Dissociative Disorders
An Overview of Dissociative Disorders

- Severe alterations or detachments
  - Normal perceptual experiences
- Significant impairments
  - Identity
  - Memory
  - Consciousness

- **Depersonalization**
  - Lose a sense of your own reality
  - Identity is in questions “who am I” all of a sudden?

- **Derealization**
  - Lose a sense of the reality of the external world
  - “why does everything look so foreign, strange?- these people seem like robots!”

Know the difference between these two!
An Overview of Dissociative Disorders

- Types
  - Depersonalization Disorder
  - Dissociative Amnesia
  - Dissociative Fugue
  - Dissociative Trance Disorder
  - Dissociative Identity Disorder
Depersonalization Disorder: An Overview

- Clinical Description
  - Feelings of unreality and detachment
  - Severe/frightening
  - Depersonalization
  - Derealization
  - Significant impairment necessary for diagnosis
Depersonalization Disorder: An Overview

• Different from panic attack (which also includes symptoms of depersonalization), as in this case the depersonalization is the primary symptoms.

• Statistics
  – 0.8%
  – Female : Male = ~1:1
  – High comorbidities
    • Anxiety and mood disorders
  – Onset = ~ age 16
  – Lifelong, chronic course
A person suffering from depersonalization disorder experiences subjective symptoms of unreality that make him or her uneasy and anxious.

"Subjective" is a word that refers to the thoughts and perceptions inside an individual's mind, as distinct from the objects of those thoughts and perceptions outside the mind.

Because depersonalization is a subjective experience, many people who have chronic or recurrent episodes of depersonalization are afraid others will not understand if they try to describe what they are feeling, or will think they are "crazy."

As a result, depersonalization disorder may be underdiagnosed because the symptom of depersonalization is underreported.
Depersonalization Disorder: Causes

- Cognitive deficits
  - Attention
  - Short-term memory
  - Spatial reasoning
  - Easily distracted

- Decreased emotional response
Depersonalization Disorder: Treatment

- Psychological treatments are unstudied
- Prozac appears ineffective
Dissociative Amnesia

- **Dissociative Amnesia**
  - **Psychogenic memory loss**
    - Not traced to organic etiology
  - **Generalized type**
    - May be lifelong or from more recent past
  - **Localized or selective type**
    - Usually related to a trauma
Dissociative Fugue

- Flight or travel
- Memory loss
  - Retrograde vs. anterograde
  - “How’s” or “why’s” of travel
- Assumption of new identity
Dissociative Amnesia and Fugue

- Culturally Bound: AMOK (Malaysian)
- Statistics
  - Tends to occur in adulthood
  - Rapid onset
  - Rapid dissipation
  - Females > males
Dissociative Amnesia and Fugue

• Causes and Treatments
  – Little is known
  – Trauma and life stress

• Treatment
  – Resolution without treatment
  – Memory returns
Dissociative Trance Disorder

- Not in current DSM, but when trance is undesirable, and not explained by culture then could be classified: DSM V?

- Clinical Description
  - Dissociative symptoms
  - Sudden personality changes
  - State is undesirable

- Cultural/religious variations
  - E.g., trance or possession
  - Thailand - phi pob
    - A devious ghost which will infest it's victim and eat away their entrails before leaving their victims body. In public if infested with Phi Pob the victim will pretend to be ill but when given the opportunity it will steal uncooked meat to eat at night.
Dissociative Identity Disorder (DID)

- Multiple/Split Personality Disorder (commonly named)
- Clinical Description
  - Amnesia
  - Dissociation of personality
  - Adopt several new identities or “alters”
    - 2 to 100
    - Average = 15
    - Unique characteristics
  - **Host**
    - The one that seeks help due to being overwhelmed.
    - But, not the original identity!
  - **Switch**
Can DID be Faked?

- Real vs. false memories
- Suggestibility
- Hypnosis studies
- Simulated amnesia
- Demand characteristics
  - Can be developed through therapist suggestions and reinforcement
- Physiological measures
  - Eye movements: 3 faces of eve
  - EEG
Dissociative Identity Disorder (DID)

- **Statistics**
  - 1.5% (year)
  - Female : male = 9:1
  - Onset = childhood
  - High comorbidity rates
    - Axis I
    - Axis II
  - Lifelong, chronic course
DID: Causes

- **Causes**
  - Biological vulnerability
    - Reactivity
    - Hippocampus and amygdala
  - **Severe abuse/trauma history (97%)**
    - Links with PTSD
  - Highly suggestible
    - Auto hypnotic model
    - A diathesis or vulnerability that interacts with trauma to form DID
DID: Treatment

- Reintegration of identities
- Reliving and reprocessing the trauma
- Identify and neutralize cues/triggers
- Visualization
- Coping

- Antidepressant medications?
Links!

- http://www.youtube.com/watch?v=QajubDsCcrw
- http://www.youtube.com/watch?v=D9Tki660vGU
- http://www.youtube.com/watch?v=PQr_IJvYzbA