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PREVIEW

**DIFFERENCES IN ACCULTURATION, WORLDVIEWS, AND RATINGS OF  
DISSOCIATIVE EXPERIENCES:  
A CROSS-CULTURAL COMPARISON OF WHITE AMERICAN STUDENTS  
AND INTERNATIONAL STUDENTS FROM DEVELOPING NATIONS**

by

**Melissa (Lisa) Frey**

**A DISSERTATION**

**Presented to the Faculty of  
The Graduate College at the University of Nebraska-Lincoln  
In Partial Fulfillment of Requirements  
For the Degree of Doctor of Philosophy**

**Interdepartmental Area of  
Major: Psychological and Cultural Studies**

**Under the Supervision of Gargi Roysircar Sodowsky**

**Lincoln, Nebraska**

**July, 1999**

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DISSERTATION TITLE

Differences in Acculturation, Worldviews, and Ratings of  
Dissociative Experiences: A Cross-Cultural Comparison of  
White American Students and International Students from  
Developing Nations

BY

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DIFFERENCES IN ACCULTURATION, WORLDVIEWS, AND RATINGS OF  
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Melissa (Lisa) Frey, Ph.D.

University of Nebraska, 2000

Advisor: Gargi Roysircar Sodowsky

This study examined the relationships among acculturation, worldviews, and the ratings of dissociative experiences for White American and international graduate students in a Midwestern university in the United States (U.S.). Worldviews were operationalized as the attitudinal dimensions of Normativism and Humanism; acculturation as the preferences for Language Usage and Social Customs; reactions to cultural discrimination as Perceived Prejudice; and dissociative experiences as unusual perceptions that were labeled as Pathology, Nonpathology, and Culture-Bound syndrome. Using the survey method, data were collected from 125 White American students and 143 international students.

While there were no significant differences between White American and international participants on the rating of Pathological dissociation, international participants scored significantly higher on the rating of Nonpathological dissociation.

For the White American sample, a three-step hierarchical regression model indicated that Acculturation and Abuse were significant predictors for Nonpathology. While there were no significant differences between the abused and nonabused groups in the White American sample on Culture-Bound syndrome, there was a significant difference between the two abuse groups on Nonpathology scores. The White American students' degree of Acculturation to their own society made a significant

contribution to their scores on the Culture-Bound syndrome.

For the international sample, a five-step hierarchical regression model indicated that Perceived Prejudice, Acculturation, and Normativism were significant predictors for Nonpathology. International students' Region of Origin made a significant contribution to Culture-Bound syndrome. While international students from different Regions of Origin showed similar Nonpathology scores, there were significant differences on Culture-Bound syndrome. The mean of the Southeast Asian group was lower than the means of the South Asian-Middle Eastern and Latin groups. The latter two cultural groupings endorsed stronger culturally-related dissociations.

For both the White American and international samples, Perceived Prejudice and Acculturation entered simultaneously into a multiple regression analysis were significant predictors of both Normativism and Humanism.

This study may provide support for the theoretical assumption that experiences of dissociation have cultural explanations.

PREVIEW

## Acknowledgments

most people don't  
know there are  
angels whose only  
job is to make sure  
you don't get too  
comfortable & fall  
asleep & miss your  
life (Andreas, 1994)

I would like to acknowledge my gratitude to the many "angels" who have provided support and counsel to me throughout the completion of this research study. First, I'd like to express my thanks to my academic and dissertation advisor, Dr. Gargi Roysircar Sodowsky. Without her guidance and encouragement throughout the past five years, my journey would have been much more difficult. Her insight and optimism supported me during times when I most needed it.

Many thanks also go to my committee members, Dr. Roger Bruning, Dr. Gregg Schraw, and Dr. Rob Benford, for the time they devoted to reviewing my proposal and dissertation, their excellent suggestions, and their encouragement. In addition, the statistical consultation and guidance provided to me by Sara Finney was most appreciated. Her patience, understandable explanations, and good humor made working with her a joy.

