

[note: dissociative identity disorder is also referred to as multiple personalities]

Links Between Trauma, PTSD, and Dissociative Disorders

There is a very strong link between trauma (especially childhood abuse and/or neglect) and dissociative disorders, and the relationship is important in both directions. It's thought that long-term trauma is a root cause of dissociative disorders, with dissociation occurring as a coping strategy that allows people to distance themselves from a trauma that may otherwise be unbearable.

When dissociation continues when real danger no longer exists, however, it can prolong or even prevent recovery from abuse and neglect. There is also a connection between dissociation and post-traumatic stress disorder (PTSD). Changes in brain function may further explain the connections among these causes and conditions.

Dissociation and Dissociative Disorders

It's important to briefly define both dissociation and dissociative disorders before examining the impact of trauma.

Dissociation

Dissociation is a disconnection between a person's thoughts, feelings, memories, behaviors, perception, and/or sense of identity. Nearly everyone has experienced dissociation at some time, with examples including daydreaming or zoning out while driving and not remembering the last few miles of highway ("highway hypnosis").

Dissociative Disorders

Unlike "normal" dissociation, dissociative disorders involve dissociation (an involuntary escape from reality) that interferes with a person's work and/or family life. Roughly 2% of the population is thought to experience a dissociative disorder, and it occurs across all ages, ethnic groups, and socioeconomic backgrounds?

While these conditions are diagnosed more often in women, according to the National Alliance on Mental Illness, many men go undiagnosed since they tend to deny their symptoms and traumas. General symptoms of dissociative disorders include:

- Memory loss that may involve people, places, or events
- The feeling of being physically detached from the body, as if watching a movie of oneself

- Emotional detachment
- Lack of sense of self
- Consequences of dissociation, such as relationship struggles, loss of jobs, anxiety, depression, and thoughts of self-harm

Other symptoms may be present depending on the type of dissociative disorder. While there is a spectrum of symptoms from mild to severe, and the symptoms can vary tremendously between people, symptoms tend to be similar each time they occur for a specific individual. Types of dissociative disorders can include:

- **Dissociative amnesia:** This disorder is common, and is characterized by memory loss regarding important events or periods of time in a person's life
- **Dissociative fugue:** This disorder is characterized by wandering off and having no memory of an event or period of time
- **Depersonalization/derealization:** Depersonalization refers to the sense of being outside of your body or feeling as if you are observing your life from the sidelines. While roughly 50% of adults will have at least one episode of depersonalization, it is classified as a disorder if the depersonalization has a negative impact on a person's relationships or work life. Derealization may occur along with depersonalization and refers to a feeling of being detached from one's surroundings.
- **Dissociative identity disorder (formerly called multiple personality syndrome):** Identity confusion and identity alteration may occur to varying degrees with this syndrome, with a person's personality "split" between one or more alternative personalities.
- **Dissociative disorder not otherwise specified:** This term is used for a dissociative disorder that does not fit into one of the categories above.

Trauma and Dissociation

There is a very strong link between trauma and dissociation. Ongoing trauma, especially childhood physical, sexual, or emotional abuse and/or neglect is a very significant risk factor for the development of dissociative disorders and is thought to be the root cause in at least 90% of people with these conditions.

In fact, dissociative disorders are associated with the highest frequency of childhood abuse and neglect of all psychiatric disorders. While ongoing abuse, frequently in childhood, is most common, a single but catastrophic episode of trauma in either children or adults (such as natural disasters, military combat, torture, or violent crimes) may also precede the development of dissociative disorders.

Dissociation as a Coping Strategy

Dissociation in the setting of chronic trauma is considered to be a coping strategy, at least initially. In the setting of abuse or neglect, dissociation is thought to be a self-protective survival technique in which a child (or adult) slips into a dissociative state in order to escape fully experiencing trauma that is unbearable.

Children, especially, may be helpless to do anything about the trauma, and disconnecting from the abuse or neglect (escaping, in a sense) can allow them to cope. In addition to disconnecting, derealization may help the child experience reality as a dream that is not really happening to them.

