

Association / Dissociation:

Varying emotional engagement to enhance SBCC

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Summary

Association/Dissociation is a valuable concept which can be applied practically to enhance the impact of SBCC (Social and Behaviour Change Communication) interventions, in particular those involving community engagement, group training and counselling.

The concept relates to a person's level of emotional engagement when they experience, recall or imagine a particular event, situation, person or object. Associated (emotionally involved) and dissociated (emotionally detached) perspectives can provide starkly different insights and reactions to the same stimulus or experience. By deliberately designing training materials and facilitating training interventions to create for participants, at appropriate points, both associated and dissociated experiences, it is possible to enhance the effectiveness of such interventions, in particular around exploring sensitive issues and motivating desired behaviours.

This document clarifies the concept of Association/Dissociation with an experiential example and reference to related research. Examples then illustrate how it has been applied in SBCC programmes addressing HIV, TB, RMNCH (Reproductive, Maternal, Newborn and Child Health), Malaria and Ebola.

An illustrated definition

Before reading further, click on the narrow line below to watch this video clip <https://www.youtube.com/watch?v=52Z4SbCKbqs> (or if you cannot access this link, just imagine for a minute that you are watching your national team scoring a goal in the World Cup Final.)

As you watched (or imagined) the goals...

- Did you feel the exhilaration of the goal scorer, their teammates and the spectators, or the frustration and dejection of the other team?
- Did you get caught up in the excitement of the football game and lose awareness of what else was going on around you?
- Did your heart rate or breathing rate increase?
- Did you react physically, e.g. lean forward, tense your muscles, clench fists, jump up, clap or punch the air, (or at least feel as though you wanted to do such things?)

If your answer to some or all these questions was yes, then you have just had an experience which was at least to some degree "Associated".

Or, as you watched (or imagined) the goals...

- Did you feel detached and uninvolved?

- Did you just think about what was happening in an objective factual way, e.g. *The ball has gone in the net – so it is a goal to that team.*
- Were you thinking something like: *Why am watching this? What has football got to do with explaining this behaviour change concept?*
- Did you remain fully aware throughout of other people and things and notice what else was happening around you?

If so, then your experience was more “Dissociated”.

Exactly the same sensory inputs can be experienced by different people and at different times with radically different degrees of association or dissociation.

Neither an associated or dissociated perspective is inherently better than the other. However they are distinctly different, and lead to different insights, reactions and behaviours.

A person in an associated state lives in the moment, and reacts to events and people with emotional engagement and connection. If they associate with all experiences, they ride an emotional rollercoaster, where feelings fluctuate greatly with events they perceive as either positive or negative. However being emotionally absorbed with an issue may make it hard to see ‘the bigger picture’ and gain a broader more objective perspective. They can get overwhelmed when trying to discuss and address issues they find sensitive and challenging.

	-	+
Associated	X	X
Dissociated		

A person in a dissociated state is calm and objective, able to take a broader, dispassionate overview of an issue, situation or relationship. However, they may seem clinical, distant, unfeeling and disengaged from their immediate current experiences. A dissociated state may also favour more accurate judgments:

	-	+
Associated		
Dissociated	X	X

research around the ‘planning fallacy’ produced dramatically optimistic underestimations in response to “How long will take **you** to complete (a particular task)?”, but much more accurate estimates when the question was rephrased to elicit a more dissociated response, by reference to a third party: “How long will it take **someone else** like you to complete (the same task)?” (Willcox M. 2015)

Applying the concept

The concept of association/dissociation can be applied deliberately in the design and delivery of training and counselling processes towards realising desired behavioural outcomes, as described in the next section.

Interventions are likely to be more effective if designed broadly to enable association with desired positive outcomes, and exploration of sensitive issues and challenges in a dissociated way.

	-	+
Associated		X
Dissociated	X	

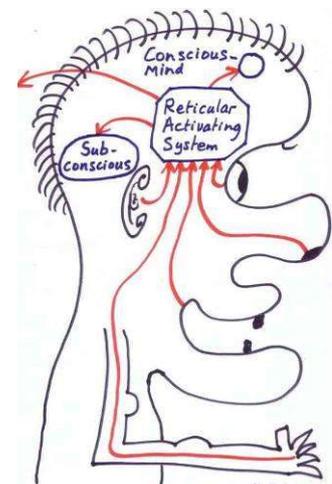
This will now be discussed further and illustrated with underpinning theory and examples from SBCC programs applying the Bridges methodology to address a range of health issues and related behaviours.

Associating with desired outcomes

Another fundamental component of the Bridges methodology is that of reframing the health issue and health seeking behaviours as merely part of a process to achieve goals and aspirations. The first session or activity of almost every Bridges of Hope Training intervention is focused on constructing or enhancing a vision for a desired future, in a way that is associated and emotionally connected. This creates a motivating focus to which relevant health seeking behaviours can then be linked.

The effectiveness of such activities depends on the degree to which participants associate with the desired future outcomes and identities they construct. If just asked to think about their future self in a bland, emotionally detached way, this is likely to have little effect. However, if they imagine their future self in a multi-sensory, emotionally connected way, as though it is already a reality, this impacts more on behaviours linked to realizing such a ‘future self’.

