



European Society for Trauma & Dissociation, UK Network

Dissociative disorders and parenting

Information for practitioners and fund holders

Introduction

Awareness of the dissociative disorders is increasing, supported by a large and growing body of clinical and research evidence. This information is provided for social workers, mental health workers and a range of clinicians such as general practitioners, psychiatrists, psychologists and psychotherapists who may be involved in assessing the effects of dissociation on parenting capacity.

Definition of dissociation

A disruption in the usually integrative functions of consciousness, memory, identity, or perception (DSM-IV).

See separate information sheets produced by ESTD UK outlining symptoms, assessment, treatment and relevant guidelines re dissociation in adults and in children and adolescents, available via the ESTD website (see below).

Parents with a dissociative disorder: Cause for concern or process of stigmatisation?

Having a dissociative disorder means simply that. No-one should conclude that it is a cause for concern per se. Past trauma is not destiny. All

professionals should avoid the risk of 'double jeopardy' whereby someone living with the dissociative effects of trauma is assumed to be incapable of providing good enough parenting. There are many variables which affect the ability to parent, such as the availability of a supportive partner, and the extent to which the dissociative parent can manage their symptoms and remain stable and consistent in interactions with their children. At the same time, dissociative symptoms do tend to impact on all relationships and some may impact on parenting more than others. Another variable is the ability of the appropriate professional(s) to include and work with the whole family to prevent even further fragmentation.

What features of dissociation might impact on parenting?

Persons with suffering from dissociation have complex internal worlds which can absorb a lot of attention and affect perceptions of the external world. The following core dissociative symptoms can all interfere with parenting :

- **amnesia**
- **depersonalisation (feeling detached from, and as if one is an outside observer of, one's mental processes or body)**
- **derealisation (experiencing the external world as strange or unreal**
- **identity confusion (feelings of uncertainty, puzzlement, or conflict regarding one's own identity)**
- **identity alteration (different identities or ego states).**

Any of these symptoms can impact on the parent's capacity to be emotionally present, responsive and available to their children in the external world.

Effects of dissociation on the children of trauma survivors

Having a parent whose mental and emotional state is subject to marked flux or who present at times as frightened or frightening can lead to disorganised attachment. Children can develop dissociative coping strategies themselves or engage in role reversal by having to care for their parent at times when they can see their parent is not coping. Children do adapt to having a dissociative parent, sometimes to the extent of learning how to produce dissociative states in their parent for their own advantage. Children may need therapeutic help themselves. All children need and should be provided with help and information about the experience of having a dissociative parent (see resources below). NB: Since dissociation is the almost always caused by severe childhood trauma inflicted by attachment figures, great care should taken re the use of members of the extended family for alternative child care arrangements .

What are reasonable expectations of a dissociative parent?

It is vital to recognise and understand the unique challenges and stressors which dissociative parents face on a daily basis and to provide compassionate support. Any evaluation of parenting ability should be based on individual circumstances, not simply the fact that the person has a dissociative disorder. Accurate assessment is vital and should be based on the specialist tools for the diagnosis of dissociation and the International Guidelines referred to in the ESTD UK Information sheet on Dissociative Disorders in Adults. There is a good prognosis with the right treatment. Treatment needs to be long-term. It is not necessary to wait until treatment has been concluded before the person can have the care of children provided there is due attention to the parent's needs for safety & support.

Feedback from an adult bought up by a parent with a dissociative condition: 4 pointers for professionals

- **In reference to my own childhood I would say it is really important that the child understands what is going on and learns about the disorder and how this impacts on their parents.**
- **Encourage communication – between child and parent but also between the professionals and the whole family. Don't just watch but actually ask questions - actions/behaviour can be very deceptive and interpreted wrongly.**
- **Don't take the child away from their parents unless absolutely necessary for the child's welfare – create a support network. Taking a child away from their parents raises so many more questions and feelings for the child but also the parent.(The feeling of rejection is not an easy concept to cope with).**
- **Most importantly look at each family individually and engage with all members of the family.**

Further information and resources

Professional bodies

- **European Society for Trauma and Dissociation (www.estd.org)**
- **International Society for the Study of Trauma and Dissociation (www.isst-d.org)**

Background Information

- **Training DVD: A Logical Way of Being: The reality of Dissociative Identity Disorder and other complex dissociative conditions.
First Person Plural:fpp@firstpersonplural.org.uk**

Clinical and research literature

- **Benjamin, L.R, Benjamin, R. & Rind,B. (1996) Dissociative mothers subjective experiences of parenting. Child Abuse and Neglect, 20 (10), 933-942.**
- **Benjamin, L.R, Benjamin, R. & Rind,B. (1998) The parenting experiences of mothers with dissociative disorders. Journal of Marital and Family Therapy, 24.**

- **Blizard, R. (2005) Disorganised attachment: a route to dissociation. ISSD NEWS, 23, 5. www.isst-d.org**
- **Chu, J. (2006) Development of dissociation: examining the relationship between parenting, maternal trauma and child dissociation. Jnl of Trauma Dissociation, 7(4):75-89.**

A parent's perspective

- **Carol B. 2012) My unique vantage point – Parenting DID with DID. Multiple Parts, Vol. 2, No. 1 27029. www.pods-online.org.uk**

For children of parents with dissociative disorders

- **Sessions, D. (1994) My Mom is Different. Sidran Press. Written for young children . It is out of print but you can download a pdf file free from the Sidran website at: <http://www.sidran.org/pdf/mymomisdifferent.pdf>**
- **Miki (2011) From a DID Mother to her Daughter. In: Sinason, V. (Ed.) Attachment, Trauma and Multiplicity. Brunner- Routledge.**