adjustment inventory
- IV. To study the relationship between adjustment patterns and emotional processing

METHODOLOGY

Dissociative disorder is an illness which considerably affects interpersonal and social relationships as well as health and emotional life and this in turn, further affects the course of illness. Studies have indicated that people suffering from dissociative disorder have difficulty in understanding their emotions, labeling them with the events in their lives, difficulty in communicating their feelings and often difficulty in differentiating body sensations from emotions.

Research Design

As the subjects were assessed on various variables at a single time during the course of illness, the Cross-sectional Research Design was used to collect the data.

Sample

- The patients were chosen with the help of purposive sampling
- A total of 30 participants (both male and female) were taken for the study

Inclusion criteria

1. Subjects diagnosed as dissociative disorder according to ICD-10.
2. Age - 18 to 50 yrs.
3. Patients who were able to read and understand Kashmiri language

Exclusion Criteria

1. Diagnosis of other psychiatric disorders except secondary depression of mild severity (Mild Depression)
2. Any neurological or physical illness

Tools

Personal Information Schedule: it was prepared and used to collect the socio demographic details of the patient and history of present illness of the subject.

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Emotional Processing Scale (EPS 25) (Roger Baker 2000): It is a 25 item five factor self report questionnaire designed to measure emotional processing style comprising of five emotional styles which are suppression, unprocessed emotions, unregulated emotions ,avoidance and impoverished emotions.

Bell's Adjustment Inventory: It is an inventory consisting of 135 items, which are marked as either “yes”, “no” or “?”.It measures adjustment in four areas, which is Home, Social, Health and Emotional Adjustment. The inventory was constructed by Bell in 1934.

Procedure

Once the patient was referred from psychiatric Outpatient Department to Psychology Out Patient Department an initial rapport was established. He/she was interviewed using personal information schedule in order to determine whether the patient fits into the inclusion and exclusion criteria. If he/she met the inclusion and exclusion criteria, he/she was briefed about the research work and the informed consent form was explained to the patient in which he/she was explained the rationale of the current study, confidentiality issue and that it was under the control of the patient to take part or not to take part in the study most of the patients read it on their own and if they faced any problem in understanding the consent form it was being read for them and explained to them and if some of them had difficulty in understanding despite many explanations given by the researcher informants were involved in such situations. One session for one patient with 45 minutes duration all the patients were cooperative throughout the session. When the patient voluntarily signed the informed consent form, he/she was included in the study.

First of all Bell's Adjustment Inventory was given to the patient which they completed on their own. Subsequently Toronto Alexithymia Scale was administered and then Emotional Processing was given 45-60 minutes have been planned on the same day for administering the tests mentioned above. If it was observed that patient had difficulty in comprehending the questions and nature of ratings it was decided to administer the test rather than giving it to the patient for self-administration.

Data Analysis

Scoring of Emotional Processing Scale and Bell's Adjustment inventory were done using the manual. Mean was calculated. Correlation was calculated by using SPSS.

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RESULTS

Table 1: Socio-demographic characteristics of the sample

Socio-demographic characteristics		N	Percentage
Gender	Male	6	20
	Female	24	80
Age	Below 20 years	9	30
	Above 20 years	21	70
Education	Primary	22	73.33
	Secondary	6	20
	Higher	2	6.66
Occupation	Employed	4	13.33
	Self employed	12	40
	Unemployed	14	46.66
Socio-economic Status	HSES	3	10
	MSES	10	33.33
	LSES	17	56.66

HSES: Higher socioeconomic status; MSES: Middle socioeconomic status; LSES: low socioeconomic status

As indicated by Table no.1, 20% of the sample were males and remaining 80% were females, 30% of the sample were under the age range of below 20 years and 70% were above 20 years, 73.33 % of the sample were primary educated, 20 % were secondary educated and 6.66% were higher educated. 13.33 % of the sample was employed while as 40% were self employed and 46.66% were home makers. 10 % of the sample were in the group of the high socioeconomic status, 33.33% were under middle socioeconomic status and remaining 56.66% were under low socioeconomic status.

