Treatment for dissociative fugue should focus on helping the patient come to terms with the traumatic event or stressor that caused the disorder. This can be accomplished through various kinds of interactive therapies that explore the trauma and work on building the patient’s coping mechanisms to prevent further recurrence. Some therapists use cognitive therapy, which focuses on changing maladaptive thought patterns. It is based on the principal that maladaptive behavior (in this case, the fugue episode itself) is triggered by inappropriate or irrational thinking patterns. A cognitive therapist will attempt to change these thought patterns (also known as cognitive distortions) by examining the rationality and validity of the assumptions behind them with the patient. In the case of a dissociative fugue brought on by abuse, this may involve therapeutic work that uncovers and invalidates negative self-concepts the patient has (e.g., “I am a bad person, therefore I brought on the abuse myself”).

In some cases, hypnotherapy, or hypnosis, may be useful in helping the patient recover lost memories of trauma. Creative therapies (i.e., art therapy, music therapy) are also constructive in allowing patients to express and explore thoughts and emotions in “safe” ways. They also empower the patient by encouraging self-discovery and a sense of control.

Medication may be a useful adjunct, or complementary, treatment for some of the symptoms that the patient may be experiencing in relation to the dissociative episode. In some cases, antidepressant or anti-anxiety medication may be prescribed.

Group therapy, either therapist/counselor-led or in self-help format, can be helpful in providing an on-going support network for the patient. It also provides the patient with opportunities to gain self-confidence and interact with peers in a positive way. Family therapy sessions may also be part of the treatment regime, both in exploring the trauma that caused the fugue episode and in educating the rest of the family about the dissociative disorder and the causes behind it.

See also Dissociation/Dissociative disorders

Paula Ford-Martin

Further Reading

Further Information

Functional disorder
A psychological disorder for which no organic cause can be found.

Disorders traditionally classified as neuroses (including a variety of anxiety and mood disorders as well as psychosomatic illnesses) are generally regarded as functional disorders. While conditions classified as psychotic are usually believed to have biological origins, neurotic conditions are generally believed to be caused by developmental, psychosocial, or personality factors. Psychotic disorders not associated with damage to brain tissue from a head injury, infection, or similar causes are also considered functional disorders.

Many mental health professionals are uncomfortable with the term “functional disorder” for a variety of reasons. First, its meaning is often distorted. While the term is essentially a designation of what a disorder is not (i.e., organic), it tends to be interpreted as making positive statements about what the disorder is (i.e., induced by environmental or psychosocial factors) when, in fact, such causes may not have been scientifically proven. In addition, “functional” as a classification continually becomes outdated as new discoveries are made about the origins of certain disorders. Schizophrenia, for example, would be considered an organic disorder if a bio-chemical cause for the disease—which some researchers believe exists—could be verified. By comparison, the current system of classifying disorders in the Diagnostic and Statistical Manual of Mental Disorders, which is organized by the mental faculty or area of behavior that is impaired, is much less likely to become outdated due to new research. A further objection to the term functional disorder is that it implies an artificial separation of the mind and body, as a number of disorders have both organic and functional components.

Functional fixedness
A limitation in perception.

In solving problems, humans try to focus on the best strategy to reach the goal. Sometimes problems are more difficult to solve than they need to be because the available solutions are not clear or obvious. That is, humans form mental sets, ways of viewing the potential solutions, that actually hinder progress.

When people develop functional fixedness, they recognize tools only for their obvious function. For exam-
ple, an object is regarded as having only one fixed function. The problem-solver cannot alter his or her mental set to see that the tool may have multiple uses.

A common theatrical situation involves a group of people who want to enter a locked room when they have no key. A solution often arises when somebody thinks to insert a credit card between the door and the door jamb, releasing the lock. In real life, if one needs to get into a locked room, a useful implement might be present that would help solve your problem. Unfortunately, the person may not recognize that it will help because he or she is a victim of functional fixedness.

In many cases, people are quite adept at avoiding functional fixedness, as when using a nail clipper as a screwdriver or the heel of a shoe as a nutcracker.

### Functionalism

A psychological approach, popular in the early part of the twentieth century, that focused on how consciousness functions to help human beings adapt to their environment.

The goal of the first psychologists was to determine the structure of consciousness just as chemists had found the structure of chemicals. Thus, the school of psychology associated with this approach earned the name structuralism. This perspective began in Germany in the laboratory of Wilhelm Wundt (1832-1920).

Before long, however, psychologists suggested that psychology should not concern itself with the structure of consciousness because, they argued, consciousness was always changing so it had no basic structure. Instead, they suggested that psychology should focus on the function or purpose of consciousness and how it leads to adaptive behavior. This approach to psychology was consistent with Charles Darwin’s theory of evolution, which exerted a significant impact on the character of psychology. The school of functionalism developed and flourished in the United States, which quickly surpassed Germany as the primary location of scientific psychology.

In 1892, George Trumbull Ladd (1842-1921), one of the early presidents of the American Psychological Association, had declared that objective psychology should not replace the subjective psychology of the structuralists. By 1900, however, most psychologists agreed with a later president, Joseph Jastrow, that psychology was the science of mental content, not of structure. At that point, structuralism still had some adherents, but it was fast becoming a minor part of psychology.

The early functionalists included the pre-eminent psychologist and philosopher William James. James promoted the idea that the mind and consciousness itself would not exist if it did not serve some practical, adaptive purpose. It had evolved because it presented advantages. Along with this idea, James maintained that psychology should be practical and should be developed to make a difference in people’s lives.

One of the difficulties that concerned the functionalists was how to reconcile the objective, scientific nature of psychology with its focus on consciousness, which by its nature is not directly observable. Although psychologists like William James accepted the reality of consciousness and the role of the will in people’s lives, even he was unable to resolve the issue of scientific acceptance of consciousness and will within functionalism.

Other functionalists, like John Dewey, developed ideas that moved ever farther from the realm that structuralism had created. Dewey, for example, used James’s ideas as the basis for his writings, but asserted that consciousness and the will were not relevant concepts for scientific psychology. Instead, the behavior is the critical issue and should be considered in the context in which it occurs. For example, a stimulus might be important in one circumstance, but irrelevant in another. A person’s response to that stimulus depends on the value of that stimulus in the current situation. Thus, practical and adaptive responses characterize behavior, not some unseen force like consciousness.

This dilemma of how to deal with a phenomenon as subjective as consciousness within the context of an objective psychology ultimately led to the abandonment of functionalism in favor of behaviorism, which rejected everything dealing with consciousness. By 1912, very few psychologists regarded psychology as the study of mental content—the focus was on behavior instead. As it turned out, the school of functionalism provided a temporary framework for the replacement of structuralism, but was itself supplanted by the school of behaviorism.

Interestingly, functionalism drew criticism from both the structuralists and from the behaviorists. The structuralists accused the functionalists of failing to define the concepts that were important to functionalism. Further, the structuralists declared that the functionalists were simply not studying psychology at all; psychology to a structuralist involved mental content and nothing else. Finally, the functionalists drew criticism for applying psychology; the structuralists opposed applications in the name of psychology.

On the other hand, behaviorists were uncomfortable with the functionalists’ acceptance of consciousness and sought to make psychology the study of behavior. Even-