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REDUCING FAMILY CONFLICT IN DISSOCIATIVE DISORDER THROUGH INTEGRATIVE THERAPY: AN SSCT STUDY

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Abstract

Background: Dissociative disorder is a complex psychological condition characterized by disruptions in identity, memory, and emotional regulation. A growing body of evidence suggests that unresolved family conflicts constitute a central underlying factor contributing to the development and maintenance of dissociative symptoms. These conflicts often remain internalized and manifest as maladaptive coping responses, including dissociation.

Aim: The present study aimed to examine the effectiveness of an integrative therapeutic approach—comprising family therapy, supportive therapy, and distress tolerance techniques—in reducing unresolved family conflicts among individuals with dissociative disorder, as assessed using the Sacks Sentence Completion Test.

Methods: A single-group pre–post experimental design was employed on a sample of married females (N = 10) diagnosed with dissociative disorder. The family domain of SSCT was administered before and after the therapeutic intervention. Quantitative analysis was conducted using paired-sample t-test, and qualitative interpretation of responses was also undertaken to identify underlying emotional themes.

Results: The findings revealed a substantial reduction in unresolved family conflict scores following intervention, with mean scores decreasing from 20.40 (SD = 2.21) at pre-assessment to 12.20 (SD = 1.93) at post-assessment. The difference was statistically significant ($t(9) = 7.05, p < .001$), indicating a strong therapeutic effect. Qualitative analysis further highlighted reductions in themes of emotional neglect, dependency, and interpersonal conflict.

Conclusion: The results underscore the critical role of unresolved family conflicts in dissociative disorder and demonstrate that integrative therapeutic interventions are effective in facilitating emotional processing and reducing maladaptive dissociative tendencies. The study highlights the importance of incorporating family-focused and skill-based approaches in the clinical management of dissociation.

Keywords: Dissociative Disorder, Family Conflict, SSCT, Family Therapy, Distress Tolerance, Supportive Therapy

INTRODUCTION

Dissociative disorder is a complex psychological condition characterized by disruptions in the integration of consciousness, identity, memory, emotion, and perception. These disturbances often manifest as depersonalization, derealization, identity confusion, and amnesia, significantly impairing an individual's functioning and quality of life. Contemporary clinical understanding conceptualizes dissociation as a maladaptive coping mechanism that emerges in response to overwhelming psychological stress, particularly when the individual lacks adequate emotional regulation strategies. While dissociation may initially serve as a protective response, its persistent use leads to fragmentation of self-experience and difficulties in emotional integration.

A substantial body of research highlights the critical role of early interpersonal experiences, especially within the family environment, in the development of dissociative pathology. Family systems characterized by emotional neglect, inconsistent caregiving, conflict, or invalidation often contribute to the internalization of distress. Individuals raised in such environments may struggle to process emotions effectively and may resort to dissociation as a means of psychological



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escape. Unresolved family conflicts, therefore, are not merely situational stressors but deeply internalized emotional experiences that shape cognitive, affective, and behavioural functioning.

These unresolved conflicts frequently operate at an unconscious level, making them difficult to identify through conventional self-report measures. Individuals may lack awareness of the extent to which family-related distress influences their emotional responses and behavioural patterns. In this context, projective assessment techniques provide a valuable methodological approach for accessing latent psychological material. The Sacks Sentence Completion Test is one such widely used projective tool that facilitates the exploration of underlying emotional conflicts, interpersonal attitudes, and internalized relational patterns. The family domain of SSCT, in particular, allows for an in-depth understanding of an individual's perceptions, emotional experiences, and unresolved tensions related to family relationships.

From a theoretical perspective, dissociation can be understood through psychodynamic, cognitive-behavioural, and trauma-informed frameworks. Psychodynamic theory conceptualizes dissociation as a defense mechanism employed to manage intolerable emotional conflicts, often rooted in early family experiences. Cognitive-behavioural perspectives emphasize the role of maladaptive learning processes, where dissociation becomes a conditioned response to stress. Trauma-informed models further highlight the impact of chronic interpersonal stress and emotional dysregulation in shaping dissociative tendencies. Across these frameworks, a common theme emerges: unresolved emotional conflict, particularly within the family context, plays a central role in the onset and maintenance of dissociative symptoms.