My thanks also go out to my loyal and supportive friends for their understanding and encouragement. Irit was always there to listen and give me hugs when I needed them. Greg and Michael always made it clear that they loved and supported me--and made room in their lives during a time when I most needed it. Deb and Sharon not only offered me their friendship, but always made sure I balanced my academic, work, and family commitments with a measure of relaxation and fun. The traditions in our relationship (e.g., camping at Platte River) provide nourishment in my life and support my continued growth as a woman. Of course, I can't forget my program cohort--Amy (Emee), Kimo, and Tricia. My doctoral program experience was made immeasurably more bearable because of our cohesive and supportive relationships.

Last, but most importantly, I'd like to express my appreciation to my family. My sons, Dylan and Joshua, never lost faith in me and made it clear how important it was to them for me to "follow my dream." Dylan offered support and unconditional love during my lowest times. Many times this is what kept me plugging away when my own motivation seemed to have disappeared. His willingness to make the sacrifice of moving to Texas with me for a year during my internship--thus leaving his home school and childhood friends for a year--was a truly unselfish decision for a teenager. I will always carry an appreciation for his unselfishness in my heart. Joshua, although "all grown up" and living independently through most of my doctoral program, spent most of his childhood years with me in school of one sort or another. I thank him for his love and his confidence in me--and his mature and consistent message, even when he was a child, that it was as important to him as it was to me that I reach my goals. And to my parents, Harold and Betty Frey, I want to express my deepest gratitude and love. Their excitement and pride in my accomplishments has been a source of joy to me. My accomplishments are also theirs--they taught me to love learning, to always do my best, to enjoy and love life. Their never-ending love is the greatest gift anyone has ever given me. LLF



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PREVIEW

# Differences in Acculturation, Worldviews, and Ratings of Dissociative Experiences:

## A Cross-Cultural Comparison of White American Students and International Students from Developing Nations

### CHAPTER ONE:

#### INTRODUCTION

Despite indications in the literature of the presence of dissociative phenomena in many cultures (e.g., American Psychiatric Association, 1994; Bauer & Power, 1995; Berger, Ono, Nakajima, & Suematsu, 1994; Bourguignon, 1989; Carlson & Rosser-Hogan, 1994; Coons, Bowman, Kluft, & Milstein (1991); Martinez-Taboas, 1989, 1991a, 1991b), there has been little systematic cross-cultural investigation into various dissociative states (Weidman, 1979), such as pathological, nonpathological, and culture-bound dissociative states. In addition, the relationships of acculturation and worldviews to the perception of such dissociative states have not been investigated. The importance of studying these factors is summarized by Golub (1995) who states, "The danger of creating categorical fallacies is obvious and the challenge formidable: to suspend momentarily our own categories as much as we possibly can in order to discover inductively how others construct their world, and then to try accurately to translate human experience from one world view to another" (p. 286).

#### Is Dissociation a Culture-Bound Phenomenon?

Some authors suggest that dissociative disorders, especially Dissociative Identity Disorder (DID), are culture-bound to nations, such as the United States (U.S.), that emphasize an individualistic worldview (e.g., Martinez-Taboas, 1991a, 1991b; Ross, 1991b). The Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) describes culture-bound

syndromes as "recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category" (p. 844). Coons (1993) notes that a culture-bound syndrome's differential distribution depends upon the psychosocial factors present in a particular culture. Therefore, in addressing the issue of whether dissociative disorders as defined by the DSM-IV (American Psychiatric Association) are culture-bound to Western societies, one must examine characteristics of the particular society which might contribute to individual susceptibility to such disorders. For instance, Kleinman (1988) provides one such analysis:

The rationalizing powers of modern secular Western society have either created or intensified a metasef-a critical observer who watches and comments on experience. By internalizing a critical observer, the self is rendered inaccessible to possession by gods or ghosts; it cannot faint from fright or become paralyzed by humiliation; it loses the literalness of bodily metaphors of the most intimate personal distress, accepting in their place a psychological metalanguage that has the appearance of immediacy but in fact distances felt experience; and the self becomes vulnerable to forms of pathology that appear culture-bound to the West. (p. 50-51)