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Table 2-To study the patterns of emotional processing in dissociative disorder patients means and SD's were calculated for each dimension and are presented below.

Variable	Suppression	Unprocessed Emotions	Unregulated emotions	Avoidance	Impoverished	Total
Mean ± SD	5.15±1.07	5.74±1.18	5.53±1.39	5.52±1.69	4.81±1.57	5.317±0.72

According to Table no.2 , unprocessed emotion was found to have a mean of 5.74 (S.D.= 1.18) , unregulated emotion was found to have a mean of 5,53(S.D.= 1.39), avoidance was found to have a mean of 5.52(S.D.=1.69) ,suppression was found to have a mean of 5.15 (S.D.=1.07) and impoverished emotional experience was found to have a mean of 4.81(S.D.= 1.57). Thus unprocessed emotions was found the have the highest mean among the five styles of emotional processing as elicited by Emotional processing scale. The total emotional processing was found to have a mean of 5.317 (SD =0.72)

Table 3-To study the patterns of adjustment in dissociative disorder patients means and SD's were calculated for each dimension and are presented below.

Variable	Home	Health	Social	Emotional
Mean± SD	10.1±4.97	17.06±5.51	17.96±5.36	22.2±5.51

According to Table no. 3 Home adjustment was found to have mean of 10.1(SD=4.97), Health adjustment was found to have mean of 17.06(SD=5.51), Social adjustment was found to have mean of 17.96(SD=5.36), Emotional adjustment was found to have mean of 22.2(5.51).Thus emotional adjustment was found the highest mean among four types of adjustment as elicited by Bell's Adjustment Inventory

Table 4-Correlation between different dimensions of Emotional Processing and Adjustment

	SUP	UPE	URE	AVD	IMP
Home	.031*	-.234*	-.209*	-.010*	-.021*
Health	.057*	.156*	.259*	-.216*	-.083*
Social	-.189*	-.108*	-.090*	-.211*	-.159*
Emotional	.044*	.262*	-.143*	-.185*	-.184*

*** significant at 0.05 level**

Table no.4 depicts there is a positive correlation between home adjustment and suppression (.031),health adjustment and suppression (.057) ,emotional adjustment and suppression (.044) ,health adjustment and unprocessed emotion (.156),emotional adjustment and unprocessed emotion (.262),health and unregulated emotion (.259).A negative correlation is found between social adjustment and suppression (-.189) ,home adjustment and unprocessed emotions (-.234),

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social adjustment and unprocessed emotion (-.108) home and unregulated emotion (-.209) social adjustment and unregulated emotions (-.090), emotional adjustment and unregulated emotions (-.143), home adjustment and avoidance (-.010), health adjustment and avoidance (-.216), social adjustment and avoidance (-.211), emotional adjustment and avoidance (-.185), home adjustment and impoverished emotion (-.021), health adjustment and impoverished emotion, social adjustment and impoverished emotions (.159), emotional adjustment and impoverished emotion (-.184).

DISCUSSION

The current study examined emotional processing and patterns of adjustment among patients with dissociative disorder.

The current study was single group design and data was collected by purposive sampling technique. The study comprised the sample of 30 patients fulfilling the inclusion and exclusion criteria. Personal data sheet, Emotional Processing Scale, Bell's Adjustment Inventory were the tools used for the collection of data.

Rachman (1980) used the term emotional processing to refer to the ways in which an individual processes stressful life events. He defined the concept of emotional processing as “a process whereby emotional disturbances are absorbed, and declined to the extent that other experiences and behaviors can proceed without disruption”. He noted that, for the most part of people successfully process the majority of aversive events that occur in their lives. Indeed, if individuals were unable to absorb or process emotional disturbances, they would operate at a constantly high level of arousal with so much intrusion from their feelings so as to interrupt their daily tasks of living and create emotional disturbances.

