Suppression and dissociation

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Summary—The present study examined the connection between suppression and dissociation. Fifty-four normal subjects completed the White Bear Suppression Inventory and the Dissociative Experiences Scale. Results showed that suppression and dissociation were significantly correlated. Furthermore, both suppression and dissociation correlated positively with less adaptive defense categories as indexed by the Defense Style Questionnaire: suppression was found to be related to immature defenses while dissociation was associated with both neurotic and immature defenses.

INTRODUCTION

Both suppression and dissociation are listed as defense mechanisms in the recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 1994). According to the DSM, both suppression and dissociation refer to attempts of the individual to deal with emotional conflict or internal or external stressors. Meanwhile, suppression and dissociation differ in several respects. To begin with, the content of suppression and dissociation is clearly distinct. That is, whereas suppression can be defined as “avoiding thinking about disturbing problems, wishes, feelings, or experiences” (American Psychiatric Association, 1994, p.755), dissociation is thought to be “a breakdown in the usually integrated functions of consciousness, memory, perception of self or the environment” (American Psychiatric Association, 1994, p.755). Second, suppression is regarded as a conscious mechanism: the individual intentionally tries to avoid certain thoughts. In contrast, dissociation is believed to be an automatic process: the individual does not know that he or she dissociates. Third, whereas suppression is considered to be one of the more adaptive coping strategies, dissociation is generally seen as a pathogenic defense mechanism (American Psychiatric Association, 1994). Fourth, while suppression is a clearly defined concept that lends itself to experimental manipulation (e.g. Wegner, 1989), descriptions of dissociation are considerably less clear (see e.g. Frankel, 1990). Admittedly, there is a questionnaire that intends to measure individual differences in dissociative tendencies termed the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986). But, again, several authors (Hacking, 1995; Frankel, 1990) have emphasized that it remains to be seen whether the DES actually taps dissociation as a defense style.

A recent study by Van den Hout, Merckelbach, and Pool (1996) suggests that suppression and dissociation are positively associated. In that study, 151 normal Ss completed the White Bear Suppression Inventory (WBSI; Wegner & Zanakos, 1994), and the DES. The correlation between WBSI and DES was substantial: $r = 0.52$.

The main purpose of the present study was to examine the positive association between suppression and dissociation in more detail. Furthermore, an attempt was made to evaluate the DSM claim that suppression is an adaptive defense mechanism, whereas dissociation is a more pathogenic mechanism. This was done by relating WBSI and DES scores to Vaillant’s (Vaillant, 1994) categories of mature, neurotic, and immature defenses.

METHOD

Subjects

Ss were 54 introductory psychology students (46 women). Mean age of the sample was 20.9 yrs (SD = 2.5; range 18–29 yr). Ss completed the questionnaires in small groups of 8–10 students. They received a small financial compensation for their participation in the study.

Measures

The WBSI ($a = 0.86$) is a 15-item questionnaire measuring people’s general tendency to suppress thoughts. It asks Ss to indicate on a five-point scale the extent to which they agree (1 = ‘strongly disagree’; 5 = ‘strongly agree’) with statements such as: “There are things I prefer not to think about”, “I always try to put problems out of mind”, and “I often do things to distract myself from my thoughts”. Responses are summed to yield a total score that ranges from 15 to 75, with higher scores indicating a stronger tendency to suppress. The reliability of the WBSI is good and there is strong evidence for the validity of this scale (Muris, Merckelbach & Horsemolen, 1996).

The DES ($a = 0.90$) is a 28-item self-report instrument. The items describe dissociative experiences such as feelings of depersonalization and derealization, and disturbances in identity, memory, awareness, and cognition. Ss indicate on a 100-mm visual analogue scale the degree to which the experience described in the item applies to them (0 = ‘not at all’; 100 = ‘very much’). Factor analyses have revealed three factors (e.g., Ross, Joshi & Currie, 1991). The first factor, absorption-imaginative involvement, is composed of common, benign experiences such as missing part of a conversation and being able to ignore pain. The second factor, activities of dissociative states, describes less common experiences such as not recognizing friends or family members. The third factor, depersonalization and derealization, consists of unusual experiences of not recognizing...
one's reflection in a mirror or looking at the world through a fog. So far, research has shown that the DES has good test-retest reliability and internal consistency (Bernstein & Putnam, 1986; Ross, Norton & Anderson, 1988).

The short version of the Defense Style Questionnaire (DSQ; Andrews, Pollock & Stewart, 1989) consists of 36 items which are allocated to 17 defense mechanisms. These, in turn, can be classified into three main defense categories: mature defenses (e.g. sublimation, suppression; nine items), neurotic defenses (e.g. undoing, reaction formation; five items), and immature defenses (e.g. isolation, autistic fantasy, denial, splitting; 22 items). Each item is checked on a nine-point scale, ranging from 1 ("strongly disagree") to 9 ("strongly agree"). A defense mechanism/category score can be obtained by summing the scores on the relevant items. A recent study by Andrews, Singh, and Bond (1993) has shown that the 72-item DSQ, from which the short version has been derived, possesses reasonable psychometric properties (i.e. moderate internal consistency and good test–retest stability).

