**Describe features of major dissociative disorders?how common are these types of disorders?, What is a host personality and subpersonality?, What types of relationships might subpersonalities have with one another?Are there recommended treatments for dissociative disorders**

Dissociative disorders are conditions that involve disruptions or breakdowns of memory, awareness, identity, or perception. People with dissociative disorders use dissociation as a defense mechanism .Some dissociative disorders are triggered by psychological trauma, but depersonalization-derealization disorder may be preceded only by stress and psychoactive substances.

There are three types of dissociative disorders:

Dissociative identity disorder

Dissociative amnesia

Depersonalization/derealization disorder

**Features of major dissociative disorders are as follows**

Significant memory loss of specific times, people and events

Out-of-body experiences, such as feeling as though you are watching a movie of yourself

Mental health problems such as depression, anxiety and thoughts of suicide

A sense of detachment from your emotions, or emotional numbness

A lack of a sense of self-identity

**How common are these types of dissociative disorders**

**Dissociative identity disorder**

Dissociative identity disorder (DID) is rare,Individuals with DID experience two or more distinct personality states or identities that often present as uncontrollable to the person experiencing them. people with DID often experience dissociation from their memory, self, thoughts, sense of agency, perception, and motor functioning ,changes in behavior: they may act differently due to intense dissociationgaps in memory: It may be hard to recall events, trauma, or personal information.: the person or people affected by this disorder often experience troubles at work, school, or in social setting

**Symptoms of dissociative identity disorder**

The existence of two or more distinct identities (or “personality states”). The distinct identities are accompanied by changes in behavior, memory and thinking. The signs and symptoms may be observed by others or reported by the individual.

Ongoing gaps in memory about everyday events, personal information and/or past traumatic events.

The symptoms cause significant distress or problems in social, occupational or other areas of functioning.

**Depersonalization/derealization disorder**

Depersonalization/derealization disorder (DPDR) is a dissociative disorder with two distinct elements:

Depersonalization: The feeling of losing your identity or feeling you aren’t real. It may feel like you’re watching yourself from outside your body.

Derealization: Feeling detached from your experiences. It may feel like people and objects around you are distant or unreal.

Research from 2022Trusted Source reports that DPDR is rare, occurring in around 1% of the general population. The rates are higher in people with other mental health conditions, including depression, borderline.

**Dissociative amnesia**

Dissociative amnesia is a condition in which you may have difficulty recalling important information about yourself and your life. It is the most common dissociative disorder, occurring in approximately 1.8%Trusted Source of the population.

The existence of dissociative amnesia is widely debated as some people believe that the symptoms can be better explained by other diagnoses.

Dissociative amnesia is associated with having experiences of childhood trauma, and particularly with experiences of emotional abuse and emotional neglect. People may not be aware of their memory loss or may have only limited awareness. And people may minimize the importance of memory loss about a particular event or time.

**What is a host personality and subpersonality?**

In psychology and mental health, the host is the most prominent personality, state, or identity in someone who has dissociative identity disorder (formerly known as multiple personality disorder). The other personalities, besides the host, are known as alter personalities, or just "alters".The host may or may not be the original personality, which is the personality a person is born with.Additionally, the host may or may not be the personality that coincides with the official legal name of the person. Often this is thought to be the root of the person's psyche, or at least a key figure for completion of therapy, whether or not it has integration of the host and alters as a goal.

**Subpersonality is, in hu**manistic psychology, transpersonal psychology and ego psychology, a personality mode that activates to allow a person to cope with certain types of psychosocial situations. Similar to a complex, the mode may include thoughts, feelings, actions, physiology and other elements of human behavior to self-present a particular mode that works to negate particular psychosocial situations.

Many schools of psychotherapy see subpersonalities as relatively enduring psychological structures or entities that influence how a person feels, perceives, behaves, and sees themselves. John Rowan, who is particularly known for his work on the nature of a subpersonality, described it as a 'semipermanent and semi-autonomous region of the personality capable of acting as a person'.

