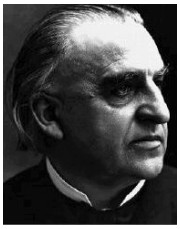
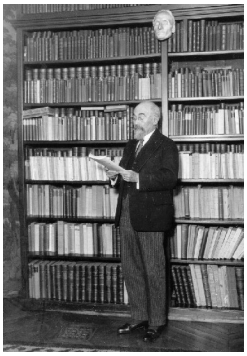
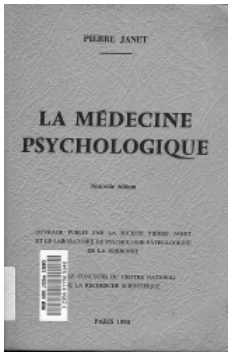
Dissociative disorders

PTE ÁOK Pszichiátriai Klinika
Pécs



Dissociation… I.

Dissociation arises as a self-defense against trauma. Dissociative defenses help persons remove themselves from trauma at the time that it occurs but also delay the working through needed to place the trauma in perspective within their lives. Unlike the phenomenon of repression, in which material is transferred to the dynamic unconscious, dissociation creates a situation in which mental contents coexist in parallel consciousness

Dissociation… II.

In most dissociative states, contradictory representations of the self, which conflict with each other, are kept in separate mental compartments. There are four types:

- (1) *dissociative amnesia*
- (2) *dissociative fugue*
- (3) *dissociative identity disorder*
- (4) *depersonalization disorder*

Dissociative Amnesia

A. The predominant disturbance is one or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetful ness.

B. The disturbance does not occur exclusively during the course of dissociative identity disorder, dissociative fugue, posttraumatic stress disorder, acute stress disorder, or somatization disorder and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a neurological or other general medical condition (e.g., amnestic disorder due to head trauma).

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Differential Diagnostic Considerations in Dissociative Amnesia I

- Dementia
- Delirium
- Anoxic amnesia
- Cerebral infections (e.g., herpes simplex affecting temporal lobes)
- Cerebral neoplasms (especially limbic and frontal)
- Substance-induced (e.g., ethanol, sedative hypnotics, anticholinergics, steroids, lithium carbonate, β-adrenergic receptor antagonists, pentazocine, phencyclidine, hypoglycemic agents, marijuana, hallucinogens, methyldopa)
- Electroconvulsive therapy (or other strong electric shock)
- Epilepsy
- Metabolic disorders (e.g., uremia, hypoglycemia, hypertensive encephalopathy, porphyria)

Differential Diagnostic Considerations in Dissociative Amnesia II

- Postconcussion (posttraumatic) amnesia
- Sleep-related amnesia (e.g., sleepwalking disorder)
- Transient global amnesia
- Wernicke-Korsakoff syndrome
- Postoperative amnesia
- Other dissociative disorders
- Posttraumatic stress disorder
- Acute stress disorder
- Somatoform disorders (somatization disorder, conversion disorder)
- Malingering (especially when associated with criminal activity)

Dissociative Fugue

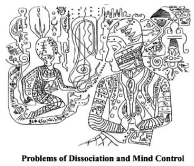
A. The predominant disturbance is sudden, unexpected travel away from home or one's customary place of work, with inability to recall one's past.
B. Confusion about personal identity or assumption of a new identity (partial or complete).
C. The disturbance does not occur exclusively during the course of dissociative identity disorder and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., temporal lobe epilepsy).
D. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Dissociative Identity Disorder

A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
B. At least two of these identities or personality states recurrently take control of the person's behavior.
C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
D. The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (e.g., complex partial seizures).
Note: In children, the symptoms are not attributable to imaginary playmates or other fantasy play

Signs of Multiplicity I

1. Reports of time distortions, lapses, and discontinuities
2. Being told of behavioral episodes by others that are not remembered by the patient
3. Being recognized by others or called by another name by people whom the patient does not recognize
4. Notable changes in the patient's behavior reported by a reliable observer; the patient may call himself or herself by a different name or refer to himself or herself in the third person



Signs of Multiplicity II

5. Other personalities are elicited under hypnosis or during amobarbital interviews
6. Use of the word "we" in the course of an interview
7. Discovery of writings, drawings, or other productions or objects (identification cards, clothing, etc.) among the patient's personal belongings that are not recognized or cannot be accounted for
8. Headaches
9. Hearing voices originating from within and not identified as separate
10. History of severe emotional or physical trauma as a child (usually before the age of 5 years)

Depersonalisation Disorder

A. Persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one's mental processes or body (e.g., feeling like one is in a dream).

