

## Abstract of Dr Francesca Collins' PhD thesis

### ***Dissociation, coping and control: A cognitive model of dissociation in non-clinical populations.***

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In this thesis, the author proposes a novel model of dissociation as experienced by members of non-clinical adult populations. This cognitive model is derived from the conceptual, aetiological and phenomenological relationships between dissociation, External locus of control orientation and the use of emotion-focused coping strategies.

Dissociation refers to the process whereby the usually integrated functions of consciousness, memory, identity or perception of the environment are disrupted. Emotion-focused coping strategies refer to thoughts and behaviours that reduce the psychological impact of a stressful event as opposed to problem-focused strategies where the aim is to address the problem causing the stress. Locus of control refers to one's beliefs about the source of control over one's fate; the Externally oriented individual sees chance happenings or the actions of powerful others as influencing their fate whereas Internally oriented individuals see themselves as the chief source of control over their own fate.

The cognitive model presented here draws together themes emerging specifically from the dissociation research literature, Lazarus' (Lazarus & Launier, 1978) cognitive theory of stress and coping and Rotter's (1966) concept of locus of control. Historically, dissociation research has focused upon its pathological manifestations; only recently have researchers begun to investigate dissociation as a 'normal' process. In this regard, the present work represents a significant contribution to the burgeoning research literature regarding dissociation in non-clinical populations.

The proposed cognitive model and its underlying assumptions were tested over a series of three studies: 1) a questionnaire-based study; 2) a laboratory-based study examining dissociation under boring and painful conditions; and 3) a 'real world' study examining dissociative responses to riding a roller-coaster. Dissociation was measured via the Dissociative Experiences Scale (Bernstein & Putnam, 1986), coping was measured via the Ways of Coping Questionnaire (Folkman & Lazarus, 1988) and locus of control was measured via Levenson's Multidimensional Locus of Control Scale (Levenson, 1972).

In Study 1, support was found for the overall model in that dissociativity, the use of emotion-focused coping strategies and External locus of control were found to be significantly correlated and the combination of preferred coping strategies and locus of control orientation was significantly predictive of dissociativity. Study 2 showed that all individuals experience dissociation while conducting a boring, monotonous task, however, contrary to predictions, tendency to dissociate was not related to tolerance of ischaemic pain. The findings of Study 3 suggest that hyperarousal and lack of control are the essential features of peritraumatic dissociation and that peritraumatic dissociation may be experienced in response to non-traumatic, subjectively positive events.

The results of this research have important implications for both the dissociation and the coping research literature: the possibility that in non-clinical adult populations, dissociation functions to regulate stimulation is discussed, the need to revise our current conceptualisation of coping is suggested and movement away from purely traumagenic understanding is proposed.