RESULTS

The mean scores on WBSI and DES were 45.8 (SD = 10.2) and 483.9 (SD = 269.0), respectively. Pearson product–moment correlations between WBSI, DES, and DSQ scores are presented in Table 1. As can be seen, a significant and positive correlation emerged between WBSI and DES: \( r = 0.35, P < 0.01 \). Correlations computed between WBSI and DES factors as described by Ross et al. (1991) revealed that especially DES factor I 'absorption-imaginative involvement' and DES factor 3, 'depersonalization-derealization', were associated with WBSI suppression \( r = 0.30, P < 0.05 \) and \( r = 0.39, P < 0.005 \), respectively.

Furthermore, results showed that WBSI suppression was significantly correlated to DSQ immature defenses \( r = 0.38, P < 0.005 \), whereas DES was positively associated with both DSQ neurotic and DSQ immature defenses \( r = 0.40, P < 0.005 \) and \( r = 0.45, P < 0.001 \), respectively.

DISCUSSION

The results of the present study can be summarized as follows. First of all, in line with the finding of Van den Hout et al. (1996), a positive association between suppression and dissociation was found. Second, suppression correlated with immature defenses rather than with mature defenses. Third, dissociation was positively associated with both neurotic and immature defenses.

Further inspection of the relationship between suppression and dissociation revealed that WBSI scores were most strongly associated with DES factor 1 ‘absorption-imaginative involvement’ and factor 3 ‘depersonalization-derealization’. This indicates that suppression was not only related to relatively benign (factor 1) but also to more unusual dissociative experiences (factor 3).

As to the association between suppression and dissociation, we can only speculate about the underlying mechanism. It may well be the case that dissociation and suppression are the result of a third underlying variable. For example, it is possible that both suppression and dissociation are epiphenomena of neuroticism. There is, indeed, evidence to suggest that high levels of defense and coping mechanisms such as suppression and dissociation are to be found in Ss who display relatively high levels of neurotic symptoms (De Silva & Ward, 1993; Muris et al., 1996; Johnson, Edman & Danko, 1995). Alternatively, negative life experiences might be the common factor linking suppression to dissociation. It is known that traumatized individuals not only try to suppress thoughts about the aversive experience (Kuyken & Brewin, 1994), but also display heightened DES scores (DiTomasso & Routh, 1993). Perhaps then, some of the Ss in the present sample may have been confronted with such aversive life experiences, and it may well be the case that these Ss exhibit higher levels of suppression and dissociation. Still another possibility is that dissociative experiences are the product of suppression. In the study by Van den Hout et al., the tendency to dissociate was found to be related to self-reports of traumatization. However, this association was mediated by suppression. That is to say, the DES-trauma relationship disappeared when the influence of suppression (i.e. WBSI scores) was partialled out. Van den Hout et al. conclude that this result "suggests that dissociative experiences may result from strategic/wilful efforts to forget" (p.107). A final point is concerned with the validity of the DES. Frankel (1990) has argued that a number of DES items “can be readily explained by the manner in which subjects recall memories” (p.827). Interestingly, a recent study by Wegner, Quillian, and Houston (1996) showed that suppression results in disturbances of memories that pertain to the sequence of events. Assuming that the meaning of a memory largely depends on temporal sequence of events, suppression might underly pathological memory distortions. Thus, the DES may tap memory problems that occur in those Ss who have a strong tendency to suppress.

The finding that WBSI suppression is associated with DSQ immature defenses rather than with DSQ mature defenses is surprising, especially since suppression is one of the mature defense mechanisms as indexed by the DSQ. The correlation between WBSI suppression and DSQ suppression was \( r = -0.12 \) (non-significant). Inspection of both questionnaires showed that whereas WBSI items tap the tendency to use suppression as a mental control strategy, the DSQ items "I am able to

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Note: *P < 0.05; **P < 0.01; ***P < 0.005; WBSI, White Bear Suppression Inventory; DES, Dissociative Experiences Scale; DSQ, Defense Style Questionnaire.
keep a problem out of my mind until I have time to deal with it" and "I can keep the lid on my feelings if it would interfere with what I am doing if I were to let them out" refer to the successful outcome of such a strategy.

Experimental studies on thought suppression indicate that the consequences of suppression are all but positive (e.g. Wegner, Schneider, Carter & White, 1987). Thought suppression leads to intrusions and, consequently, there are reasons to believe that suppression plays a crucial role in the etiology and maintenance of obsessions and other anxiety disorders (Wegner, 1989). In the light of these findings, it is not surprising that WBSI is linked to immature defenses. Furthermore, just like DSQ immature defenses (Muris & Merckelbach, 1996), WBSI suppression is found to correlate positively with measures of psychopathology (Wegner & Zanakos, 1994; Muris et al., 1996). In other words, suppression appears to have more in common with immature than with adaptive or mature coping and defense mechanisms.

The association between dissociation, on the one hand, and DSQ neurotic and immature defenses, on the other hand, was more or less anticipated. Dissociation is often considered to be a risk factor for severe psychopathology (see for a review, Kihlstrom, Glisky & Angiulo, 1994), and therefore it is not surprising that this defense mechanism is connected to neurotic and immature defenses.

In conclusion, then, the current study found a positive relationship between suppression and dissociation. Furthermore, suppression and dissociation correlated positively with less adaptive defensive categories as indexed by the DSQ, and both seem to tap aspects of psychopathology.

REFERENCES


