



Are all kinds of “dissociation” trauma-related?

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The purpose of the presentation

- ▶ My purpose is to propose that, among all kinds of “dissociation” states, **only** behaving in a DID-like manner is **always** trauma-related.
- ▶ It endows the sufferer with **selective and effortless inattention** and endurance for certain **ordinarily insufferable** damages.
- ▶ All other states of “dissociation” merely resemble selective and effortless inattention to certain pains and damages.

Reasons for that discrimination

I have two reasons to propose that discrimination.

▶ *Political.*

To end the academic dispute about the link of DID and reversible amnesia with trauma

▶ *Clinical.*

To demonstrate why patients need different kinds of intervention
While experiencing this or another kind of “dissociation”.

End the academic dispute

- ▶ The pioneers in our field documented traumatic caretaking in the childhood of patients with DID who had recovered memories of it.
- ▶ The Memory Wars began over this politically precious clinical insight: ***The diagnosis of DID alone*** implicates the patient's caretakers, ***even before*** patients might remember traumatic caretaking.
- ▶ If that insight is true, research should eventually find that DID-like dissociation is ***virtually always*** preceded by documented traumatic caretaking.

End the academic dispute (continued)

- ▶ Instead, our research has pursued to show how experiencing **all** kinds of “dissociation”, **without reversible amnesia**, e.g., depersonalization
unintended absorption (daydreaming, “highway hypnosis”)
also correlates with history of traumatic caretaking.
- ▶ Even persons **without mental disorder** experience depersonalization and unintended absorption.
- ▶ Scores are higher yet for persons **with various mental disorders**.
- ▶ Scores are among the highest in persons with **DID, BPD and Complex PTSD**.
- ▶ The “dissociation” scores for DID, BPD and Complex PTSD **correlate** with traumatic caretaking.
- ▶ They correlate **not nearly as well** as the diagnosis of DID alone does.

End the academic dispute (continued)

- ▶ “Dissociation” ***without reversible amnesia*** happens much more in the context of complex trauma-related disorders, but ***is not specific*** to them.
- ▶ On the other hand, I anticipate that studies with refining “traumatic caretaking” If that insight is true, research should eventually find that DID-like dissociation is ***virtually always*** preceded by traumatic caretaking.

The discrimination is clinically important

- ▶ *Selective attention or inattention is ubiquitous.*
- ▶ In the pursuit of a goal, selective attention or inattention to obstacles and to intervening needs and wants favors whatever that serve the goal's completion.
- ▶ Selective attention/inattention to what promotes the goal may be deliberate, thoughtful, or automatic, reflexive.

The discrimination is clinically important (cont/d)

- ▶ Except for the DID-like experience, All experiences that we call “dissociative” are the outcome of **errant, deficient selectivity**, Performed habitually, automatically under conditions of unanticipated mental overload.

They merely resemble the coping function of DID-like entrancement.

The prototypical goal pursuit

- ▶ While pursuing a goal, we initiate side-goals (tangents) **to procure the means** to that goal and **to defend such means** against danger
- ▶ Commitment to the goal automatically focuses attention to opportunities for those means and to what threatens them.
- ▶ The closer we come to the goal's completion, the stronger that automatic preference gets (goal sheltering).

The prototypical goal pursuit (cont/d)

- ▶ For a goal the we perform habitually and under habitual conditions selectivity for dangers to avert and of intervening wants and opportunities to seize happens automatically.
- ▶ For novel goals, while learning to complete them, selection of means is done deliberately.
- ▶ If the costs of learning and of neglected intervening needs are high,
we abort the goal and reassess our priorities.

Depersonalization

- ▶ The man ***fails to make himself feel*** warmth for his estranged wife. ***He has a goal.***

Difference from the man ***who wants to feel*** warmth.

The hallmark of duplicitate selfhood.

- ▶ It takes:

Intent

Eagerness

Decontextualization

Unanticipated mental overload

Derealization, etc.

- ▶ Déjà vu
 - ▶ Near death experience
 - ▶ Hallucinations
 - ▶ Time distortions
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- ▶ They are all the outcome of errant, deficient performance under conditions of unanticipated mental overload.

The function of the DID-like mental state

- ▶ It is an asset.
- ▶ It is a psychological mechanism for compartmentalization of attention to developments, selectively leaving some **would-be important** ones out, in order to end mental overload
- ▶ Strictly in the context of suffering entrapment in catastrophic danger.

Modes of coping

- ▶ ***Coping with ordinary danger*** (not mortal), in three phases:
 - ▶ fleeing
 - ▶ fighting
 - ▶ enduring the danger, waiting out its course
- ▶ While enduring, people selectively shelter from the danger assets that they need to flee or fight later, at an opportune time.

Modes of coping (continued)

- ▶ ***Coping with mortal danger*** is qualitatively different
 - ▶ All options feel horrific (The DSM subjective criterion of “horror”)
 - ▶ The person flails about testing each option,
 - ▶ then recoils with fear of exposure to one’s own demise
 - ▶ Stage of exhaustion, while still hypervigilant and horrified
- ▶ It ends with
 - ▶ Submission to the danger and enduring it in a DID-like state
 - ▶ Stage of resignation after reconstruction of “life”

The DID mechanism of coping

- ▶ The DID mechanism of coping enables a person to endure a danger, **despite** the sufferer's understanding it to be potentially catastrophic.
- ▶ It works by means of **selective inattention** to the risk of certain damages **which others endure successfully**, however, **for reasons that the sufferer cannot understand**.
- ▶ Inattention to risks that others' behavior suggests they are sufferable is
 1. **reflexive**, not intentional,
 2. **effortless**,
 3. **self-perpetuating**

The DID mechanism of coping

(continued)

- ▶ The DID-like mental state is the human expression of the third phase of the mammal defense instinct.
 - ▶ The freeze response, commonly known as “**vigilant immobility**”.
 - ▶ It is triggered when an animal feels trapped in mortal danger.
 - ▶ We should add that freeze is a state of **vigilant hyper-suggestibility**.
- ▶ The physiology of the instinct automatically disconnects (dissociates) the animal’s ordinary preferences to flee or fight from its will. Instead, the animal remains vigilant,
 - ▶ for cues from others of its kind to flee or fight in unison
 - ▶ for cues that the danger is encroaching, whereby vigilant immobility reflexively ends.

Manifestations of self-hypnotic dissociation

Behaving in a DID-like manner:

- ▶ Freeze, vigilant immobility
- ▶ Being alter identities, including:
- ▶ Possession (an alter with supernatural powers)
- ▶ Conversion (an alter of having become medically disabled)

DID is a state of self-hypnosis

- ▶ In humans, the mammal instinct is the innate foundation for the state of self-hypnosis that DID-like entrancement is.
- ▶ DID-like entrancement and other hypnotic states share the following unique mode of selective attention and memory:
 1. **Effortless dissociation** of experiencing certain developments in reality (including one's own activity) from one's judgment and will. These are developments that the person would ordinarily judge and treat as meaningful, however, a trusted other suggests they are unimportant. **It is a kind of selective inattention, or, more exactly, of indifference for those developments** (the hidden observer; hypnotic logic).
 2. **Vigilance** for potentially catastrophic damages, to which behaving as suggested renders the hypnotized person vulnerable.
 3. **Reversible amnesia** for events while thinking and acting hypnotically.