The Relationship Between 3 Types of Abuse and Dissociative Identity Disorder

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Abstract

Dissociative identity disorder (DID) affects 1% of the general population. Over the years, there has been increasing evidence supporting the idea of DID resulting from different forms of childhood abuse. Sexual abuse, physical abuse, and emotional abuse or neglect have all been shown to have some effect on DID symptoms to some extent. Sexual abuse has been linked to the most symptoms of DID. This may suggest that having DID as a result of sexual abuse early in life may result in more symptoms related to DID when compared to those who have DID as a result of physical abuse or emotional abuse. As I predicted, children who were sexually abused experienced a greater range of symptoms related to DID than children who were physically or emotionally abused. There was a bit of overlap between symptoms in children who were sexually or physically abused, but not much overlap with emotional abuse. This may be because children emotional trauma is usually present in victims of sexual and physical abuse, so these children do not only experience physical trauma, but emotional trauma as well.

Introduction

Childhood trauma, such as physical and sexual abuse, has been linked to dissociative identity disorder (DID) more increasingly over the years (Brand, Loewenstein, & Spiegel, 2014). Most people today believe DID is a result of some sort of childhood trauma (sexual, physical, or emotional abuse); however, it is usually not diagnosed until later in the person's life (Albini & Pease, 1989). Putnam and colleagues (1986) studied adults with DID, 68-83% reported being sexually abused, 60-75% reported being physically abused, and 89-97% reported being either sexually or physically abused in their childhood years. There is a clear link here between childhood abuse and DID, but exactly which type of abuse results in the most symptoms of DID? Do individuals who were sexually abused in childhood experience more symptoms that are related to DID than physically or emotionally abused children? In this paper I will talk about multiple symptoms that result from each type of abuse later in life, and how they relate to DID.

Dissociative Identity Disorder

Dissociative identity disorder (formerly known as multiple personality disorder) consists of a lack of success when it comes to integrating several important aspects of memory, consciousness, and identity. It is characterized by continuous alternating personalities. Amnesia and/or recurrent interruptions in memory can occur (Kluft, 1996). DID can appear anywhere in the world (American Psychiatric Association, 2000 as cited in Allman, 2013), and can also affect individuals of any socioeconomic status or racial group (Putnam, 1989). DID is more prevalent in females (3-9 times as likely) than males (Putnam, 1989), but there is still some controversy regarding the exact difference in the prevalence of DID in male and females. Females with DID are also more likely to develop a greater number of alternate personalities (average = 15) than males (average = 8) with DID (American Psychiatric Association, 2000 as cited in Allman,

2013). This disorder affects various aspects of a person's life including their quality of life. This can include effecting things such as relationships with peers/family, and social interactions. Thus, studying why certain type of abuse results in more symptoms related to DID can help us better understand how to construct successful treatment programs to improve some of these symptoms caused by DID.

Childhood Abuse and DID

Occurring within all races, ages, ethnicities, genders, cultures, and socioeconomic groups, childhood abuse is a serious threat to the social and public health of children (Allman, 2013). The definition of childhood abuse by CAPTA (The Child Abuse Prevention and Treatment Act) is as follows:

> "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm." (Child Welfare Information Gateway, 2007)

There are different types of childhood abuse, including sexual abuse, physical abuse, and emotional abuse/neglect. These different types also have different prevalence rates. In 2009, 86% of childhood abuse cases reported experiencing emotional abuse/neglect, 10% reported sexual abuse, and 18% reported physical abuse (United States Department of Health and Human Services, 2009 as cited in Allman, 2013). Prevalence rates have been difficult to determine over the years because it only includes cases that have been reported to the law enforcement (Allman, 2013); there are many more cases of childhood abuse that go unreported, making prevalence rates somewhat inaccurate. In the most recent report in 2009, 702,000 children reported experiencing childhood abuse. Also, Child Protective Services in 2009 did investigations and

assessed 3.6 million children all over the world (United States Department of Health and Human Services, 2009 as cited in Allman, 2013).

Among a population of 100 individuals with DID, sexual abuse was the most commonly reported childhood trauma, according to the National Institute of Mental Health survey. Among the individuals who reported being sexually abused, 75% also reported being physically abused (Putnam et al., 1986). Another study consisting of a sample of people with DID found similar results. Approximately 74% of men and 90% of women reported being sexually abused as children. Also, 84% of this sample (men and women) had encountered physical abuse in their childhood (Ross & Ness, 2010). Putnam's study (1986) showed sexual abuse as being the most commonly mentioned trauma in individuals with DID (83%). Seventy-five percent reported repeated physical abuse, and sixty-eight reported experiencing sexual and physical abuse.