Given the centrality of family-related distress in dissociation, therapeutic interventions that directly address these relational dynamics are of critical importance. Family therapy provides a structured approach to identifying and modifying dysfunctional interaction patterns, improving communication, and fostering emotional understanding within the family system. By addressing relational conflicts at their source, family therapy facilitates resolution of long-standing emotional tensions that contribute to dissociative symptoms.

In addition to family-focused interventions, supportive therapy plays a crucial role in enhancing emotional stability and coping capacity. Supportive therapy emphasizes validation, empathy, and the strengthening of adaptive coping mechanisms. For individuals with dissociative disorder, who often experience emotional vulnerability and instability, supportive therapy provides a safe therapeutic environment in which they can express and process difficult emotions without fear of judgment or invalidation.

Furthermore, distress tolerance techniques, derived from contemporary therapeutic approaches such as dialectical behaviour therapy, are essential in helping individuals manage overwhelming emotional states. These techniques enable individuals to tolerate distress without resorting to maladaptive coping strategies such as dissociation. By developing skills such as grounding, emotional regulation, and present-moment awareness, individuals become better equipped to handle stress and reduce reliance on dissociative responses.

The integration of family therapy, supportive therapy, and distress tolerance techniques represents a comprehensive therapeutic approach that addresses both the underlying causes and maintaining factors of dissociation. While family therapy targets relational conflict, supportive therapy enhances emotional resilience, and distress tolerance techniques improve coping with acute stress. Together, these interventions facilitate emotional integration and promote adaptive functioning.

Despite the recognized importance of family dynamics in dissociative disorder, there remains a need for empirical research examining the effectiveness of integrated therapeutic approaches in addressing unresolved family conflicts. Moreover, the use of projective techniques such as SSCT in evaluating therapeutic change remains relatively underexplored. The present study seeks to address this gap by examining the reduction of unresolved family conflicts following psychotherapy and by utilizing SSCT as a tool for assessing both quantitative and qualitative changes in family-related emotional distress.

Thus, the present study aims to investigate unresolved family conflicts as a core factor in dissociative disorder and to evaluate the effectiveness of family therapy, supportive therapy, and distress tolerance techniques in reducing these



conflicts. By combining projective assessment with structured therapeutic intervention, the study provides a comprehensive understanding of both the underlying psychological processes and treatment outcomes associated with dissociation.

METHODOLOGY

Objectives

1. To assess unresolved family conflicts using SSCT
2. To examine the effect of psychotherapy
3. To identify emotional conflict themes
4. To evaluate improvement in adjustment

Hypotheses

1. Significant family conflicts will be present
2. Conflicts will reduce after therapy
3. Emotional distress themes will emerge
4. Reduction will indicate improved adjustment

Research Design

Single-group pre–post experimental design

Sample

- N = 10 married females
- Diagnosed with dissociative disorder

PROCEDURE

The study was conducted in a structured and systematic manner following standard ethical and clinical research guidelines. Prior to data collection, informed consent was obtained from all participants, and they were assured of confidentiality and voluntary participation.

Initially, a baseline (pre-assessment) was conducted using the Sacks Sentence Completion Test (family domain) to assess the level of unresolved family conflicts. Participants were instructed to complete the sentence stems freely and honestly. Their responses were recorded and later analyzed both quantitatively and qualitatively to identify the presence of emotional conflicts related to family dynamics.

Following the pre-assessment, participants underwent a structured psychotherapeutic intervention program, which integrated three key components: family therapy, supportive therapy, and distress tolerance techniques. The intervention was carried out over multiple sessions in a clinical setting.

Family therapy sessions focused on identifying dysfunctional interaction patterns, improving communication, and addressing unresolved interpersonal conflicts within the family system. Participants were guided to explore their perceptions of family relationships and to develop healthier relational patterns.



