I. TRAUMA and Posttraumatic Stress Disorders - PTSD & CPTSD

Very simplified we know 3 main groups of diagnoses to a mental disturbance caused by Trauma:

1. an acute short term mentally disturbance (ASD)
2. a middle long term mentally disturbance (PTSD)
3. a long term e.g. chronically disturbance (CPTSD)

A bit more defined:

1. ASD
   Acute Stress Disorder
   an acute short term mentally disturbance / reaction to a one time experienced Traumatic event
   for example: witnessing a very heavy train accident

2. PTSD
   Post-Traumatic Stress disorder - middle long term mentally disturbance caused by experiencing a dead scary Traumatic event
   for example: a kidnapping or a onetime rape experience, or other dead scary experiences

3. CPTSD
   Complex Post-Traumatic Stress disorder - a long term e.g. chronically mentally disturbance caused by experiencing more than one Traumatic event
   a. Childhood trauma like sexually and or physically abuse
   for example: incest or other repeated child molestation e.g. child abuse
   b. War experiences (veteran care), etc.

To simplify: above we have mentioned the different types of Trauma disorders (diagnoses).

**And keep in mind** that those diagnoses can be given to everyone who experienced a Traumatic event. So also to people with Borderline, with Autism, with no mental disorder, etc. From the policeman to the housewife – they can all experience a dead scary traumatic event which can lead to a post-traumatic stress disorder.

II. DISSOCIATIVE DISORDERS - DD

The Second mental disorders I want you all to get acquainted with is the category

Dissociative Disorder - abbreviation = DD (watch out, it’s no DID)

1. Dissociative identity disorder – DID is per definition caused by Trauma, and it is also a polysymptomatic condition which is characterized by a hidden presentation. For more info see also the link ‘the difference between OSDD and DID’
2. Other Specified Dissociative Disorder - OSDD
3. Dissociative Amnesia
4. Depersonalization/Derealization Disorder - DP | DR sub group:
5. Unspecified Dissociative Disorder - DD nos

The first question to answer to is:

Are dissociative disorders with switching behavior to different personality states always related or caused by TRAUMA and or a Dissociative Identity Disorder (DID)........ NO
Note: Switching between personality parts is not a phenomenon that only belongs to a Dissociative Identity Disorder (trauma related). There are other disorders that have symptoms of identity problems and switching behavior between personality states such as a theatrical personality disorder, a Borderline Personality disorder, a bipolar disorder or schizophrenia.

A Dissociative Disorder (DD) has a wider range of being a co-morbidity disorder.

PTSD and its relation to Dissociative Disorders (OSDD and DID):

Within the category Dissociative Disorders, we know two types of diagnoses which seems to be related to Trauma:

1. Otherwise Subscribed Dissociative Disorders (OSDD) Trauma related
2. Dissociative Identity Disorder (DID) caused by Trauma

Those two Dissociative disorders are both categorized by Trauma specialists as related¹ to or caused² by a Complex Trauma.

And both disorders are known with a wide range of dissociative problems. From Amnesia, Depersonalization to Derealization to somatic dissociation, etc.. The difference between a trauma related OSDD and DID caused by Trauma, is the comorbidity of disorders and the presentation of the Switching behavior. Both disorders are likewise severe and don't tell a thing about more or more severe Trauma experiences – because both disorders are categorized as likewise very severe disorders!

They both cause very severe clinically distress and agony in life.

A diagnose tells you only something about the complexity of the disorder(s).

III. BORDERLINE PERSONALITY DISORDER – BPD

not C-PTSD e.g. trauma related - Abbreviation BPD

A Borderline personality disorder is a personality disorder which causes severe agony to life. It’s also a disorder which very often is misunderstood and stigmatized. People with a BPD suffer a lot, so please don’t judge them by the disorder but try to understand them.

BPD is a diagnose of a mental disorder which points out a list of ongoing disturbed, unstable and or harmful symptomatically behavior caused by a broad range of influences during childhood and a biologically given mental weakness. Examples of causes:

- too less love and attention (negative child neglect)
- too much negative love and attention (positive child neglect)
- broth up by parents with harmful addictions
- broth up by parents with social problems
- broth up in a harmful e.g. stressful living environment
- etc.

and the most upper handed cause to develop BPD:

is most likely a mental weakness given by biologically genes (Borderline structure).

