

Growing not dwindling: International research on the world-wide phenomenon of dissociative disorders

Alfonso Martínez-Taboas, Ph.D.
Associate Professor,
Carlos Albizu University,
San Juan, Puerto Rico.
AMartinez@albizu.edu

Martin Dorahy, Ph.D.
Department of Psychology,
University of Canterbury,
New Zealand.
martin.dorahy@canterbury.ac.nz

Vedat Sar, M.D.
Professor of Psychiatry,
Istanbul University, Turkey.
President Elect, European Society for Traumatic Stress Studies (ESTSS)
vsar@istanbul.edu.tr

Warwick Middleton, M.D.
Associate Professor of Psychiatry
University of Queensland,
Australia
warmid@tpg.com.au

Christa Krüger, M.D.
Department of Psychiatry,
University of Pretoria,
South Africa.
Christa.Kruger@up.ac.za

In the December 2012 issue of the Journal, Joel Paris, MD wrote an article about the current status of Dissociative Identity Disorder (DID) and the dissociative disorder field in general. He suggests that DID is merely a “fad”, and that there is no credible evidence to connect traumatic experiences with the development of DID.

We refute several of the claims made by Dr Paris:

Our biggest concern as Non-North American researchers is that Dr. Paris does not reference a single international study related to dissociative disorders and DID, despite the considerable and increasing empirical literature from around the world. His speculation that DID is not diagnosed outside of clinics that specialize in treating dissociation is not consistent with current data. DID and dissociative disorders have been found reliably in general psychiatric hospitals, psychiatric emergency departments, and private practices in countries including England, the Netherlands, Turkey, Puerto Rico, Northern Ireland, Germany, Finland, China, Australia, among many others (e.g., Dorahy, Mills, Taggart, O’Kane, and Mulholland, 2006; Leonard, Brann, and Tiller, 2005; Lewis-Fernández, Martínez-Taboas, Sar, Patel and Boatin, 2007; Lipsanen, Korkeila, Peltola, Järvinen, Langen, and Lauerma, 2004; Martínez-Taboas, 2005; Martínez-Taboas, Camino, Cruz-Igartúa, Francia, Gelpi and Rodríguez-Cay, 1995; Martínez-Taboas, Canino, Wang, García, and Bravo, 2006; Middleton and Butler, 1998; Rodewald, Wilhelm-Göbbling, Emrich, Reddemann, and Gast, 2011; Sar, 2006; Sar, Yargic, and Tutkun, 1996; Sar et al., 2007b; Tutkun et al., 1998).

Much of the international research, utilizing sophisticated epidemiological and clinical research methods, has replicated dozens of times the finding that dissociative processes and disorders (including DID) can be reliably detected in a wide spectrum of different societies. Epidemiological general population studies indicate that 1.1-1.5% meet diagnostic criteria for DID and 8.6-18.3% for any DSM-IV dissociative disorder (Johnson, Cohen, Kasen, and Brook, 2006; Sar, Akyuz, and Dogan, 2007a). The international literature on DID and dissociative disorders has been widely published in mainstream journals of psychiatry and psychopathology, and is inconsistent with Dr Paris’ conclusions.

Similarly, with regard to treatment, almost 300 patients from 18 countries participated in the most recent prospective treatment study of DID and a closely related disorder, dissociative disorder not otherwise specified (Brand et al., 2012). Moreover, the authorship of the 2011 International Society for the Study of Trauma and Dissociation (ISSTD) guidelines for the treatment of DID included clinicians from North America, Europe, the Middle East and Australasia.

Dr Paris also opines that there is only a “weak link” between child abuse and psychopathology, quoting a paper published 17 years ago. Current research illustrates a very different picture. Persons with early abusive experiences demonstrate increased illnesses (Green and Kimerling, 2004), impaired work functioning (Lee and Tolman, 2006), serious interpersonal difficulties (Van der Kolk and d’Andrea, 2010) and a high risk of traumatic re-victimization (Rich, Combs-Lane, Resnick, and Kilpatrick, 2004). The Adverse Childhood Experiences (ACE) Study, an American epidemiological study, has provided retrospective and prospective data from over 17,000 individuals on the effects of traumatic experiences during the first 18 years of life. This large study, demonstrated the enduring, strongly proportionate and frequently profound relationship between adverse childhood experiences and emotional states, health risks, disease burdens, sexual behavior, disability, and healthcare costs, even decades later (Felitti and Anda, 2010). Specifically, child sexual abuse (CSA) has been related in various epidemiological studies to the subsequent onset of a variety of psychiatric disorders. For example, Molnar, Buka and Kessler (2001), utilizing data from the National Comorbidity Survey, found that CSA was associated with 14 psychiatric disorders among women, and 5 among men, even after controlling for other childhood adversities. Dinwiddie et al. (2000), utilizing a large

database of Australian twins ($N=5,995$), found that individuals reporting CSA were much more likely to receive a psychiatric diagnosis and more likely to report suicide attempts than those who were not sexually abused. In a population-based sample of 1,411 female adult twins, Kendler et al. (2000) found that CSA was significantly related to eating disorders and drug problems. When the twin pairs were discordant for the CSA, the abused twin was at higher risk of developing a psychiatric disorder. More recently, Jonas et al. (2011), utilizing a sample of 7,403 individuals demonstrated that every psychiatric disorder they evaluated was strongly related to CSA. The link between childhood relational trauma and dissociation is now solidly established in the empirical literature (e.g., Carlson, Dalenberg and McDade-Montez, 2012; Dalenberg et al, 2012).

In fact, stringently documented international research has made it almost impossible *not* to appreciate what happens psychologically to children who grow up being abused by the adults who were supposed to protect them (Kezelman and Stavropoulos 2012; Middleton 2013a; Middleton 2013b).

Dr Paris devotes a whole section of his article to challenging a single case of reported DID, published in the popular press by a journalist (i.e., Nathan, 2011; Schreiber, 1973). This degree of attention to a single popular press case is out of place in a serious academic review, and also ignores another work in the same popular press genre that came to the opposite conclusion about that case (Suraci, 2011). Given the scientific topic under discussion, it would have been preferable for Dr Paris to base his thesis on peer-reviewed, empirical-driven, scientific data, rather than on a journalistic investigation in the popular press. He insistently refers to seven popular books or sensational press releases in his attempts to sustain some of his arguments.

In conclusion, Dr Paris' assessment of the supposedly dwindling "fad" of DID and dissociative disorders is not in keeping with current peer-reviewed international research. The dissociative disorder field has been producing solid and consistent evidence that provides guidance to clinicians and researchers about the epidemiology, phenomenology, diagnosis, and treatment of DID (and closely related conditions). We agree that more research efforts should be dedicated to DID, and to dissociative disorders overall, along with the impact of dissociation on the entire spectrum of psychiatric disorders (Sar and Ross, 2006). The epidemiological, laboratory, neurobiological, psychophysiological, and psychometric research on dissociative disorders is abundant and impressive. For whatever reasons, this research is inadequately represented in Dr Paris' paper. This body of international researchers (from four Non-North American continents) refutes Dr Paris' claims.

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