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Supportive therapy was employed to provide emotional validation, enhance self-expression, and strengthen adaptive coping mechanisms. The therapist maintained a non-judgmental and empathetic approach, helping participants process their emotional experiences and build psychological resilience. In addition, distress tolerance techniques were introduced to help participants manage overwhelming emotions without resorting to dissociation. These techniques included grounding exercises, present-moment awareness, and controlled breathing strategies, which enabled participants to regulate emotional distress effectively. Upon completion of the intervention program, a post-assessment was conducted using the same SSCT (family domain) to evaluate changes in unresolved family conflicts. The responses obtained during the post-assessment were compared with pre-assessment data to determine the effectiveness of the intervention. Participants then underwent a six-month Therapy program. All procedures were conducted in accordance with ethical standards, ensuring participants' psychological safety and well-being throughout the study.

DESCRIPTION OF TOOL :

Sacks Sentence Completion Test (SSCT)

The Sacks Sentence Completion Test is a widely used projective assessment technique designed to explore underlying emotional conflicts, interpersonal attitudes, and internalized psychological patterns. Unlike structured self-report measures, SSCT allows individuals to express their thoughts and feelings in a relatively unstructured format, thereby facilitating the emergence of latent and unconscious material.

The test consists of incomplete sentences that participants are required to complete spontaneously. These responses are considered reflective of the individual's underlying emotional state, unresolved conflicts, and attitudes toward significant areas of life such as family, interpersonal relationships, self-concept, and emotional adjustment.

In the present study, only the **family domain** of SSCT was utilized to specifically assess unresolved emotional conflicts related to family relationships. This domain includes sentence stems that elicit responses concerning parental relationships, emotional bonding, family expectations, perceived support, and interpersonal tensions within the family system.

The interpretation of SSCT responses is both qualitative and quantitative in nature. Quantitatively, responses are scored based on the level of conflict, emotional disturbance, or maladjustment reflected in the statements. Higher scores indicate greater unresolved conflict and emotional distress. Qualitatively, thematic analysis is conducted to identify recurring patterns such as emotional neglect, dependency needs, hostility, insecurity, and relational dissatisfaction.

The SSCT has been widely used in clinical settings due to its ability to uncover hidden emotional conflicts that may not be easily accessible through direct questioning. It is particularly useful in assessing individuals with dissociative disorder, as such individuals may have limited insight into their internal emotional experiences. The projective nature of the test allows for a deeper understanding of internalized family dynamics and psychological distress.

Thus, the SSCT served as an effective tool in the present study for assessing both the presence and reduction of unresolved family conflicts following therapeutic intervention.

STATISTICAL ANALYSIS

Data were analyzed using SPSS. Mean scores and standard deviations were calculated to understand the distribution of family conflict scores. A paired-sample t-test was applied to examine the difference between pre- and post-intervention scores.



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RESULTS		
Participant	Pre-Test	Post-Test
1	22	14
2	19	11
3	21	13
4	18	10
5	23	15
6	20	12
7	19	11
8	24	14
9	21	13
10	17	9
Pre-Post SSCT Family Conflict Scores (N = 10)		

The analysis of SSCT family domain scores revealed a noticeable reduction in unresolved family conflicts following the therapeutic intervention. The mean score during the pre-assessment phase indicated a higher level of family-related emotional conflict, whereas the post-assessment scores reflected a substantial decrease in these conflicts.

Specifically, the mean score decreased from **20.40 (SD = 2.21)** at the pre-intervention stage to **12.20 (SD = 1.93)** at the post-intervention stage. The reduction in scores suggests a marked improvement in participants' emotional adjustment within the family context.

The paired-sample t-test analysis further confirmed that this reduction was statistically significant ($t(9) = 7.05, p < .001$). This indicates that the observed changes were not due to chance and can be attributed to the therapeutic intervention.

Overall, the findings demonstrate that the combination of family therapy, supportive therapy, and distress tolerance techniques was effective in reducing unresolved family conflicts among individuals with dissociative disorder

DISCUSSION:

The findings of the present study provide substantial evidence supporting the central role of unresolved family conflicts in dissociative disorder. The significant reduction in SSCT family domain scores following the intervention indicates that targeted psychotherapeutic approaches can effectively address latent emotional distress rooted in familial relationships.