Thereby, allegedly subpersonalities are able to perceive consciousness as something separate from themselves, as well as domestic image attached to these elements.Ken Wilber defined subpersonalities as "functional self-presentations that navigate particular psychosocial situations".For example, if a harsh critic responds with judgmental thoughts, anger, superior feelings, critical words, punitive actionor tense

**Types of relationships subpersonalities might have with one another**

**Casual Relationships**

Casual relationships often involve dating relationships that may include sex without expectations of monogamy or commitment. However, experts suggest that the term is vague and can mean different things to different people

**Codependent Relationships**

A codependent relationship is an imbalanced, dysfunctional type of relationship in which a partner has an emotional, physical, or mental reliance on the other person.

It is also common for both partners to be mutually co-dependent on each other. Both may take turns enacting the caretaker role, alternating between the caretaker and the receiver of care.

Characteristics of a codependent relationship include:

Acting as a giver while the other person acts as a taker

Going to great lengths to avoid conflict with the other person

Feeling like you have to ask permission to do things

Having to save or rescue the other person from their own actions

Doing things to make someone happy, even if they make you uncomfortable

Feeling like you don't know who you are in the relationship

Elevating the other person even if they've done nothing to earn your goodwill and admiration

Not all codependent relationships are the same, however. They can vary in terms of severity. Codependency can impact all different types of relationships including relationships between romantic partners, parents and children, friendship, other family members, and even coworkers.

**Platonic Relationships**

A platonic relationship is a type of friendship that involves a close, intimate bond without sex or romance. These relationships tend to be characterized by:

Closeness

Fondness

Understanding

Respect

Care

SupportHonesty

Acceptance

Platonic relationships can occur in a wide range of settings and can involve same-sex or opposite-sex friendships. You might form a platonic relationship with a classmate or co-worker, or you might make a connection with a person in another setting such as a club, athletic activity, or volunteer organization you are involved in.

This type of relationship can play an essential role in providing social support, which is essential for your health and well-being. Research suggests that platonic friendships can help reduce your risk for disease, lower your risk for depression or anxiety, and boost your immunity.1

**Romantic Relationships**

Romantic relationships are those characterized by feelings of love and attraction for another person. While romantic love can vary, it often involves feelings of infatuation, intimacy, and commitment.

Experts have come up with a variety of different ways to describe how people experience and express love. For example, psychologist Robert Sternberg suggests three main components of love: passion, intimacy, and decision/commitment. Romantic love, he explains, is a combination of passion and intimacy.2

Romantic relationships tend to change over time. At the start of a relationship, people typically experience stronger feelings of passion. During this initial infatuation period, the brain releases specific neurotransmitters (dopamine, oxytocin, and serotonin) that cause people to feel euphoric and "in love."

Over time, these feelings start to lessen in their intensity. As the relationship matures, people develop deeper levels of emotional intimacy and understanding

**Open Relationships**

An open relationship is a type of consensually non-monogamous relationship in which one or more partners have sex or relationships with other people. Both people agree to have sex with other people in an open relationship but may have certain conditions or limitations.

Open relationships can take place in any type of romantic relationship, whether casual, dating, or married.

There tends to be a stigma surrounding non-monogamous relationships. Still, research suggests that around 21% to 22% of adults will be involved in some type of open relationship at some point in their life.

The likelihood of engaging in an open relationship also depends on gender and sexual orientation. Men reported having higher numbers of open relationships compared to women; people who identify as gay, lesbian, and bisexual relative to those who identify as heterosexual were more likely to report previous engagement in open relationships.

Recommended treatments for dissociative disorders

Treatment for dissociative disorders often involves psychotherapy and medication. Though finding an effective treatment plan can be difficult, many people are able to live healthy and productive lives.While medications can be used to treat dissociative disorders, therapy is more commonly recommended as the best intervention. Different types of therapy address different aspects of dissociative disorders, and particular combinations of therapy modals.Psychotherapy, or talk therapy, is the most effective treatment for dissociative identity disorder. This condition frequently develops from childhood abuse or other traumatic events.

Talking therapies

Talking therapies are often recommended for dissociative disorders.

The aim of talking therapies such as counselling is to help you cope with the underlying cause of your symptoms, and to learn and practise techniques to manage the periods of feeling disconnected.

Medicines

There's no specific medicine to treat dissociation, but medicines like antidepressants may be prescribed to treat associated conditions like depression, anxiety and panic attacks.