#### Individualistic Societies

Ross (1991b), in his seminal article placing memory and dissociation in a cultural context, theorizes that multiplicity is a normal organizational principle of the psyche. The total psyche is made up of several parts, including an executive self (i.e., metasef) or ego. In the Western world, Ross suggests, the executive self has developed a "cultural dissociation barrier" to remove those experiences that are not acceptable to Western thought. These unacceptable



experiences include paranormal experiences and deep intuitive consciousness, both of which are accepted experiences in many societies outside the Western world. This barrier is created within an individual by sociocultural forces which reinforce the disconnection between the executive self and the unacceptable dissociative experiences (i.e., normal multiplicity). Because of the dissociation barrier, Ross theorizes, the executive self must make a choice to disconnect from these experiences or to risk a lack of acceptance within a society that views such experiences as unreal. Crabtree (1992) describes this as "cultural pathology, a pathology that none of us completely escapes, since to some degree we all dissociate from the culturally forbidden" (p. 153).

Ross (1991b) lists several characteristics of the cultural dissociation barrier within Western industrialized societies including (a) a belief in monotheistic religion, with its associated belief in an abstract, disembodied, and omnipotent entity; (b) the view that the rigid and linear logic of the executive self is the only acceptable rational and realistic logic; (c) the manifestation of a reductionistic and mechanistic ideology; and (d) a view of deeper intuitive processes as dangerous and demonic. Overall, these characteristics pathologically suppress normal multiplicity (Ross).

Martinez-Taboas (1991a) adopts a similar social constructivist perspective in exploring socioculturally determined patterns of experience and expression which influence the development of dissociation. Within individualistic cultures, sociocultural characteristics have resulted in the construction of a society that values uniqueness, separatism, and consistency among roles rather than interdependence and group participation (Martinez-Taboas; Takahashi, 1990). In this way, individualistic cultures exert a direct effect on

dissociative patterns by creating the essential conditions for the appearance of such phenomena (e.g., the denial of or inability to deal with normal multiplicity), and then pathologizing the symptoms. One of the predictions of social constructionism as it relates to dissociation is that pathological dissociation (specifically, DID) will primarily be found in individualistic societies that view the self as autonomous (Martinez-Taboas). Triandis, Bontempo, Villareal, Asai, and Lucca (1988) note that the United States and Canada are two of the most individualistic societies in the world. It may, therefore, not be coincidental that these two countries have been identified as experiencing an epidemic of Dissociative Identity Disorder (Boor, 1982).

Based on such theories, it seems clear that various dissociative states serve a function within a sociocultural context. Whether the dissociative symptomatology is considered pathological or not seems to be specific to the social and cognitive constructions of the culture. If this analysis is correct, it logically follows that differing cultures may provide environments which predispose one to varying types of dissociative experiences, and that such experiences are culture-bound phenomena.

#### Collectivistic Societies

Triandis (1990), like Kleinman (1988), conceptualizes dissociative disorders as culture-bound syndromes. He observes that, in cultures emphasizing a collectivistic philosophy of life, or worldview, inconsistency between the public and private self is not unusual. Studies of several collectivist cultures have noted this inconsistency in roles. For example, Doi (1986) argues that Japanese individuals behave in a way which is socially prescribed and in which their private self may contrast markedly with their public behavior. Geertz (1983) found the boundaries between private and public roles in Bali and Java

to be clearly prescribed by the collectivist culture. There are also suggestions that the Chinese have clear culturally defined boundaries between their public and private selves and, as a result, may better adapt to the complexities of living in two worlds, the public or social and the private (Draguns, 1990). The findings in such collectivistic cultures are in contrast with individualistic cultures in which public and private self roles converge due to the emphasis on congruence and consistency (Triandis).

Studies of several collectivist cultures have noted this inconsistency in roles. For example, Takahashi (1990) theorizes that, since the Japanese are disciplined to avoid self-reference, depend on others, and give priority to the harmony and well-being of the group, they learn to change their identity to meet the needs of the group. Further support for this conjecture is provided by Umesue (as cited in Curtis, 1996). Umesue notes that a measure of one's social maturity in Japan is "the ease with which one switches one's attitude from situation to situation and back again" (p. 1). Such characteristics of non-Western cultures may allow individuals to adapt more readily to dissociative experiences without the need to seek a rational explanation.

