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Frontiers in the Psychotherapy of Trauma & Dissociation

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**On Dissociative Identity
Disorder and Maladaptive
Daydreaming**
Eli Somer

Frontiers in the Psychotherapy of Trauma & Dissociation

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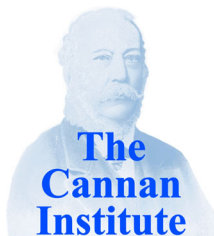
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COMMENTARY

On Dissociative Identity Disorder and Maladaptive Daydreaming

ELI SOMER

A commentary on Ross, C. A. (2018). The potential relevance of maladaptive daydreaming in treatment of dissociative identity disorder in persons with ritual abuse and complex inner worlds. Frontiers in the Psychotherapy of Trauma and Dissociation, 2(1), 160–173.

In a recent paper Ross (2018) compared maladaptive daydreaming (MD) and dissociative identity disorder (DID) and argued that there may be an overlap between some cases of MD and DID, particularly those with poly-fragmentation and complex inner landscapes. Ross accurately differentiated the two constructs when he claimed that in most cases of DID, the two disorders are distinct because

- the inner world in DID is not elaborate;
- the individual does not compulsively spend many hours absorbed into it;
- there is not a large cast of characters;
- there are no complex, ever-evolving scripted stories being enacted in the inner world;
- the host personality does not feel in control of the script; and

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- the host personality does not consider the inner world to be pure fantasy.

In contrast, the characters in MD do not assume executive control and do not talk to the therapist (Ross, 2018). Ross also appropriately identified intriguing commonalities between the constructs. Both are associated with high levels of absorption, and at least in cases of poly-fragmented DID, the inner landscape is “complex; vividly visualized; contains many different characters who never assume executive control; and may in some cases involve heroic or grandiose themes” (p. 152). Although I do not have any experience in treating persons with complex inner worlds who had endured satanic or ritual abuse, I wish to offer further thoughts on the more general question of a possible association between MD and DID.

Pierre Janet (1889) and his followers regarded dissociation as a psychological weakness that can evolve into psychopathology upon exposure to trauma, as the mind fails to continually maintain conscious unity. However, contemporaneous researchers tended to conceptualize dissociation as a non-maladaptive capacity to disconnect one’s mental states (e.g., Binet, 1892; Myers, 1903). The diversification assumption (Braude, 2009) postulates that dissociation, like many other human capacities, manifests in a variety of idiosyncratic forms, impacts on a broad range of states (e.g., transient or characterological) and spreads along various continua (e.g., severity, pervasiveness). In contrast to the diversification assumption and in line with Janetian thought, the exclusivity position suggests that pathological dissociation is a discrete phenomenon that relates primarily to the trauma-related fragmentation of personality structure (Nijenhuis & Van der Hart, 2011). While Butler (2006) also argued against the notion of a dissociation continuum, she regarded one particular form of mental disengagement, absorption, as a distinct non-pathological form of dissociation. In a later paper she proposed that having the predisposition to experience normative dissociation, or in other words, owning the capacity for dissociation, appears to be a necessary but not sufficient condition for pathological dissociation and that such adversities as insecure attachment and childhood abuse in the context of this high dissociative capacity precipitates the shift towards more pathological forms of dissociation (Butler, 2011).

The propensity for the various kinds of dissociation can vary in degree of controllability or involuntariness, as well as in the targets of dissociation. Some children (and adults) are more capable than others of suppressing unwanted feelings and memories, generating out-of-body experiences, distinct ego states, maintaining a dual awareness of two streams of consciousness, or simultaneously absorbing themselves in alternate realities (such as in films, books, video games, or fantasy). Under duress, the children who are endowed with one or more dissociative competencies are more likely to develop dissociative psychopathology.

BUT MUST THIS SHIFT OF TRAUMATIZED, DISSOCIATION-CAPABLE CHILDREN ALWAYS BE TOWARDS DID?

