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## Dissociative Disorders

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# Dissociative Disorders

Paulette Marie Gillig, MD, PhD, and Brock P. Nolan, MD

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## INTRODUCTION

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### THE CONCEPT OF DISSOCIATION

Normal thinking involves the experience that events are connected on a smooth continuum of time and place within one's state of awareness, or one's "consciousness." The concept of consciousness includes apperception (ie, perception modified by one's own emotions and thoughts, attention [the ability to focus on certain portions of an experience], and the ability to be self-directed and avoid overcompliance or uncritical acceptance to an idea or influence). Dissociation occurs when certain events, feelings, thoughts, memories, or experiences are isolated from the other mental processes with which they would normally be associated in consciousness. Dissociation involves a loss of organization of mental processes rather than loss of the contents of the mental processes themselves. Dissociation is a problem of information processing, with failure of integration of elements; it does not involve a loss of the contents of the elements, as in dementia.<sup>1</sup>

### TYPES OF DISSOCIATIVE DISORDERS

Dissociation can affect one or more aspects of the organization of mental processes, and each dissociative disorder represents a different mental process that can be affected (**Table 1**). The 5 main types of dissociative disorders are dissociative amnesia, dissociative fugue, dissociative identity disorder, depersonalization disorder, and dissociative disorder not otherwise specified (NOS). Dissociative disorders occur worldwide but may take various symptom structures depending on the culture in which they are found.

When dissociation affects memory processes, dissociative amnesia occurs. In dissociative amnesia, certain memories are segregated without distortion from the rest of memory processes and are inaccessible to conscious awareness. Dissociative fugue or dissociative identity disorder (formerly multiple personality disorder) occurs with dissociation of aspects of identity. Depersonalization disorder occurs with dissociated perception. Dissociative trance disorder (a NOS cate-

gory of dissociative disorders in the *DSM-IV*) and acute stress disorder (classified as an anxiety disorder but with many dissociative qualities) occur when there is a dissociation of aspects of consciousness itself.

Transient episodes of dissociation can occur normally when a person has experienced an acute traumatic or otherwise anxiety-producing event. Examples of these episodes in the literature include law enforcement officers involved in critical incidents,<sup>2</sup> episodes of skydiving,<sup>3</sup> and serious traffic accidents.<sup>4</sup> Dissociative experiences are also common and are culturally accepted expressions of cultural activities and religious experiences in many societies. Dissociative disorders are not viewed as normal within these cultures, however.<sup>5</sup>

### PATHOPHYSIOLOGY OF DISSOCIATIVE DISORDERS

Dissociative disorders are almost always (but not exclusively) associated with multiple severe traumas from a trusted person or organization that take place over time and result in the experience of victimization of another's indifference. Like other children, children who are exposed to multiple traumas develop imaginary playmates and protectors, but those with a tendency toward dissociative disorders may carry these imaginary figures in some form into adult life.<sup>6-8</sup> Approximately 90% of persons diagnosed with dissociative disorders are women.

Recent research has shown that children who had experienced maternal attachment disruptions were more likely to show dissociative symptoms in the classroom.<sup>9</sup> Dissociation also has been correlated with lack of parental care<sup>10</sup> and has been observed in the children of mothers who had suffered losses and became emotionally detached from their children.<sup>11</sup> It is hypothesized that a continuing unresolved response to attachment-related trauma results in cognitive disorganization and that, in vulnerable individuals, this disorganization acts as a mediating variable between the effects of earlier traumatic experiences and later dissociative symptoms. Dissociation also is likely a critical mediator of risk-taking behavior (eg, suicide, self-mutilation, sexual aggression) among sexually abused children.

Dissociation is used in an attempt to maintain mental control when physical control is absent. In persons