

Module 6: Dissociative Disorders

Module 6 Outline

- 6.1. Clinical Presentation
- 6.2. Epidemiology
- 6.3. Comorbidity
- 6.4. Etiology
- 6.5. Treatment

Module 6 Learning Objectives

- Describe how dissociative disorders present.
- Describe the epidemiology of dissociative disorders.
- Describe comorbidity in relation to dissociative disorders.
- Describe the etiology of dissociative disorders.
- Describe treatment options for dissociative disorders.

6.1 Clinical Presentation

Section 6.1 Learning Objectives

- Describe dissociative disorders.
- Describe how dissociative identity disorder presents.
- Describe how dissociative amnesia presents.
- Describe how depersonalization/derealization presents.

Section 6.1 Key Terms

Depersonalization: A feeling of unreality or detachment from *oneself*.

Derealization: Feelings of unreality or detachment from the world—whether it be individuals, objects, or their surroundings.

Dissociative amnesia disorder: Identified by the inability to recall important autobiographical information. Differs from permanent amnesia in that permanent amnesia in that the information was successfully stored in memory; however, the individual cannot retrieve it.

Dissociative disorders: A group of disorders characterized by symptoms of disruption in consciousness, memory, identity, emotion, perception, motor control, or behavior.

Dissociative fugue: Considered to be the most extreme type of dissociative amnesia; Not only does the individual forget personal information, but he or she also flees to a different location.

Dissociative identity disorder (DID): What people commonly refer to as multiple personality disorder; the key diagnostic criteria for DID is the presence of two or more distinct personality states or expressions. The identities are distinct in that they often have a unique tone of voice, engage in different physical gestures (including gait), and have different personalities—ranging anywhere from cooperative and sweet to defiant and aggressive.

Generalized amnesia: The person has a complete loss of memory of his or her entire life history, including his or her own identity.

Localized amnesia: The most common type of amnesia; it is the inability to recall events during a specific period.

Subpersonalities: In dissociative identity disorder, personalities other than the dominant or primary personality.

Selective amnesia: A component of localized amnesia in that the individual can recall some, but not all, of the details during a specific period.

Switching: In dissociative identity disorder, when the person switches from one personality to another.

Section 6.1 Key Takeaways

- Dissociative disorders are characterized by disruption in consciousness, memory, identity, emotion, perception, motor control, or behavior. They include Dissociative Identity Disorder (DID), dissociative amnesia, and depersonalization/derealization disorder.
- First, DID is present when a person has two or more distinct personality states or expressions with one becoming the dominant or primary personality.
- Dissociative amnesia is characterized by the inability to recall important autobiographical information, whether during a specific period (localized) or one's entire life (generalized) or forgetting personal information and fleeing to a different location (fugue).
- Depersonalization/derealization disorder includes a feeling of unreality or detachment from oneself (depersonalization) and feelings of unreality or detachment from the world (derealization).

Section 6.1 Review Questions

1. Identify the diagnostic criteria for each of the three dissociative disorders. How are they similar? How are they different?
2. What is the difference between depersonalization and derealization?

6.2 Epidemiology

Section 6.2 Learning Objectives

- Describe the epidemiology of dissociative disorders.

Section 6.2 Key Terms

N/A

Section 6.2 Key Takeaways

- In general, somewhere between 1.5 and 2% of individuals experience a dissociative disorder with an equal number of males and females experiencing DID and depersonalization/derealization disorder and more females experiencing dissociative amnesia.

Section 6.2 Review Questions

1. What are the prevalence rates for dissociative disorders? What are some identified barriers in determining prevalence rates of these disorders?

6.3 Comorbidity

Section 6.3 Learning Objectives

- Describe the comorbidity of dissociative disorders.

Section 6.3 Key Terms

N/A

Section 6.3 Key Takeaways

- Many dissociative disorders have been found to have a high comorbidity with PTSD and depressive disorders.
- Somatic symptom and conversion disorders, as well as some personality disorders, have also been found to be comorbid.

Section 6.3 Review Questions

1. What are the common comorbid diagnoses for individuals with dissociative disorders?

6.4 Etiology

Section 6.4 Learning Objectives

- Describe the biological causes of dissociative disorders.
- Describe the cognitive causes of dissociative disorders.
- Describe the sociocultural causes of dissociative disorders.
- Describe the psychodynamic causes of dissociative disorders.

Section 6.4 Key Terms

N/A

Section 6.4 Key Takeaways

- Though there is some evidence for a genetic component to dissociative disorders, a combination of genes and environment are thought to play a larger role.
- A cognitive explanation assumes a memory retrieval deficit, particularly related to dissociative amnesia, and differential hippocampus activation between subpersonalities in DID.

- Mass media is also purported to have caused a rise in dissociative disorders due to the attention it gives these disorders in its publications and movies such as Sybil.
- Finally, repressed thoughts and feelings are thought to be the cause of dissociative disorders in the psychodynamic theory.

Section 6.4 Review Questions

1. How do the biological, cognitive, sociocultural, and psychodynamic perspectives differ in their explanation of the development of dissociative disorders?

6.5 Treatment

Section 6.5 Learning Objectives

- Clarify why treatment for dissociative disorders is limited.
- Describe treatment options for dissociative identity disorder.
- Describe treatment options for dissociative amnesia.
- Describe treatment options for depersonalization/derealization.

Section 6.5 Key Terms

Final fusion: In the treatment of dissociative identity disorder, when two or more alternate identities join together.

Integration: In the treatment of dissociative identity disorder, the ongoing process of merging subpersonalities into one personality.

Section 6.5 Key Takeaways

- Treatment for DID involves the integration of subpersonalities to the point of final fusion and takes several steps to achieve.
- For some patients, this is not possible as they do not find final fusion to be a desirable outcome. Instead, the clinician will work to achieve resolution or sufficient integration and coordination of the subpersonalities to allow the person to function independently.
- For dissociative amnesia, hypnosis and phasic therapy are used, as well as barbiturates known as “truth serums.”
- Finally, diagnosis alone is sometimes enough to reduce the intensity of symptoms related to depersonalization/derealization disorder and due to the high comorbidity with anxiety and depression, alleviation of these secondary symptoms is often the goal of treatment.

Section 6.5 Review Questions

1. What is the treatment goal for dissociative identity disorder? How is it achieved?
2. What are the treatment options for dissociative amnesia and depersonalization/derealization disorder?