In line with the diversification assumption, and the theoretical possibility that different kinds of dissociation vary selectively across different subjects, I maintain that under continuous duress, children with particular innate dissociative capacities will activate that particular dissociative capability that is most accessible to them: numbing, forgetting, absorption in an alternate reality or identity alteration. Whereas all these mental acts initially involve a distancing from an unwanted experience, the defenses of absorption (thus far, considered to be the “normal” end of the dissociation spectrum) and identity alteration (always considered to be on the pathological end of the spectrum and the only dissociative capacity leading to DID and Other Specified Dissociative Disorders, type 1 [OSDD-1]) are of particular interest to me. Accumulating evidence with the Dissociative Experiences Scale (DES) shows that, while all subscales are significantly related to MD, absorption has the strongest relationship with a very high effect size (Somer, Lehrfeld, Jopp, & Bigelsen, 2016). Our data also show that like many other traits, absorption comes in many forms and intensities, and it, too, presents an abnormal variant, MD. One possible common denominator, binding DID and some cases of MD, is that these are disorders developed in childhood, and that both conditions involve the personification of ego states, introjected objects and emotional needs in an effort to create a fantastical alternate reality to serve as a mental island of gratification, emotional respite and sustenance.

I propose that the interaction of chronic childhood adversity and the innate ability to dissociate into a more bearable experience encourages some children to immerse themselves more intensely in normal imaginative play. According to Marjorie Taylor and her colleagues, by age seven, about 37% of children take imaginative play a step farther and create an invisible companion (IC) (Taylor, Carlson, Maring, Gerow, & Charley, 2004). These children could very well be endowed with the capacity for vivid immersion and intense absorption. Children with ICs can readily describe what these friends look like and how they behave. Many children even offer details about hearing or touching their IC (Gleason, Sebanc, & Hartup, 2000). ICs can be a source of comfort when a child is experiencing difficulties, and some children utilize ICs to help them cope with traumatic experiences. A study based on interviews of middle school students at high risk for developing behavior problems found that having an IC was associated with better coping strategies but lower social preference with peers. However, by the end of high school, those high-risk children who had had an IC in middle school showed better adjustment on multiple measures (Taylor, Hulette,

& Dishion, 2010). This finding shows that a capacity for absorptive imagination resulting in the creation of ICs may lead to better adjustment in some instances. However, in cases involving attachment failures and continuous traumatic distress, MD or multiplicity could be expected. Conversely, traumatized children not endowed with effective dissociative capacities may develop pathological trajectories that are not essentially dissociative, such as in borderline personality disorder.

Otherwise stated, the capacity for absorptive daydreaming could be the psychological infrastructure that may lead, under specific circumstances, to the development of complex inner worlds. Trauma is not a necessary condition in the etiology of pathological absorption because immersive daydreaming is a highly rewarding experience in and of itself. Immersive daydreaming may lead to the formation of a habit, or a behavioral addiction, simply because *it is* a highly rewarding experience (Somer, Somer & Jopp, 2016). Yet, when attachment needs are not met and the child is also traumatized, imaginative play can attain the powers of both positive and negative reinforcement (the gratifying relief associated with the attenuation of distress), thereby leading to the development of alternative inner worlds that contain ICs whose role is to distract, protect, empower or sooth.

I believe that the development of fantasy worlds that contain ICs could be the crossroad where the pathways to MD and DID might diverge. Sanders (1992) suggested a possible relationship between an IC and a DID alter. Expanding on her idea, I would argue that in the developmental history of the multiple there is a change in the phenomenological experience such that ICs cease to serve as objects or imaginary instruments designed to sustain the subject under duress. In these cases, ICs develop a sense of agency and become alters.

In a nutshell, some children are served well by their elaborate inner worlds cohabitated by ICs. In their case, the defense of absorption could evolve into pathological absorption, or a daydreaming disorder (hence, MD) because they might become mentally remote and inattentive. However, some children with MD involving ICs may reincorporate the ICs as alter identities. In this process of reincorporation, the IC, which is a fantasized corporeal image, becomes its own body image belonging to the alter. Thus, the imagined object becomes an alternate subject, thereby creating an overlap between MD and DID. Clearly, only longitudinal research could shed light on the etiology and developmental pathways leading to the hypothetical, partial overlap that Ross suggested exists between these disorders.

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