Sexual Abuse and DID

Sexual abuse can be defined as the act of sexual exploitation or assault. It includes all forms of rape, incest, sexual penetration, and child molestation (Child Welfare Information Gateway, 2007 as cited in Allman, 2013). There are numerous short-term and long-term effects of being sexually abused in childhood. Negative social, emotional, and/or behavioral symptoms can be a common result, but in some cases, no negative consequences are present (Kendall-Tackett, Williams, & Finkelhor, 1991). There are several characteristics that are related to the severity of symptoms in sexually abused children later in adulthood. One example is the age at which sexual abuse occurred. Two recent studies reported a relationship between age of onset and amnesia in adults (Kendall-Tackett, Williams, & Finkelhor, 1991). A greater chance of pathology was also related to earlier age of onset (Kendall-Tackett, Williams, & Finkelhor, 1991). The victims' relationship to the perpetrator is another characteristic that contributes to the

impact of sexual abuse in victims. If a victim knows who the perpetrator is, and they are fairly close with them, they are more likely to experience more severe effects than if the perpetrator was a stranger (Kendall-Tackett, Williams, & Finkelhor, 1991). In 1987, Tong, Oates, & McDowell found that girls are actually more likely to be victimized by a relative (35%) or familiar person (43%), while boys are more likely to be victimized by a stranger (58%). Some other characteristics that result in more severe effects in victims are higher frequencies of sexual contact, longer durations, greater use of force, and oral/anal/vaginal penetration (Kendall-Tackett, Williams, & Finkelhor, 1991).

Many changes in personality characteristics are related to sexual abuse. Some of these include aggression, withdrawal/antisocial behaviors, alcoholism, reduced confidence, nightmares, fear, and school problems (Conte & Schuerman, 1987). Some of them may be the result of dissociative identity disorder. Some studies that have looked at the short-term effects of sexual abuse in childhood and many of the affected characteristics were similar (Allman, 2013). These studies also show that children who were sexually abused develop a much higher number of behavioral problems (Friedrich, Beilke, & Urquiza, 1987) and dissociative symptoms (Bagley et al., 1995 as cited in Allman, 2013). These children are also at a higher risk for revictimization (Beitchman et al., 1992).

Studies examining the long-term side effects for children who were sexually abused have shown that these children are at a higher risk for developing a psychiatric disorder, relationship problems, behavioral problems, and irrational cognitive thoughts (Allman, 2013). Some of the psychiatric disorders that tend to show up in children who were sexually abused are disorders such as posttraumatic stress disorder, anxiety, depression, panic disorders, eating disorders (more commonly bulimia nervosa), derealisation, and dissociative identity disorder (Allman, 2013).

Derealisation is when a person no longer feels connected to reality, or to themselves (Hunter, Sierra, & David, 2004). These sexually abused victims were also at a higher risk for having conduct disorder in childhood and adolescent years (Nelson et al., 2002) and developing bipolar disorder in adulthood (Hyun, Friedman, & Dunner, 2000). Sexual abuse victims are also at a higher risk for having anger issues, sleep disturbances, suicide attempts, and self-harm actions (Briere & Runtz, 1993), which are all possible symptoms in DID. There is an ample amount of evidence supporting dissociation as a consequence later in life after experiencing childhood trauma (Sanders & Becker-Lausen, 1995). Causal associations have been identified between preceding childhood conditions and a psychological consequence as an outcome (Sanders & Becker-Lausen, 1995).

The fact that sexually abused victims show more difficulty in object relations, meaning they do not develop a personality in relation to others in their childhood environment (Swartz, 2002 as cited in Wiesal, 2005), engage in more risky behaviours such as unprotected/risky sex, self-harm (Rodrigues-Srednicki, 2002) and have more suicidal behaviours and thoughts (Briere & Runts, 1993), has been made clear by the increased of dissociative experiences (Zelkovsky & Lynn, 2002 as cited in Wiesal, 2005). Using dissociation, these individuals have an impaired ability to sense danger, which leads to the increased risky behaviors throughout their life (Wiesal, 2005). Dissociation results in an impaired ability to sense danger because it is characterized by the separation of cognitive processes that are normally related.

Children who were sexually abused develop alternate personalities because they cannot cope with the emotional trauma that comes with it, so they develop an alternate personality (alter ego) who seems like an entirely different person, who can accept the pain and shame (Bagley et al., 1995). Each different personality may be connected to different aspects of the abuse the child

encountered, for example, abuse that happened at different times and in different situations. These alternate personalities protect the child from any pain that may still be with them, however they may still experience the pain in unconscious states such as dreams and nightmares, and periods of amnesia or 'trance-like states' (Bagley et al., 1995). Children who have chronic split personalities are at greater risk for developing other major mental illnesses (such as DID) and they are more likely to participate in self-harming behaviours. In a study by Anderson and colleagues, results showed that eighty-eight percent of young adult women who had a previous history of childhood sexual abuse had some sort of dissociative disorder (Bagley et al., 1995).

