

CHAPTER 14: DISSOCIATIVE EXPERIENCES RESEARCH QUESTIONS

- How do we explain how the components of consciousness become dissociated in dissociative disorders?
- Is there a specific dissociative subtype of PTSD that is defined by the severity of both PTSD and dissociative symptoms?
- What is the objective evidence that the symptoms of dissociative disorders actually serve a functional purpose (such as alleviating stress and anxiety)?
- Does childhood abuse contribute in a causal way to the development of dissociative disorders?
- Is being female a greater risk factor for the development of dissociative disorders?
- Does a strong imagination and fantasy life in childhood contribute directly to the development of dissociative symptoms (such as alter identities)?
- Can the symptoms of dissociative disorders be explained by the disruption of all or part of the sufferer's memory processes?
- Does DID involve separate inter-identity memory systems?
- Why do individuals with high levels of dissociative symptoms have impaired recall for trauma words only under conditions of divided attention?
- Can state-dependent memory accounts explain the severe amnesia experienced by individuals with dissociative amnesia?
- What is the evidence that individuals with dissociative symptoms exhibit a deficit in reality monitoring?
- Does stress cause permanent changes in the release of neurotransmitters that inhibit the laying down of memory traces?
- What is the role of the hippocampus in the suppression of memories in dissociative disorders?
- Why are there so few controlled outcome studies of treatments for dissociative identity disorder (DID)?
- Is there any objective evidence that hypnotherapy facilitates recall of early life trauma by recreating the physical or mental states experienced earlier in life?