

DISSOCIATIVE DISORDERS

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Dissociative disorders are characterised by a disturbance or alteration in the normally integrative functions of identity, memory, and consciousness. These disorders range from disturbances in memory to developing a feeling that one's own reality is lost to manifesting additional personalities.

The literature suggests that more than 10% of the population meet the criteria for some form of dissociative disorder. Amnesia is the most common dissociative symptom, occurring in almost all the dissociative disorders. Dissociative amnesia occurs more often in women than in men, and more often in younger than in older adults.

Dissociative disorders usually have some relation to trauma, personal conflict, and conflictual relationships with others. "Dissociation" is thought to develop in individuals as self-defence against trauma whereby a person alters consciousness as a way of dealing with an emotional conflict or external stressor. Dissociative defences have a dual function: they help to remove the individual from the trauma at the time that it occurs and they delay the working through of the trauma.

DISSOCIATIVE AMNESIA

Dissociative amnesia is characterised by sudden inability to recall important personal information, usually of a traumatic or stressful nature, that cannot be explained by ordinary forgetfulness, a general medical condition, or ingestion of a substance.

Clinical features:

- The history usually reveals some precipitating emotional trauma.
- Onset is usually abrupt; amnesia usually lasts for minutes to days.
- Most often observed in adolescents and young adult females, but has also been described in young males during wartime.
- Patients are usually aware of their memory loss.
- Patients are usually alert before and after the amnesia occurs.
- Depression and anxiety are common predisposing factors.
- Termination is abrupt.
- Recovery is complete, and recurrences are rare.

DISSOCIATIVE FUGUE

Dissociative fugue is characterised by (i) amnesia with inability to recall one's past and (ii) the assumption of a new identity (which may be partial or complete).

The condition is often characterised by sudden, unexpected travel away from home or work and is rare. It occurs most often during wartime, after natural disasters, and as a result of personal crises.

Clinical features:

- Conditions that may predispose a person to dissociative fugue: heavy alcohol abuse, history of head trauma, pre-existing mood disorders, and personality disorders.
- Patients wander in a purposeful way, usually far from home and often for days at a time.
- During this time they have complete amnesia for their past lives and associations.
- Disorientation and confusion may occur.

- Fugue can last for a few hours or days, but cases lasting months have been described.

DISSOCIATIVE IDENTITY DISORDER (MULTIPLE PERSONALITY DISORDER)

Dissociative identity disorder is characterised by the development of two or more distinct identities or personality states, only one of which is dominant at any time. Dissociative identity disorder often coexists with anxiety disorders, mood disorders, borderline personality disorder, and epilepsy.

Clinical features:

- The mean number of “personalities” is 5 to 10.
- Often 2-3 personalities are evident at diagnosis, the rest are recognised during the course of treatment.
- Transition from one personality to another is often sudden and dramatic.
- “Personalities” are often aware of the existence, qualities, and activities of the others.
- On mental status examination, patients may show amnesia for periods of varying duration.
- Different personalities can have different psychological and physiological characteristics, different IQs, and may claim to be of the opposite sex, or different age or race.
- Individual personalities may have their own mental disorders (mood disorders, personality disorders, other dissociative disorders).

DEPERSONALISATION DISORDER

Depersonalisation disorder is characterised by periods in which persons may feel detached from their own mental processes or bodies and feel that they are outside observers, or they describe a dreamlike state. This experience often makes the person feel separated from his or her thoughts, emotions, or identity.

Clinical features:

- Onset is usually abrupt.
- The patient complains of feeling detached.
- Subjective feelings are ego-dystonic, and the patient maintains intact reality-testing.
- The disorder may be precipitated by a stressor.
- Duration is variable, may last hours, days, or weeks.
- Course is chronic, and is marked by remissions and exacerbations.