A by nature given, not being able to handle or coupe well with stressful situations. A biological basis to develop a BPD.

Note: Not everyone born with the biologically genes will develop a Borderline Personality Disorder during life – A Borderline structure (is not a BPD) only tells something about the mental straight to coupe or handle with stressful situations.

Some psychologist e.g. mental clinicians like to call the causes to the development of a BPD - ‘childhood trauma’. But if you understand the clinical definition of Trauma you can’t place those causes in a direct line of Traumatic experiences. So I fully disagree with people who think and or declare that a Borderline Personality disorder is per definition caused by Trauma, and or is always trauma related, because it isn’t.

A Borderline Structure or a Borderline Personality Disorder by itself isn't caused by Trauma, nor Trauma related!!
And now we end up to the most spoken CLINICAL DISPUTE:

BPD and It’s relation with Dissociative Disorders (OSDD and or DDnos):

Of course it all needs research and a global acceptance to define the difference and or relation of causes and the influences of different comorbidity disorders, but I will give you a bit of an explanation in the line of both clinical streams which are still arguing about the cause and understanding of a BPD in combination with Dissociative Disorders and or a Trauma related dissociation:

A bit Freudiaans and a bit Janetiaans - I think; both theoretically streams do have a point

**BPD + DDnos not Trauma related**

BPD + Dissociative symptoms and switching behavior to different emotional personality states NOT Trauma related – some call it ‘ego states’

(BPD + comorbidity DDnos)

People who suffer a Borderline Personality Disorder very often can’t coupe (independently) with stressful situation. They clamp on to addictive behavior to escape the inner stress and daily life stress, and or they clamp on to other people which can guide them through a stressful situation of life. If stress comes in to (such) a relation someone who suffers a BPD wants also to escape this relation (again) by clamping on to another person. They don’t attach on a healthy way and it’s not uncommon that someone with a BPD has a stormy history of different relationships or switches back and forward towards and between more than one relationship. They easily panic if they are left alone. And they show very often impulsive and or addictive behavior. It’s also not uncommon that someone who suffers a BPD seeks attention, I prefer to call it - they seek HELP because they are scared - they do this to escape the inner stress and the fear of being left alone. Life itself is sometimes even too much to handle and the fear of loneliness then also gets enormous, almost unbearable.

Graphed by this fear they sometimes develop different somatic problems with no physical cause, or they even start to develop their own internal family and play mates to escape the fear of being left alone. They start to Dissociate by the development of emotional personality parts.

**BPD + (CPTSD) OSDD Trauma related**

BPD + Dissociative symptoms and switching behavior under the influence of emotional personality parts:

**Trauma Related**

(BPD + CPTSD + OSDD)

Like every human being also someone who suffers a BPD can experience a dead scary traumatic events or have suffered also Childhood sexual and or physical abuse which leads to the symptoms of a PTSD or a CPTSD with dissociative symptoms.

It’s also not oncoming that you see also severe Dissociative symptoms and dissociative Switching behavior in this category of a double mental disturbance and category of diagnosis.

It’s very difficult for diagnosticians to diagnose BPD + Dissociative Symptoms and the Switching behavior to other personality states of this category, because they need to determine if the Dissociative symptoms are caused by the BPD or by trauma related Dissociation (OSDD). And that is not an easy thing to do.
Fact or Factious:

Someone who suffers a BPD + Dissociative symptoms (DDnos and or OSDD) suffers severe agony in life. We know that this group is also the most difficult group to treat because of the underlying BPD and wide range of dissociative symptoms. Prognosis of treatment aren’t much positive because of the severity of the combinations of disorders.

And although researches are doing their best to develop better diagnostically instruments (differential instruments) and treatment possibility’s, it’s still a group which gets to less global attention and understanding.

For the difference between a OSDD and DID dissociative disorder
I refer to the following link: The difference between OSDD and DID

(c) Nique
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► The difference between OSDD and DID ◄