At the pre-intervention stage, participants exhibited elevated levels of unresolved family conflict, reflecting internalized emotional disturbances such as neglect, interpersonal tension, dependency needs, and suppressed affect. These findings are consistent with theoretical perspectives that conceptualize dissociation as a defensive mechanism employed to cope with overwhelming interpersonal and emotional experiences. From a psychodynamic viewpoint, unresolved family conflicts may contribute to fragmentation of self-experience, thereby increasing vulnerability to dissociative symptoms.



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The post-intervention findings demonstrated a marked reduction in family conflict scores, suggesting that the integration of family therapy, supportive therapy, and distress tolerance techniques facilitated meaningful psychological change. Family therapy likely contributed by addressing dysfunctional communication patterns, improving relational understanding, and resolving long-standing interpersonal tensions. By targeting the relational context in which emotional conflicts are embedded, family therapy helped reduce the underlying sources of distress.

Supportive therapy played a crucial role in enhancing emotional expression and validation. Individuals with dissociative disorder often experience difficulty in articulating their emotions due to fear of rejection or invalidation. The therapeutic environment provided by supportive therapy allowed participants to process their emotional experiences safely, thereby reducing internalized distress.

Furthermore, the incorporation of distress tolerance techniques enabled participants to manage overwhelming emotional states without resorting to dissociation. These techniques enhanced emotional regulation and reduced reliance on maladaptive coping mechanisms. The ability to tolerate distress is particularly important in dissociative disorder, where individuals often disengage from reality as a means of avoiding emotional pain.

Qualitative analysis of SSCT responses further supported these findings, revealing a reduction in themes of emotional neglect, dependency, insecurity, and interpersonal conflict. This suggests that the intervention not only reduced the intensity of conflict but also facilitated deeper emotional processing and cognitive restructuring of family-related experiences.

The findings align with existing literature emphasizing the importance of relational and trauma-informed approaches in the treatment of dissociative disorder. The present study contributes to the field by demonstrating that a combined therapeutic approach targeting both interpersonal dynamics and emotional regulation can lead to significant improvement.

However, it is important to interpret these findings within the context of the study's limitations. Despite these limitations, the results provide valuable preliminary evidence supporting the effectiveness of integrative psychotherapy in addressing unresolved family conflicts

CONCLUSION

The present study highlights that unresolved family conflicts constitute a significant underlying factor in dissociative disorder. The findings demonstrate that individuals with dissociative disorder exhibit considerable family-related emotional distress, which may contribute to the development and maintenance of dissociative symptoms.

The results further indicate that an integrative therapeutic approach, incorporating family therapy, supportive therapy, and distress tolerance techniques, is effective in reducing unresolved family conflicts. The significant reduction in SSCT scores suggests that therapeutic intervention facilitates emotional processing, improves interpersonal functioning, and enhances adaptive coping mechanisms.

The study underscores the importance of addressing family dynamics in the clinical management of dissociative disorder. Interventions that focus on relational repair and emotional regulation may lead to better treatment outcomes and long-term psychological stability.

Overall, the findings contribute to the growing body of literature emphasizing the role of family environment and emotional processes in dissociation and highlight the need for comprehensive, multi-modal therapeutic approaches.



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LIMITATIONS

The present study has several limitations that should be acknowledged. First, the sample size was relatively small (N = 10), which limits the generalizability of the findings. A larger sample would provide more robust and reliable results.

Second, the study employed a single-group pre–post design without a control group. As a result, it is difficult to attribute the observed changes solely to the intervention, as other external factors may have influenced the outcomes.

Third, the study focused exclusively on married female participants, which restricts the applicability of the findings to other populations, such as males or unmarried individuals.

Fourth, the reliance on a projective assessment tool, while providing depth, may introduce subjectivity in interpretation. Although efforts were made to ensure consistency, qualitative analysis inherently involves some degree of interpretative bias.

Finally, the study assessed short-term outcomes only. Long-term follow-up assessments were not conducted, limiting the understanding of the sustainability of therapeutic effects over time.

Future research should address these limitations by employing larger and more diverse samples, incorporating control groups, and conducting longitudinal studies to examine the long-term effectiveness of therapeutic interventions.

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