

Dissociative Disorders

The word “dissociation” means to be disconnected from others, from the world around you, or from yourself. The term “dissociative disorders” describes a persistent mental state that is marked by feelings of being detached from reality, being outside of one’s own body, or experiencing memory loss (amnesia). In other words, dissociation is a disconnection between a person’s thoughts, memories, feelings, actions or sense of who he or she is. This is a normal process that everyone has experienced. Examples of mild, common dissociation include daydreaming, getting lost in a book or movie, all of which involve “losing touch” with awareness of one’s immediate surroundings.

Thus, dissociative disorders involve problems with memory, identity, emotion, perception, behavior and sense of self. Dissociative symptoms can potentially disrupt every area of mental functioning. Dissociative symptoms include the experience of detachment or feeling as if one is outside one’s body, and loss of memory or amnesia. Dissociative disorders are frequently associated with previous experience of trauma.

During a traumatic experience such as an accident, disaster or crime victimization, dissociation can help a person tolerate what might otherwise be too difficult to bear. In situations like these, a person may dissociate the memory of the place, circumstances or feelings about of the overwhelming event, mentally escaping from the fear, pain and horror. This may make it difficult to later remember the details of the experience, as reported by many disaster and accident survivors.

Types of dissociative disorders

There are three primary types of dissociative disorders:

- Dissociative identity disorder
- Depersonalization/derealization disorder
- Dissociative amnesia

Once known as multiple personality disorder, dissociative identity disorder usually stems from catastrophic experiences, abuse or trauma that occurred when the person was a child. Among people with this disorder, about 90% have been the victim of childhood abuse (physical or sexual) or neglect. Acute stress disorder and post-traumatic stress disorder (PTSD) are closely related to dissociative disorders, sharing such symptoms as memory loss, depersonalization, or derealization.

Dissociative identity disorder

Dissociative identity disorder is associated with overwhelming experiences, traumatic events and/or abuse that occurred in childhood. The existence of two or more distinct identities or personality states. Each identity has a particular set of behaviors, attitudes, preferences, memories, and ways of thinking that are observable by others and may even be reported by the

affected person. Shifting from one identity to another is involuntary, sudden, and can reverse at a moment's notice.

Symptoms of dissociative identity disorder (criteria for diagnosis) include:

- The existence of two or more distinct identities (or “personality states”). The distinct identities are accompanied by changes in behavior, memory and thinking. The signs and symptoms may be observed by others or reported by the individual.
- Ongoing gaps in memory about everyday events, personal information and/or past traumatic events.
- The symptoms cause significant distress or problems in social, occupational or other areas of functioning.

In addition, the disturbance must not be a normal part of a broadly accepted cultural or religious practice. As noted in the DSM-5, in many cultures around the world, experiences of being possessed are a normal part of spiritual practice and are not dissociative disorders.

The attitude and personal preferences (for example, about food, activities, clothes) of a person with dissociative identity disorder may suddenly shift and then shift back. The identities happen involuntarily and are unwanted and cause distress. People with dissociative identity disorder may feel that they have suddenly become observers of their own speech and actions, or their bodies may feel different (e.g., like a small child, like the opposite gender, huge and muscular).

A person with dissociative identity disorder “feels as if he/she has within him/her two or more entities, each with its own way of thinking and remembering about himself/herself and his/her life. It is important to keep in mind that although these alternate states may feel or appear to be very different, they are all manifestations of a single, whole person.” Other names used to describe these alternate states including “alternate personalities,” “alters,” “states of consciousness” and “identities.”

For people with dissociative identity disorder, the extent of problems functioning can vary widely, from minimal to significant problems. People often try to minimize the impact of their symptoms.

Risk Factors and Suicide Risk

People who have experienced physical and sexual abuse in childhood are at increased risk of dissociative identity disorder. The vast majority of people who develop dissociative disorders have experienced repetitive, overwhelming trauma in childhood. Among people with dissociative identity disorder in the United States, Canada and Europe, about 90 percent had been the victims of childhood abuse and neglect.

