

## **What is dissociation?**

Dissociation is a natural, normal stress and trauma response that everyone experiences to a certain degree. This involves a disconnection of the normally connected functions of identity, perception, personality, and memory. For example, someone may think about an event that was tremendously upsetting yet have no feelings about it. Dissociation becomes disordered when it becomes someone's primary or only coping method for stress to the point where it becomes maladaptive instead of helpful.

Dissociation may exist in either acute or chronic forms. Immediately following severe trauma, the incidence of dissociative phenomena is remarkably high.

Approximately 73% of individuals exposed to a traumatic incident will experience dissociative states during the incident or in the hours, days and weeks following.

However, for most people these dissociative experiences will subside on their own within a few weeks after the traumatic incident subsides. (International Society for the Study of Dissociation, 2002; Martinez-Tobias & Guillermo, 2000; Saxe, van der Kolk, Berkowitz, Chinman, Hall, Lieberg & Schwartz, 1993)

## **What is Pathological Dissociation?**

### **2. What are the different types of dissociative disorders?**

#### **Dissociative Amnesia**

Involves being unable to recall information about oneself, outside of normal forgetting. It is associated with having experiences of childhood trauma, and particularly with experiences of emotional abuse and emotional neglect. People may not be aware of their memory loss or may have only limited awareness. Dissociative Fugue is a subtype of this disorder where people travel long distances and suddenly become alert, disoriented to where they are and how they got there.

#### **Depersonalization/Derealization Disorder**

This involves one or both of the conditions:

*Depersonalization* - Being detached from one's mind, self, or body. People may feel they are outside of their bodies, watching what is happening to them.

*Derealization* - Detachment from one's surroundings. People may feel that things and people in the world aren't real.

#### ***Dissociative Identity Disorder***

The most severe form of dissociation, wherein distinct identities recurrently take control of the individual's behavior. The different identities may serve distinct roles in coping with problem areas. An average of 2 to 4 parts are present at diagnosis, with an average of 14 to 16 parts emerging over the course of treatment. 50% of those with DID have 10 or fewer parts, though alter count can exceed over 100. Environmental events usually trigger a sudden shifting from one personality to another.

## **What is Other Specified Dissociative Disorder (OSDD)? What is Partial DID (PDID)?**

OSDD is a group of dissociative disorders. The OSDD subtype that presents with parts is OSDD-1. OSDD-1 can present as distinct alters such as in DID, but without the amnesia. OSDD-1 can also present with amnesia, but less distinct parts than those that are seen in DID. OSDD-1 has no subtypes. OSDD replaces the diagnosis of Dissociative Disorder Not Otherwise Specified (DDNOS), that was in DSM-4. DDNOS-1 had two subtypes, 1a (less distinct parts and amnesia) and 1b (distinct alters but no amnesia). 1a and 1b are not used in conjunction with

OSDD-1 these days and OSDD-1a and OSDD-1b are not diagnostic terms. OSDD-1 encompasses presentations where someone has alters, but does not meet the criteria for DID. Partial DID is a diagnosis in the ICD-11. It is a similar diagnosis to OSDD-1 that is in the DSM-5, but it is not the exact same. Partial DID is described as having one dominant part that handles daily functioning, such as parenting and work. Other alters (non-dominant parts) do not recurrently take executive control (front) or handle aspects of daily life, but there may be limited episodes where they take executive control such as in extreme emotional states. Other alters are noticed through dissociative intrusions, such as intruding thoughts, emotions or voices. Amnesia is not present during dissociative intrusion, aside from brief, limited episodes in relation to extreme emotional states. Dissociative intrusions are noticed internally, but don't present externally. If there is observable identity alteration noticed by others, that is indicative of DID instead of P-DID.

### **What is the cause of DID/OSDD-1?**

Repeated, chronic early childhood trauma. This repeated trauma must occur prior to the ages 6-9, with some sources stating under age 4. Examples of trauma which can cause dissociative disorders are any form of abuse, severe neglect, and medical trauma such as young children having had to have cancer treatment.

### **Don't alters form because the mind is so traumatized that it just shatters into other personalities?**

It's Dissociative Identity Disorder. Let's talk about identity. Everyone starts out as infants with scattered pieces to their identity. Over time, these pieces come together and the child develops a sense of "This is me. These are things I like. These are things I don't like. I know who I am." This usually completes by age 9. In infants/young children, trauma causes personality development to slow or stop, and repeated trauma causes these pieces of personality to dissociate further from each other. That's how the mind protects itself. These separated pieces with their memories, thoughts, and feelings develop their "This is me" as well. They may look and act so differently from each other because they are pulling from their small chunk of life experiences and building an identity around those.

### **Can you develop DID at any point in your life?**

DID only develops in early childhood. Current research suggests that this happens before the ages of 6-9. Some research suggests no later than age 4.

### **Can you develop OSDD-1 at any point in your life?**

Age might be a small factor in the lessened symptoms of OSDD-1. But OSDD-1 still can only develop in early childhood. Other subtypes of OSDD, that don't involve being a system such as OSDD-2, 3 or 4, can develop later in life.

### **How do emotions influence dissociation?**

As children, people with severe dissociation did not have a family who taught self-soothing skills to tolerate difficult feelings. The mind acted as it is biologically wired to do: escape (when there is no escape) by disconnecting. In the present, intense feelings may trigger a change from one alter to another.

### **Aren't people who think they have DID just attention-seeking?**

It is always possible, like with any medical condition, that a small group of people may be malingering (pretending to be ill). However, malingering is not more common for DID/OSDD-1 than any other disorder, and someone who is malingering still does require medical help and treatment.

**What is the prevalence of dissociative disorders?**

Studies vary in this statistic from 2%-3% to 10% of the general population. DID specifically varies between 1-3% of the total population.

**How do I know if I have DID?**

This is a common question we survivors ask ourselves, because we may have no memory whatsoever of the trauma. If you are wondering if you "made it all up" or you are "psychotic" or any other explanation besides DID that you can think of, think of this: Why are you getting better? Why is therapy resulting in you growing to a better version of yourself? Therapy with a trauma/dissociation specialist should not be working if all this is made up. If you haven't had the opportunity to be assessed by a trauma disorders specialist, we strongly encourage you to consider meeting with one. The very fact you are asking yourself this question is worthy enough of a consultation.

**Can you be born with DID?**

No. Children have a higher capacity to dissociate than adults, which is why trauma in childhood can cause DID/OSDD-1. But you cannot be born with it as DID results from trauma causing issues with a normal developmental process.

**Can you have DID without trauma?**

DID is a traumagenic disorder, so trauma is a requirement of it. Usually people who wonder this struggle to remember or validate their own traumatic experiences. Traumatic events include things like abuse, medical trauma, natural disasters, and war. New research also shows that certain attachment issues between parent and child early in life can be traumatic, which in turn can lead to the development of DID.