Bourguignon (1989) points out that what is viewed as negative, pathological, and without cultural support in one area (e.g., the United States) is actually taught, fostered, and culturally styled in another (e.g., Brazil). This view is supported by Leavitt (1993) who contends that Western tradition is disapproving of dissociative states. In parts of the world that are less individualistic and reductionistic, such phenomena are considered normal and may even carry great prestige (Leavitt). For example, Castillo (1994a, 1994b) reports that spirit possession, which many Western clinicians would consider pathological dissociation, is common in societies in South Asia (e.g., India). In

fact, possession by a benevolent spirit is generally interpreted as a spiritual gift. Other dissociative states which are culturally legitimized and/or sanctioned in non-Western societies include: (a) possession and trance possession as part of religious rituals, such as in Hinduism; (b) *ataques de nervios*, which is considered an acceptable way of displaying distress among the Spanish-speaking people of the Caribbean (Oquendo, Horwath, and Martinez, 1992) and South America; (c) *ngarap*, or corpse abuse, which is a socially legitimized way of expressing strong emotional impulses among the Balinese in South Asia (Connor, 1979); (d) *bebainan*, which is a way of releasing unrestrained feelings of frustration and anger without the risk of widespread stigmatization among the Balinese, a South Asian society (Suryani, 1984); and (e) "falling-out," "blacking-out," or "indisposition," which are anticipated and acceptable dissociative states observed in Bahamians and Haitians during religious ceremonies or as a result of stressful events (Weidman, 1979).

Golub (1995) points out that, within some cultures (e.g., India), there is an acceptance of a "parallel universe inhabited by external entities" (p. 287). Within such a non-Western belief system, dissociative experiences can be subsumed by supernatural factors such as possession. In contrast, the Western view, with its emphasis on logic, rational thinking, and a present and future time orientation, will likely discount supernatural factors or paranormal experiences as explanations for dissociative experiences. If such factors are discounted, the etiology of multiplicity must lie in individual pathology (Goodman, 1988).

A similar perspective is noted by Martinez-Taboas (1991a) when he observes that collectivistic societies tend to "split off (dissociative states) into semiotic systems of gods, ghosts, or ancestors" (p. 131).

If the social and cognitive constructions of a culture do not allow for such phenomena, dissociative capacities will be interpreted as individual pathology. In contrast, individuals from cultures holding a belief in collectivism and interdependence of the self would have the ability to accept dissociative experiences without seeking out rational explanations.

It should be noted that, in addition to culturally sanctioned dissociative experiences, within many non-Western cultures there appear to be mechanisms in place to distinguish culturally pathological forms of dissociation from valued and culturally accepted forms (Begelman, 1993; Leavitt, 1993; Weidman, 1979). This, in contrast to Western industrialized societies, in non-Western societies "negative" (i.e., pathological) dissociative states are often as well defined as "positive" states, are part of elaborate cultural practices, and fit into a worldview that perceives such states as ultimately helpful (Bourguignon, 1989; Leavitt). As Leavitt states, "They are a problem whose control is already in place" (p. 55).

#### Clinical Interpretations of Dissociative Disorder Presentations

These theories emphasize the importance of investigating "the ethnocultural variations in symptom patterns empirically rather than accepting a priori notions based on Western assumptions and experiences" (Marsella, Friedman, & Spain, 1996, p. 120). Indeed, there is mounting evidence that the perception of psychopathology, including dissociative states, is impacted by ethnocultural and societal patterns. Prince (1980) notes that cultures outside of Euro-American societies engage in dissociative behavior for many reasons unrelated to psychopathology. This point is illustrated in Castillo's (1994a, 1994b) reports of spirit possession in the societies of South Asia (e.g., India). While this

phenomenon is common, Castillo emphasizes it is psychoculturally distinct from DID. While it is likely that many Western clinicians would consider the presentation of spirit possession to be pathological dissociation, the cultural influences on how spirit possession is perceived and dealt with in South Asian countries contrasts with the Western interpretation. Generally, in non-Western societies, if the possessing entity is human rather than a supernatural being, the phenomenon is interpreted as mental illness and dealt with through psychiatric treatment. If the spirit is a malevolent supernatural being, it is viewed as an illness and dealt with by a traditional healer. If the spirit is benevolent, however, it is generally viewed as a spiritual gift (Castillo).