Physical Abuse and DID

Physical abuse can be defined as any physical injury including things like bruising, right up to fractures or death resulting from beating, kicking, stabbing, choking, biting, hitting, punching, shaking, or burning (Child Welfare Information Gateway, 2007 as cited in Allman, 2013). Short-term effects include social as well as psychological consequences in physically abused children and adolescents (Allman, 2013). Some of these short-term effects include increased risk for a substance abuse problem (Lo & Cheng, 2007), borderline personality disorder traits (Burnette & Reppucci, 2009), somatic troubles (Allman, 2013), and dissociative consequences (Bagley et al., 1995). Physical abuse victims may report "lost" memories or durations of time where they cannot recall events. These children may engage in bizarre behaviours that are recognized by others but not remember it after. Similar to sexually abused victims, they may also experience dissociative symptoms such as constant nightmares, polarized behavior shifts, and trance-like states (Bagley et al., 1995).

Physically abused children also have an increased risk of having a low social status and being deserted by their friends, according to Salzinger & colleagues (1993). Their peers reported

them as acting negatively in social situations, and there were also less positive interactions between them and their peers (Allman, 2013).

There are also many long-term side effects associated with physical abuse in childhood. One hundred and ninety five physical abuse victims were assessed using the Trauma Symptom Inventory (TSI) by Briere and Elliott in 2003. The scales that were elevated for these victims were depression, impaired self-reflection, anger issues, intrusive thoughts/experiences, defensive avoidance, anxiety, and dissociation (Allman, 2013). Children who were physically abused are also more likely to have a substance abuse disorder later in life (Westermeyer, Wahmanholm, & Thuras, 2001), distortions concerning their body image (Treuer, Koperdak, Rozsa, & Furedi, 2005), and dissociative consequences (Mulder, Beautrais, Joyce, & Fergusson, 1998). Similar to sexual abuse, these dissociative consequences act as a defence mechanism for physically abuse victims by protecting the core personality from feeling the pain associated with the trauma (Bagley et al., 1995).

Emotional Abuse/Neglect and DID

Emotional abuse/neglect is a common form of abuse that often goes unrecognized. It can be defined as a relationship between a parent and child where the interactions between them are harming the child or causing deterioration to the child's emotional developmental and overall health. Emotional abuse is characterized by patterns of harmful actions with no physical harm to the child (Glaser, 2002). The number of children who are classified in the emotional abuse category has been rising over the years. Emotional abuse differs from sexual and physical abuse with the fact that the perpetrator or 'abuser' is almost always the primary caregiver for the child, which is someone who they have an attachment to (Glaser, 2000). In 1991, Claussen and Crittenden carried out a study looking at children who were both physically and emotionally

abused. They found that emotional abuse can strongly predict consequent deterioration of a child's development, and it was actually more predictive of the amount of deterioration in a child's development than the extent of physical abuse (Glaser, 2002). Children who were emotionally abused or neglected may develop a number of difficulties throughout their lives. Some of these include low self-esteem, distress, anxiety, depression, attention-seeking behaviours, withdrawal/antisocial behaviors, aggression, and underachievement (Glaser, 2002). Gurol and colleagues (2008) found that a history of childhood abuse was a strong predictor of developing a dissociative disorder.

Watson et al. (2006) found that as childhood trauma was increased, so were levels of dissociation. They also found that emotional abuse was the highest correlation with dissociation in their study, this supports findings in other literature that also suggested that emotional abuse was able to better predict dissociation than sexual or physical abuse. Modern psychoanalytic literature has showed the importance of persistent emotional abuse on personality developing, resulting in the deterioration of 'mentalization' (Watson, Chilton, Fairchild, & Whewell, 2006). Children may develop split personalities or dissociate to prevent possible meltdowns and poor responses to high anxiety that was caused by the internal trauma, as well as the lack of parenting skills that did not provide an emotionally stable environment. These tendencies to dissociate in stressful situations may become automatic for the children after multiple accounts of emotional abuse (Watson et al., 2006).

Conclusion

With regards to the severity of dissociative identity disorder symptoms, all three types of abuse including sexual abuse, physical abuse, and emotional neglect increase the likelihood of someone developing these symptoms. Sexual abuse may result in the widest range of symptoms,

but physical and emotional abuse also have serious effects on personality characteristics. When assessing range of symptoms present, individuals with DID as a result of sexual abuse in childhood may experience a wider range of symptoms. Sexually abused victims exhibit greater expressions of and dissociative symptoms (Bagley et al., 1995) than physically or emotionally abused victims. Children who were sexually abused in childhood scored higher on the dissociative personality traits measure in Bagley and colleagues study (1995). However, they used case files as a source of data, which is not always the best. However, despite sexual and physical abuse resulting in a greater range of symptoms related to DID, emotional abuse proved to be more predictive of dissociative behaviours later in life (Watson et al., 2006).

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