

DSMv Dissociative Disorders

What is Dissociation

Trauma-related dissociation is the most natural and creative way of developing, allowing a very young child who is always powerless within any ongoing abusive situation, to survive. It is a natural coping mechanism and is essential for survival while that child, often into adulthood if still being abused; it only becomes problematic when the abuse has stopped and the historical behaviours of survival are no longer necessary or appropriate.

Dissociation occurs on a spectrum which includes everyday dissociative experiences (e.g. highway hypnosis) and may also occur for cultural or spiritual reasons and as a side effect of alcohol, medication and some street drugs. First Person Plural's interests are with the most complex types of trauma-related dissociation.

Dissociation leads to a disconnectedness between your feelings, sensations, perceptions, thoughts and memories. This changes your sense of who you are, (identity confusion or alteration), the way you see both the world around you (derealisation) and yourself (depersonalisation), also your access to memories may become problematic. (amnesia).

Dissociative Disorders

DSMv lists five dissociative disorders:-

Dissociative Identity Disorder (DID)

Dissociative Amnesia (with or without fugue)

Depersonalisation/Derealisation Disorder

Otherwise Specified Dissociative Disorders (OSDD)

Unspecified Dissociative Disorders

First Person Plural works for and on behalf of those who have the most complex of these, i.e. DID, and one type of OSDD

Dissociative Identity Disorder

The DSMv criteria for a diagnosis of Dissociative Identity Disorder are:-

A. Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.

B. Recurrent gaps in the recall of everyday events, important personal information, and/ or traumatic events that are inconsistent with ordinary forgetting.

- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The disturbance is not a normal part of a broadly accepted cultural or religious practice.

Note: In children, the symptoms are not better explained by imaginary playmates or other fantasy play.

- E. The symptoms are not attributable to the physiological effects of a substance (e.g. Black-outs or chaotic behaviour during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

In DID the person experience the disruptions or shifts in identity as separate personalities, parts, alters or fragments. Together these are commonly referred to as the DID system. Those more fully developed can take control of the person's behaviour and thoughts at different times, less developed parts may have an influence on the behaviour etc. Each part has a distinctive pattern of thinking and relating to the world, but this does not have to be observable by others.

OSDD/DDNOS

Dissociative Disorder Not Otherwise Specified is a diagnosis listed in the fourth edition of the Diagnostic and Statistical Manual (DSMiv). There were several different types of DDNOS because essentially the label was a means by which clinicians identified their recognition that the client had dissociative problems but that they didn't entirely meet the criteria of one of the specified dissociative disorders. One of the types of DDNOS – type 1 – was a way of communicating that the client was "almost-DID". Often the criteria for DID that was not met was that the client's experience of identity alteration was always subjective (i.e. not observed by outsiders). For some, the DDNOS diagnosis (rather than DID) was given because although parts/fragments were observed by others there wasn't marked amnesia for the present.

The diagnosis of DDNOS has completely disappeared in DSMv published in 2013. Changes were made to the diagnostic criteria for DID which means that many of those previously diagnosed with Type 1 DDNOS because their experience of 'multiplicity' was entirely subjective would now be diagnosed with DID. Others previously diagnosed with Type 1 DDNOS because of a lack of significant amnesia would now be properly diagnosed as having Type 1 (almost-DID) Other Specified Dissociative Disorder (OSDD). There are other types of OSDD but only type 1 falls within FPP's remit.

Whatever the label, if there is identity alteration related to childhood trauma the broad pathway of treatment is the same.