Umesue, Matsuo, Iwata, and Tashiro's (1996) study of dissociatively disordered individuals in Japan also provides evidence regarding the impact of cultural background on the clinical presentation of dissociative disorders. In this study, of the 19 individuals that were diagnosed with a dissociative disorder and were administered the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986), (a) individuals with Dissociative Disorder, Not Otherwise Specified (DDNOS), obtained the highest group median score; (b) individuals with depersonalization disorder obtained the lowest group median score; and (c) the one individual diagnosed with Multiple Personality Disorder (MPD; recently renamed Dissociative Identity Disorder [DID]) obtained a lower group median score than those diagnosed with DDNOS.

Umesue et al. (1996) offered two possible explanations for the differing distribution of DES scores in their study as compared with findings in the North American research literature, in which individuals diagnosed with MPD/DID have obtained higher DES scores than DDNOS or any other diagnostic group (e.g., Armstrong & Loewenstein, 1990; Carlson &

Putnam, 1993). The first hypothesis is related to the "psychological characteristics" (Umesue et al.) of the Japanese. These characteristics result in (a) a multilayered structure of adaptive psychological functioning, and (b) an ease in switching one's attitude from one situation to another as a measure of social maturity (Doi, as cited in Umesue et al.). This suggests that "the meaning of an integrated self is different in Japan compared with that in North America...it might be reasonable to assume that a person who develops severe dissociative symptoms is prone to manifest himself as DDNOS rather than MPD in Japan" (Umesue et al., p. 187). The second hypothesis offered by Umesue et al. suggests that Japanese cultural norms, particularly the avoidance of first person self-references, combine with the previously mentioned psychological characteristics to conceal the recognition of mild forms of MPD/DID.

It could be logically assumed that ethnocultural and societal variables will be reflected in the worldviews of individuals and will thus impact the perceptions of dissociative experiences within the culture. Draguns (1996) notes the trend among Western clinicians of equating nonconformity or disregard for Western social norms with psychological disturbance. Such labeling of all dissociative experiences as pathology or disease without consideration of "cross-cultural and transhistorical manifestations" (Spanos, 1994, p. 160) is potentially tragic. As Draguns states, "The most extreme instances of this distortion involve the misattribution of normal behavior patterns of an unfamiliar and highly different social group to mental disorder...the consequences of cultural insensitivity and the ultimate tragic result of equating strangeness with disturbance" (pp. 61-62).

### Influence of Acculturation

Complicating these issues even further for immigrants or sojourners is the potential impact of the acculturation process, or the process by which members of a minority group adapt to the dominant group. As the individual from the nondominant culture goes through the acculturation process, there will likely be cultural adaptations in the experience or perception of dissociative experiences. Factors influencing these changes could include: (a) the rejection of a previously culturally prescribed or sanctioned behavior with the behavior being relabeled as a symptom of a mental disorder; (b) alterations in the perception of dissociative experiences as a consequence of majority-nonmajority interactions (e.g., pathologizing of many dissociative experiences) that cause value-laden bicultural conflicts and, thus, put pressure on the individual to change; and (c) the experience of acculturative stress in the less acculturated individual, resulting in the reliance on culturally sanctioned strategies such as dissociative phenomena to cope with the stress.

### Purposes of the Study

While there are empirical studies present in the psychological and psychiatric literature regarding dissociative symptomatology outside the United States and Canada, these studies have tended to focus on dissociation as pathology, and have primarily been related to determining prevalence rates and symptom patterns as compared to those in the United States. The studies have included investigations of dissociative disorders in Puerto Rico (Martinez-Taboas, 1989, 1991b); Hungary (Vanderlinden, Varga, Peuskens, & Pieters, 1995); Scotland (Bauer & Power, 1995); Japan (Berger, Ono, Nakajima, & Suematsu, 1994; Takahashi, 1990; Umesue et al., 1996); South Africa (Gangdev & Matjane, 1996); Turkey (Sar, Yargic, & Tutkun, 1996); and in Cambodian refugees