Dissociative disorder is an illness which considerably affects interpersonal and social relationships as well as health and emotional life and this in turn, further affects the course of illness. Studies have indicated that people suffering from dissociative disorder have difficulty in understanding their emotions and often difficulty in differentiating body sensations from emotions.

The first objective of the study was to study the pattern of emotional processing in patients with dissociative disorder. As can be seen from Table 2 unprocessed emotion pattern was found to have highest mean indicating that all patients with dissociative disorder use most frequently this style of emotional processing.

This implies that individuals having dissociative disorder are usually not able to process or absorb an emotional event adequately and they tend to experience again and again which may be a contributing factor in maintaining their illness. These findings were to be found in line with what Rachman (1980) who stated that individuals who are unable to absorb or process emotional disturbances, there would be intrusion and persistent emotional experiences.

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The second most frequently used emotional pattern was found to be avoidance indicating that all patients tried to avoid the negative emotional triggers. These findings were found to be in consonance with study of Greenberg & Pascual-leone(2006) wherein it was concluded that arousal of emotions has been shown to be important for emotional processing, and a tendency to avoid painful emotions prevented both awareness as well as arousal of emotions.

All patients have tendency to suppress their emotions. There is an evidence that when emotional expression is actively inhibited, individuals show immunological changes consistent with poorer health outcomes (Schwartz,1990)

All patients have detached and impoverished emotional experiences due to poor emotional insights. As the patient tend to avoid their emotions they become detached and lack awareness of what is happening inside them and thus tend to have poor emotional insight.

All the patients reported signs of unregulated emotional experiences. These findings are consistent with the previous studies. Morrow and Nolan-Hoeksema (1990) concluded that unrestrained emotional expression can be damaging to physical and mental health and that a balance between emotional expression and emotional control is most adaptive to health. The fourth objective was to study the adjustment patterns in dissociative disorder. On analyzing table 3 it can be seen that emotional adjustment was found to have highest mean indicating all patients with have problem in emotional adjustment .It can be related that people with dissociative disorder have problem in regulating emotions resulting in problem in emotional adjustment. Social adjustment was also seem to be problematic because people with dissociative disorder have difficulty in communication and expression. Health adjustment seem to be difficult because these patients have a tendency to attach negative meanings to their bodily sensations and they cannot discriminate between physical and psychological illnesses which further accentuates the inability for appropriately communicating what one is feeling.

The fifth objective was to study the relationship between adjustment and emotional processing. On correlation it was found that there were some positive and some negative correlations. None of the associations were found to be significant. However, there is a positive correlation between home adjustment and suppression which is because if a person has a good adjustment interms of home or he is adjusting well to his home environment, he uses the suppression in order to adjust well interms of home adjustment. Positive correlation was also seen between health adjustment and unprocessed and unregulated emotions. It is evident now that these patients have intrusiveness and inability to control ones emotions. These patients tend to attach negative meaning to their bodily sensations thus resulting in poor health adjustment.

CONCLUSION

The aim of the present study was to study the emotional processing and adjustment patterns in patients with dissociative disorder. For this purpose the objective of the study were as ,to study the pattern of emotional processing in dissociative disorder patients as measured by Emotional

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Processing Scale, to study the adjustment pattern in dissociative disorder patients as measured by Indian adaptation of Bells adjustment inventory and to study the relationship between adjustment patterns and emotional processing

From the previous chapters on data analysis and discussions, results can be summarized as: It was found that dissociative disorder patients were plagued by intrusive and persistent emotions. In order to avoid those negative emotions, the patients tried to avoid experiencing them. Unprocessed emotional style was found to be most frequently used by the patients. Dissociative disorder patients were found to have poor adjustment in home, social, health as well as emotional areas of adjustment; with the maximum adjustment on emotional front.

It was found that there was no significant correlation between emotional processing and adjustment. However there was positive correlation between health and unregulated and unprocessed emotions. The findings of this exploratory study shed some light on the emotional processing and patterns of adjustment. This would help in the understanding and formulation of therapeutic cases and its implications on therapeutic interventions.

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