

# Dissociative Disorders

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Most sources on the subject of dissociative disorders will at least acknowledge the controversies surrounding DID - Dissociative Identity Disorder.

A web search on the topic will likely turn up articles that ask such questions as:

"Is DID real?"

"Dissociative Disorders: Real or Myth?"

Many psychiatric and psychology professionals outright reject the validity DID - which used to be known as Multiple Personality Disorder. However, there are nuances that need to be pointed out here. It is one thing to reject a theory of causation or the clinical characterization of the symptoms themselves. It is another thing to disbelieve that the patient is actually experiencing something abnormal that prompted the individual to seek treatment. Disbelievers in DID sometimes evidence all-or-nothing thinking: If the assigned diagnosis of DID is fake, then the patient's symptoms are also fake - which can lead to a charge of hypochondria or malingering.

Web-based sources supporting Dissociative Disorders will far outnumber those that discredit it. The traumatology community is very aggressive in publishing content.

The following paper titled "The Persistence of Folly: A Critical Examination of Dissociative Identity Disorder" (parts I and II) concludes that DID is not a valid construct.

<http://ww1.cpa-apc.org/Publications/Archives/CJP/2004/september/piper.pdf>

<http://ww1.cpa-apc.org/Publications/Archives/CJP/2004/october/piper.pdf>

Excerpt:

Objective: To examine the concept of dissociative identity disorder (DID).

Method: We reviewed the literature.

Results: The literature shows that 1) there is no proof for the claim that DID results from childhood trauma; 2) the condition cannot be reliably diagnosed; 3) contrary to theory, DID cases in children are almost never reported; and 4) consistent evidence of blatant iatrogenesis appears in the practices of some of the disorder's proponents.

Conclusions: DID is best understood as a culture-bound and often iatrogenic condition.

Many otherwise trustworthy resources, however, appear to accept **Dissociation or Dissociative Disorders** as uncontroversial articles of fact.

### **Examples of Dissociative Conditions:**

Dissociative Amnesia

Depersonalization

Derealization

The following links to an article where Dissociation is characterized as an involuntary escape from reality characterized by a disconnection between thoughts, identity, consciousness and memory. This article does not even acknowledge the controversial nature of DID.

<https://www.nami.org/learn-more/mental-health-conditions/dissociative-disorders>

Symptoms of dissociative disorders as described on NAMI's webpage:

- Significant memory loss of specific times, people and events
- Out-of-body experiences, such as feeling as though you are watching a movie of yourself
- Mental health problems such as depression, anxiety and thoughts of suicide
- A sense of detachment from your emotions, or emotional numbness
- A lack of a sense of self-identity

These same symptoms can be identically described in connection with a wide spectrum of mental disorders: neuropsychiatric/psychosis-spectrum/neurocognitive/Seizure Disorders, etc. that are known to be neurobiological and highly heritable in certain disorders. It is now known that this spectrum of disorders share brain gene activity.

This commentary will not explore these conditions at length, however, looking at the symptomatology of these disorders as described in text, backlit by the psychoanalytical origins of the concept of dissociation, the notion of dissociative *anything* is subject to skepticism.

These days, the concept of dissociation of the mind is revived and recast within the context of traumatology - the belief system that is demanding incorporation of trauma-informed sensitivities into the policies and procedures of a wide swath of social and governmental institutions.

<https://www.ncbi.nlm.nih.gov/pubmed/26177756>

<http://www.isst-d.org/?contentID=76>

The minds in the world of psychology and psychanalytic theory are constantly adapting their beliefs to modern neuroscience, to escape the banishment of their theories, and to keep their psychoanalytic methods (and themselves as practicing and academic professionals) relevant and funded. Now, they are busy at work co-opting and infiltrating modern neuroscientific research.

<https://www.scientificamerican.com/article/neuroscience-meets-psychoanalysis/>

Again, while this commentary rejects the psychological theories of dissociation, the symptoms themselves and the neural dysfunctions that underlie them warrant neuroscientific research and medical attention. The disheartening thing about the persistence of these theories is that they can cause significant iatrogenic harm and thwart appropriate treatment.

Misdiagnosis also has implications for people caught up in the criminal justice system.

In a high profile case in Pittsburgh, for example, a forensic psychiatrist introduced the quackish dissociation diagnosis into a criminal trial. He denied that the extremely bizarre mentation and behaviors of a mother who tragically killed her children were attributable to psychosis. If it were the case (and it is not) that the judiciary had a better understanding and appreciation for how psychosis afflicts people, this improper diagnosis might have at least caused the judge to discredit the expertise of this psychiatrist. Unfortunately, this particular forensic psychiatrist is a staple figure in criminal trials involving people with serious neuropsychiatric illness.