This effect can be attributed to the mind’s sensory information filtering mechanism, the Reticular Activating System (RAS), which manages the perpetual bombardment of information from our five senses. The RAS uses filters composed of our beliefs, values, sense of identity, the meaning we attribute to past experiences, and also to how we imagine our future. The more intense our level of association with what we experience, recall or imagine, the stronger the programming of the RAS. Whatever we have mentally programmed in our RAS dictates what it selects as relevant and important for logging to the conscious mind, and what to discard or channel to the subconscious mind. For example, your RAS is at the moment transmitting what you see and read here to your conscious mind for active processing, but it may be filtering out and discarding other sensory information like the noise of traffic or an air conditioner. You were probably not consciously aware of such background noises until this brought your attention to them.



The importance of an associated connection with our sense of future self is also supported by [research \(Hershfield et al 2008\)](#) which shows a correlation between ‘future self-continuity’ (the degree to which someone connects and associates with their ‘future self’ as they do with their ‘current self’) and ‘temporal discounting’ – making decisions which value immediate smaller gains over future larger gains. Individuals with greater future self-continuity showed a reduced tendency for temporal discounting, i.e. they are more likely to make decisions which forgo immediate or short term benefits (such as the pleasure of unprotected sex) in favour of more substantial long term benefits (such as life free of HIV or the consequences of an unintended pregnancy).

Hence activities should be designed and facilitated in a way which encourages a high level of association with desired future outcomes and identities. The following are examples of training activities which have applied this principle.

Training Activities using Association: The future you want / Walking the bridges / Identity statements

The Future you want activity enables participants to clarify their goals and aspirations, at individual, family and community levels, as a metaphorical island. Each participant also creates a personal identity statement defining the sort of person they aspire to be. These provide a motivating focus for avoiding / addressing health threats (represented by card crocodiles, sharks, snakes and mosquitos) by adopting and maintaining health seeking behaviours (walking across stick bridges) in order to reach the aspirational 'island'.



To help create an associated experience for participants, facilitators are advised and trained to:

- Be associated themselves in the way they present the activity and their example of an aspirational future.
- Help participants to relax - a relaxed state is more conducive to an associated, creative process.
- Get participants to imagine their desired futures as though they are there now, using all the senses – what can they see, hear, feel, even taste and smell? Turning up the volume, making it bigger and brighter, normally increases the level of association.
- Get participants to graphically describe their desired future to each other *as though they are there now*.
- Insist on expressing Identity Statements using “I am....” (Not “I will be...” or “I want to be...”) even when the aspirational words they select conflict with their current reality.

A dissociated process for addressing sensitive issues and challenges

The Bridges of Hope activity: *Card Character Stories* enables participants to openly discuss sensitive issues they are facing and ways of addressing them in a *dissociated* way, without having to talk directly about their own personal experiences and feelings.



Their issues and problems belong to the card characters they are presenting or talking about.

Participants select a laminated card from a set of character drawings, and tell stories related to a broadly defined health or social issue (e.g. 'sexual relationships' or 'drugs and alcohol'). The group then discusses and generates suggestions and ideas to help address and resolve the issues attributed to each card character, so that they can move from 'in the water' to 'on one of the bridges on route

to their island' (having strategies, and confidence to address the issue and progress towards realizing their goals). The stories that emerge invariably reflect the issues and actual experiences of participants, their families and communities. It enables open discussion and sharing of advice on personal issues which participants might otherwise only reveal by attributing them to a third party, e.g. "I have a friend who..." For example, during a session in Zambia a young woman selected this card and described "Mary" (the name she gave the card character) and her relationship with a boyfriend who was pressurising her to have unprotected sex. Diverse suggestions from the group included "Mary should ditch him if he does not respect her" to "Go together for couples testing and if both HIV negative, use oral contraceptives." These were addressed to the card character, but valuable to the woman who introduced her personal issue through the card character as well as potentially to others in the group facing a similar issue.



Activities and counselling processes using both association and dissociation

It is often valuable to elicit and integrate both associated and dissociated perspectives and insights into an issue or relationship. This is achieved in various activities such as *Forum Theatre Interactive Drama*, and also in the *Three Points of View* activity which explores the issue from perceptual positions which are both associated (first and second person) and dissociated (third person / 'wise observer'). (Dilts R. 2003)

Forum Theatre is an interactive drama technique pioneered in Brazil to build skills and strategies to address a diverse range of social, political and relationship issues (Boal, 1989). In an adapted and simplified form, the process is as follows: The facilitator identifies a specific relationship issue relevant to the participants, and gets two or more people to act a short play in which the "Key Character" says and does things which show that s/he is clearly incompetent at addressing the issue. The actors perform their play, while participants watch. It is then replayed from the beginning, exactly the same, but participants are challenged to stop the play and suggest what the Key Character should do or say differently. The play then continues with successive participants taking the place of the Key Character and trying out, in a highly associated way, their ideas for better ways of addressing the issue. Thus the process encourages dissociated observation of 'how not to do it' followed by active engagement and association with ideas for 'how to do it effectively'.

Conclusion

SBCC training programmes can be enhanced through an understanding of associated and dissociated states, their differing effects, and practical ways of leveraging their respective benefits. Association / dissociation can be added to the many other concepts and theoretical tools in the toolbox of those involved in the design and delivery of SBCC interventions.

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