Emotional abuse and neglect in childhood, though somewhat more difficult to recognize than physical or sexual abuse, can likewise lead to dissociation in an attempt to make the neglect more bearable.

To further support this link between trauma and dissociation, researchers note that people with dissociative disorders report the highest occurrence of childhood abuse and/or neglect among all psychiatric diseases. This is an extremely strong link, suggesting that dissociation is a direct reaction to significant trauma. However, not everyone who experiences childhood trauma will develop a dissociative disorder.

Long-Term Negative Effects of Dissociation

While dissociation can initially be a coping strategy that allows a person to manage severe stress and personal threats, problems occur when dissociation occurs in situations where the real danger is not present. And since dissociation usually occurs without conscious awareness, people do not usually realize that they are using it as a coping strategy.

Dissociation without a real threat is a double-edged sword in a few ways. It can interfere with relationships, work, and daily functioning. Since addressing a history of abuse may be perceived as a threat and cause dissociation, it can interfere with recovery from trauma. Disconnecting from situations that do not pose significant stress may also result in a person tolerating a situation that should be changed.

In general, the severity of a dissociative disorder correlates with the severity of abuse or neglect. But it appears that children of certain sensitive ages are more likely to develop these disorders in response to trauma.

Children who are preschool age (age 4 to age 5), as well as pre-adolescents (age 8 to 9), may be particularly vulnerable. Overall, ongoing severe trauma before the age of 9 years is most strongly

associated with the development of dissociative disorders, and when they occur, they may be present as early as age 5.

Brain Changes in Trauma and Dissociation

The link between trauma and dissociation is further supported by studies looking at changes in brain function associated with trauma or dissociation. It's known that childhood abuse affects the brain, and a 2018 review found that dissociation is associated with similar changes in the brain and neural connections that may underlie the symptoms and behaviors.

These changes are complex and may include decreased limbic activity, increased frontal lobe activity, and changes in communication between these two regions. Certainly, the neurobiology of trauma and dissociation is an area where much research is needed.

PTSD and Dissociation

Dissociation and post-traumatic stress disorder (PTSD) are also closely connected and frequently occur together, with some considering dissociative disorders to be a subtype or subset of PTSD. The symptoms, as well as the impact of the two conditions, however, can be quite different.

PTSD may develop after a single traumatic experience, as either a child or as an adult (for example, witnessing a violent event or natural disaster). Unlike the trauma that often underlies dissociative disorders, in which specific age groups appear to be more vulnerable, PTSD is less dependent on age and related more to the severity of the traumatic experiences.

Dissociative disorders usually result from trauma and stress in childhood, not adulthood. They stem from chronic trauma (for example, repeated episodes of physical, emotional, or sexual abuse).

Dissociation, but without the degree of impact of dissociative disorders, is common with PTSD. In dissociation with PTSD, the symptoms of PTSD can intensify dissociation, but it is often short-lived.

Compared to people with dissociative disorders, those with classic PTSD often have lower levels of trauma avoidance as well. That said, when significant symptoms of dissociation (such as depersonalization and/or derealization) occur, they can hinder recovery (or lead to worsening) of PTSD without treatment.

Treatment for Dissociation

If you have experienced trauma and also experience dissociation, it is important to seek help. While dissociative disorders are relatively common, most people are unaware that they are responding

<https://www.verywellmind.com/how-trauma-can-lead-to-dissociative-disorders-2797534>
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with these behaviors. Left untreated, this behavior can lead to depression, anxiety, relationship and work problems, substance abuse problems, and difficulty recovering from the original trauma.

Fortunately, when recognized, recovery from dissociative disorders, PTSD, and childhood trauma is possible. It frequently includes a combination of psychotherapy (such as cognitive behavioral therapy and dialectical behavior therapy) and medications.

Treatment may help you learn how to safely confront and cope with your traumatic experience, as well as face experiences that are non-threatening but often go unaddressed due to dissociation. The International Society for the Study of Trauma and Dissociation (ISSTD) provides a wealth of information on the connection between trauma and dissociation, as well as links to therapists who treat trauma and dissociation.