B. During the depersonalization experience, reality testing remains intact.

C. The depersonalization causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The depersonalization experience does not occur exclusively during the course of another mental disorder, such as schizophrenia, panic disorder, acute stress disorder, or another dissociative disorder, and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) *or* a general medical condition (e.g., temporal lobe epilepsy).

Causes of Depersonalization

Neurological disorders
- Epilepsy
- Migraine
- Brain tumors
- Cerebrovascular disease
- Cerebral trauma
- Encephalitis General paresis
- Dementia of the Alzheimer's type
- Huntington's disease
- Spinocerebellar degeneration

Toxic and metabolic disorders
- Hypoglycemia
- Hypoparathyroidism
- Carbon monoxide poisoning
- Mescaline intoxication
- Botulism
- Hyperventilation
- Hypothyroidism

Idiopathic mental disorders
- Schizophrenia
- Depressive disorders
- Manic episodes
- Conversion disorder
- Anxiety disorders
- Obsessive-compulsive disorder
- Personality disorders
- Phobic-anxiety depersonalization syndrome

In normal persons
- Exhaustion
- Boredom; sensory deprivation
- Emotional shock

In hemidepersonalization
- Lateralized (usually right parietal) focal brain lesion

Diagnostic Criteria for Dissociative Disorder Not Otherwise Specified I.

This category is included for disorders in which the predominant feature is a dissociative symptom e., a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment) that does not meet the criteria for any specific dissociative disorder. Examples include

1. Clinical presentations similar to dissociative identity disorder that fail to meet full criteria for this disorder. Examples include presentations in which (a) there are not two or more distinct personality states, or (b) amnesia for important personal information does not occur.
2. Derealization unaccompanied by depersonalization in adults.
3. States of dissociation that occur in individuals who have been subjected to periods of prolonged and intense coercive persuasion (e.g., brainwashing, thought reform, or indoctrination while captive).

Diagnostic Criteria for Dissociative Disorder Not Otherwise Specified II.

4. Dissociative trance disorder: single or episodic disturbances in the state of consciousness, identity, or memory that are indigenous to particular locations and cultures. Dissociative trance involves narrowing of awareness of immediate surroundings or stereotyped behaviors or movements that are experienced as being beyond one's control. Possession trance involves replacement of the customary sense of personal identity by a new identity, attributed to the influence of a spirit, power, deity, or other person, and associated with stereotyped "involuntary,, movements or amnesia. Examples include *amok* (Indonesia), *bebainan* (Indonesia), *latab* (Malaysia), *pibloktoq* (Arctic), *ataque de nervios* (Latin America), and possession (India). The dissociative or trance disorder is not a normal part of a broadly accepted collective cultural or religious practice.
5. Loss of consciousness, stupor, or coma not attributable to a general medical condition.
6. Ganser syndrome: the giving of approximate answers to questions (e.g., "2 plus 2 equals 5") when not associated with dissociative amnesia or dissociative fugue.

Research Criteria for Dissociative Trance Disorder I.

A. Either (1) or (2):

(1) trance, i.e., temporary marked alteration in the state of consciousness or loss of customary sense of personal identity without replacement by an alternate identity, associated with at least one of the following:

(a) narrowing of awareness of immediate surroundings, or unusually narrow and selective focusing on environmental stimuli

(b) stereotyped behaviors or movements that are experienced as being beyond one‘ s control

(2) possession trance, a single or episodic alteration in the state of consciousness characterized by the replacement of customary sense of personal identity by a new identity. This is attributed to the influence of a spirit, power, deity, or other person, as evidenced by one (or more) of the following:

(a) stereotyped and culturally determined behaviors or movements that are experienced as being controlled by the possessing agent

(b) full or partial amnesia for the event

Research Criteria for Dissociative Trance Disorder II.

B. The trance or possession trance state is not accepted as a normal part of a collective cultural or religious practice.

C. The trance or possession trance state causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The trance or possession trance state does not occur exclusively during the course of a psychotic disorder (including mood disorder with psychotic features and brief psychotic disorder) or dissociative identity disorder and is not due to the direct physiological effects of a substance or a general medical condition.