

Dissociative disorders are characterized by an involuntary escape from reality characterized by a disconnection between thoughts, identity, consciousness and memory. Dissociative disorders usually first develop as a response to a traumatic event to keep those memories under control. Stressful situations can worsen symptoms and cause problems with functioning in everyday activities. However, the symptoms a person experiences will depend on the type of dissociative disorder they are experiencing.

The total population of people with dissociative disorders is estimated at 2%, with women being more likely than men to be diagnosed. Almost half of adults in the United States experience at least one depersonalization/derealization episode in their lives, with only 2% meeting the full criteria for chronic episodes.

## Symptoms

Symptoms and signs of dissociative disorders include:

- Significant memory loss of specific times, people and events
- Out-of-body experiences
- Depression, anxiety and/or thoughts of suicide
- A sense of detachment from your emotions or emotional numbness
- A lack of a sense of self-identity

There are three types of dissociative disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*:

**Dissociative amnesia.** The main symptom is difficulty remembering important information about one's self. Dissociative amnesia may surround a particular event, such as combat or abuse, or more rarely, information about identity and life history. The onset for an amnesic episode is usually sudden, and an episode can last minutes, hours, days, or, rarely, months or years. There is no average for age onset or percentage, and a person may experience multiple episodes throughout her life.

**Depersonalization disorder.** This disorder involves ongoing feelings of detachment from actions, feelings, thoughts and sensations as if they are watching a movie (depersonalization). Sometimes other people and things may feel like people and things in the world around them are unreal (derealization). A person may experience depersonalization, derealization or both.

Symptoms can last just a matter of moments or return at times over the years. The average onset age is 16, although depersonalization episodes can start anywhere from early to mid-childhood. Less than 20% of people with this disorder start experiencing episodes after the age of 20.

**Dissociative identity disorder.** Formerly known as multiple personality disorder, this disorder is characterized by alternating between multiple identities. A person may feel like one or more voices are trying to take control in their head. Often these identities may have unique names, characteristics, mannerisms and voices.

People with DID will experience gaps in memory of every day events, personal information and trauma. Onset for the full disorder can happen at any age, but it is more likely to occur in people who have experienced severe, ongoing trauma before the age of 5.

Women are more likely to be diagnosed, as they more frequently present with acute dissociative symptoms. Men are more likely to deny symptoms and trauma histories, and commonly exhibit more violent behavior, rather than amnesia or fugue states. This can lead to elevated false negative diagnosis.

## Causes

Dissociative disorders usually develop as a way of dealing with trauma. Dissociative disorders most often form in children exposed to long-term physical, sexual or emotional abuse. Natural disasters and combat can also cause dissociative disorders.

## Diagnosis

Doctors diagnose dissociative disorders based on a review of symptoms and personal history. A doctor may perform tests to rule out physical conditions that can cause symptoms such as memory loss and a sense of unreality (for example, head injury, brain lesions or tumors, sleep deprivation or intoxication). If physical causes are ruled out, a mental health specialist is often consulted to make an evaluation.

## Treatment

Dissociative disorders are managed through various therapies including:

- **Psychotherapies** such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT)
- **Eye movement desensitization and reprocessing** (EMDR)
- **Medications** such as antidepressants can treat symptoms of related conditions

The goals of treatment for dissociative disorders are to help the patient safely recall and process painful memories, develop coping skills, and, in the case of dissociative identity disorder, to integrate the different identities into one functional person. There is no drug that deals directly with treating dissociation itself. Rather, medications are used to combat additional symptoms that commonly occur with dissociative disorders.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Dissociative-Disorders>

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