Suicide attempts and other self-injurious behavior are common among people with dissociative identity disorder. More than 70 percent of outpatients with dissociative identity disorder have attempted suicide.

Depersonalization/derealization disorder

Depersonalization/derealization disorder involves significant ongoing or recurring experience of one or both conditions:

- **Depersonalization** – experiences of unreality or detachment from one's mind, self or body. People may feel as if they are outside their bodies and watching events happening to them.
- **Derealization** – experiences of unreality or detachment from one's surroundings. People may feel as if things and people in the world around them are not real.

During these altered experiences the person is aware of reality and that their experience is unusual. The experience is very distressful, even though the person may appear to be un-reactive or lacking emotion. Symptoms may begin in early childhood; the average age a person experiences the disorder is 16. Less than 20 percent of people with depersonalization/derealization disorder first experience symptoms after age 20.

Symptoms of depersonalization/derealization disorder

One or both of the following conditions exist in the same person in a recurring pattern over a long period of time:

- **Depersonalization** – Feelings of unreality or of being detached from one's own mind, body or self. It is as if one is an observer of rather than a participant in their own life events.
- **Derealization** – Feelings of unreality or of being detached from one's surroundings. People and things may not seem real.

During these episodes the person is aware of their surroundings, and knows that what they are experiencing is not normal. Even if the person shows little emotion during these episodes, they are usually interpreted as being quite upsetting. Symptoms may start as early as childhood, with 16 years old being the average age of first experience. Fewer than 20% will have their first experience of the disorder after age 20.

Dissociative amnesia

Dissociative amnesia involves not being able to recall information about oneself (not normal forgetting). This amnesia is usually related to a traumatic or stressful event.

Symptoms of Dissociative Amnesia

- **localized** – unable to remember an event or period of time (most common type)
- **selective** – unable to remember a specific aspect of an event or some events within a period of time
- **generalized** – complete loss of identity and life history (rare)

Dissociative amnesia is associated with having experiences of childhood trauma, and particularly with experiences of emotional abuse and emotional neglect. People may not be aware of their memory loss or may have only limited awareness and people may minimize the importance of memory loss about a particular event or time. Dissociative amnesia means not being able to recall information about one's past. This is not the same as simply being

forgetful, as it is usually related to a traumatic or particularly stressful event or period of time. An episode of amnesia comes on suddenly and can last as little as minutes, or as long as months or years. There is no particular age of onset, and episodes can occur periodically throughout life.

The person may not be aware of their memory loss or have only little awareness. Even when they do realize a loss of memory, the person often downplays the importance of not recalling a particular event or period of time.

Causes of Dissociative Disorders

Dissociative disorders often first develop as a way to deal with a catastrophic event or with long-term stress, abuse, or trauma. This is particularly true if such events take place early in childhood. At this time of life there are limitations on one's ability to fully understand what is happening, coping mechanisms are not fully developed, and getting support and resources depends on the presence of caring and knowledgeable adults.

Mentally removing oneself from a traumatic situation — such as an accident, natural disaster, military combat, being a crime victim, or repeated physical, mental or sexual abuse — can be a coping mechanism that helps one escape pain in the short term. It becomes a problem if over the long term it continues to separate the person from reality, and blanks out memories of entire periods of time.

Treatment

Dissociative disorders treatment may vary based on the type of disorder person have, but generally include psychotherapy and medication.

Psychotherapy

Psychotherapy is the primary treatment for dissociative disorders. This form of therapy, also known as talk therapy, counseling or psychosocial therapy, involves talking about the disorder and related issues with a mental health professional. The therapist will work to help

in understanding the cause of the condition and to form new ways of coping with stressful circumstances. Over time, the therapist help to talk more about the trauma that is experienced, but this could be done only when the person have the coping skills and better relationship with the therapist to safely have these conversations.

Medication

Although there are no medications that specifically treat dissociative disorders, but certain antidepressants, anti-anxiety medications or antipsychotic drugs can be prescribed to help control the mental health symptoms associated with dissociative disorders.