

What is dissociation?

A number of people with mental illnesses experience *dissociation*: a disturbance of thinking, awareness, identity, consciousness or memory. Dissociation is more severe than just ordinary forgetfulness and is also not associated with any underlying cause of memory deficits or altered consciousness (e.g., neurological illnesses, substance or alcohol abuse). Some people have dissociative events that last only moments where as others experience extended periods of dissociation.

Some people will experience having limited ability to regulate their bodily functions and may feel like they are “going crazy” or are “out of my body” during dissociative events. Other people may lose control of their emotions or actions during a dissociative event and can do things that are otherwise quite uncharacteristic. Some people will have limited memory of the dissociative event and may feel surprised or disoriented when it ends. Many people may later recall what happened during their dissociation, but others may not be able to remember significant parts of what occurred, sometimes for even for a time before they dissociated.

There is an association between traumatic events and the process of dissociation. It may be that dissociation is a way the mind/brain contends with overwhelming stimuli. There is much more to be learned about the process of dissociation and the best strategies to address it. Dissociation can be part of a symptom of an existing mental illness. For example, many people who have experienced a traumatic event, such as physical or sexual abuse, may have some aspect of dissociation during the event itself and will be unable to recall details regarding their victimization. Dissociation can be a symptom associated with posttraumatic stress disorder (PTSD) and with certain anxiety disorders, including panic disorder and obsessive-compulsive disorder.

What are dissociative disorders?

Dissociative disorders are a controversial sub-group of mental illnesses. The most dramatic condition in this area is called dissociative identity disorder, formerly called multiple personality disorder. The media has a history of sensational portrayals of dissociative and of persons who have pretended to have dissociative illnesses in order to avoid criminal charges. Researchers, clinicians, and the public alike find the topic compelling and challenging to understand.

There is controversy over whether or not dissociative disorders are over diagnosed or improperly diagnosed by certain mental health professionals. This is an ongoing debate that is unlikely to be resolved soon.

In rare cases, some individuals have severe symptoms of dissociation in the absence of another primary mental or medical illness. In these situations, the *DSM-IV-TR* lists criteria by which dissociative disorders may be diagnosed. Dissociative disorders as defined by the *DSM-IV-TR* include:

- Dissociative amnesia—characterized by severe impairment in remembering important information about one’s self. This is perhaps the most common of the dissociative disorders and—like all other dissociative illnesses—is associated with traumatic events. This amnesia can be limited to specific details or events but can also encompass entire aspects of a person’s life.
- Dissociative fugue—a massive disorientation of self that leads to confusion about one’s personal identity and potentially the assumption of a new identity
- Depersonalization disorder—marked by recurrent feelings of detachment or distance from one’s own experiences and can be associated with the experience that the world is unreal. While many people experience these sensations at one point in their lives, an individual with depersonalization disorder has this experience so frequently or severely that it interrupts his or her functioning.
- Dissociative identify disorder (DID)—previously called multiple personality disorder, DID is the most famous and controversial of the dissociative disorders. This is characterized by having multiple “alters” (personal identities) that control an individual’s behavior and actions at different times.

What are some available treatments?

In patients where dissociation is thought to be a symptom of another mental illness (e.g., borderline personality disorder or PTSD), treatment of the primary cause is of utmost importance. This can involve psychotherapy and psychiatric medications when appropriate. It is important to note that there is no clear consensus on the treatment of dissociative symptoms themselves with medications for it is unclear whether or not psychiatric drugs can help to decrease symptoms of dissociation and depersonalization

Psychotherapy is generally helpful for people who experience dissociative episodes. Different cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) techniques have been specifically developed by mental health professionals to decrease symptom frequency and improve coping strategies for the experience of dissociation.

As with any mental illness, the caring support of loved ones cannot be underestimated, particularly for individuals with a traumatic past.

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