Features of Major Dissociative Disorders

Many individuals occasionally experience minor disruptions in their memories, perceptions, identity, and consciousness. For instance, someone might drive to a destination and later realize they have no memory of the journey because their mind was preoccupied with other concerns, such as a conversation, a radio program, or daydreaming. This phenomenon, known as normal dissociation, typically does not interfere with daily activities. In contrast, dissociative disorders involve profound disruptions, where individuals may completely forget activities, sometimes for minutes, hours, or even longer periods. They may notice significant gaps in time or feel detached from their own memories, perceptions, identity, emotions, or physical body. This detachment results in a fragmented sense of identity, memory, or consciousness (David Spiegel, 2023).

As the American Psychiatric Association (2013) explains, dissociative disorders are characterized by issues with memory, identity, emotion, perception, and behavior. These disorders are often linked to traumatic experiences. The three primary types of dissociative disorders include dissociative amnesia (DA), dissociative identity disorder (DID), and depersonalization-derealization disorder (DDD). Although these disorders share overlapping features, they are distinct in their manifestations and implications.

Dissociative amnesia (DA), the most common dissociative disorder, is a condition that makes it difficult for a patient to recall details of a stressful or traumatic event, even if that person realizes they have memory loss.Memory gaps involve the inability to remember personal information typically, of a stressful or traumatic nature. The memory gap from DA is too extensive to be explained by typical forgetfulness. A classic example of dissociation is when a crime victim doesn’t remember getting robbed at gunpoint, but remembers the things they did the rest of that day.

There are different types of dissociative amnesia. They are called selective, localized, systematized, generalized amnesia, and dissociative fugues.Selective amnesia is indicated by incomplete or patchy memories of a stressful or traumatic event. In localized amnesia, the patient has no memory of a traumatic event. It is usually short-term.Systematized amnesia refers to very specific memory loss such as not being able to remember a particular relative. In generalized amnesia, the patient has difficulty recalling the details of their entire life.According to a 2006 study by Leong ., published in the journal Psychiatry (Edgmont), three main categories of memory exist in humans. Remembering things like recalling a movie is known as episodic memory. Semantic memory is the recall of dates, words, and facts as well as knowledge about the outside world.

The capacity to recall motor actions, like brushing one’s hair, is known as procedural memory. Serious brain injuries are the cause of memory loss in any of these categories. Memory gaps that happen from severe psychological stress are seen in DSM 5 dissociative disorders. That’s what makes dissociative amnesia different from other types of memory loss.

The main cause of dissociative amnesia is overwhelming stress caused by experiencing or witnessing a traumatic event. Any kind of trauma leads to dissociative amnesia. Examples are physical or sexual abuse, natural disasters, wars and accidents.

However, certain people have a genetic predisposition to dissociative amnesia. Changes in the brain, especially in areas that participate in autobiographical memories, contribute to the development of this type of dissociative disorder as well.

The main symptom of dissociative amnesia is memory loss i.e. inability to remember personal history, identity, and events. However, a person retains general information. Another symptom of dissociative amnesia is that memory loss relates to stress or trauma and it tends to come back. At times, certain people or events trigger the retrieval of memory.

Dissociative identity disorder (DID) is a complex, post-traumatic developmental disorder wherein a person has two or more separate personalities. Different identities control a person’s behavior at different times. Until 1994, DID was referred to as a multiple personality disorder.

The most notable dissociative identity disorder examples are when a patient assumes different identities to their own sex, age, or race. Each of these identities has a unique way of talking, gestures, and postures. These are a complete contrast to how that patient usually acts.

As every personality or identity reveals itself, it controls the patient’s thoughts and behavior. This is called “switching”. Switching with DID disorder lasts for a couple of seconds, minutes, to days. Simply put, the patient often finds themselves doing things they don’t normally engage in, like reckless driving, stealing, and speeding.

Dissociative identity disorder isn’t the same thing as schizophrenia. The main difference is that schizophrenia involves hearing or seeing things that aren’t there due to impaired perception of reality, whereas DID includes two or more personalities.

It doesn’t involve hallucinations or delusions like schizophrenia. DID differs from other dissociative disorders because it revolves around having different personalities, which other conditions don’t have. What they do have in common are dissociation and detachment.

DID is seen in around 1.1%–1.5% of population samples. In a sample of 658 individuals from New York State, 1.5% were diagnosed with DID using the Structured Clinical Interview for Dissociative Disorders–Revised (SCID-D-R) items, according to a study by Brand et al., published in the July 2016 issue of the Harvard Review of Psychiatry. DID is connected to severe behavioral health symptoms. Often those affected with a dissociative personality disorder use substances or have self-harming behavior.

Experts believe that DID causes are likely a psychological response to environmental and interpersonal stresses. The split personality is seen as a coping mechanism. The affected individual is trying to completely dissociate themselves from an experience or situation that causes them too much pain.

Signs of multiple personality disorder include switching between multiple personalities or identities and feeling like one or more voices control the head. People with this disorder exhibit self-sabotage, self-persecution, or violent behavior.

Additionally, the identities have unique mannerisms, characteristics, names, and voices. A person with this disorder tends to have small gaps in memory of trauma, personal information and daily events.The main feature of split personality disorder is a severe form of dissociation. This is a mental process, which creates a lack of connection with the patient’s actions, memories, thoughts, or sense of identity. Dissociative personality is believed to come from a range of factors, like trauma.

It’s important to mitigate the DID symptoms. Treatments for dissociative identity disorder include hypnosis, psychotherapy, and medication. Psychotherapy, as the primary treatment approach for DID, focuses on identifying and working through past trauma or abuse. Through therapy, patients learn to manage sudden behavioral changes and merge separate identities into a single identity.

Depersonalization-derealization disorder is when a person repeatedly or persistently has the feeling they’re observing themselves from outside of the body or they have a sense that things around them aren’t real.When it comes to a dissociative state, a patient experiences derealization, depersonalization, or both. This type of dissociative disorder involves ongoing feelings of detachment from sensations, actions, and thoughts. There is a major difference between derealization and depersonalization.If the feelings, thoughts, and sensations of detachment feel like you are floating in the air above yourself – this is depersonalization. These are experiences of detachment from one’s body, self, or mind. Those affected feel as if they are watching the event happen to them while they are outside their body.

Derealization is an experience of unreality from the patient’s surroundings. Those affected feel like other things or people are unreal. During these altered experiences, even though the patient appears unemotional or unreactive, they are still very distressed.

The exact causes of the depersonalization-derealization disorder are unclear. Certain people are more vulnerable to depersonalization and derealization than others due to environmental and genetic factors.Trauma and heightened stress additionally trigger episodes of depersonalization and derealization. Examples are childhood trauma, car accidents, or other types of life-threatening experiences.

Symptoms of depersonalization are feeling like a robot i.e. being unable to control movement or speech and feeling like an outsider or observer of one’s own body, emotions, thoughts, etc. Depersonalization further manifests itself through feeling like memories lack emotion and that they might or might not be yours. Feeling like your arms, legs, or body seem bigger, smaller, or distorted, feeling like the head is wrapped in cotton, and physical or emotional numbness are symptoms of depersonalization as well.On the other hand, symptoms of derealization include emotional disconnection from people that you care about, colorless, blurry, distorted, or artificial surroundings, and heightened clarity and awareness of your surroundings.

Dissociative disorders are related to trauma and stress-related disorders (acute stress disorder and posttraumatic stress disorder). People with stress-related disorders may have dissociative symptoms, such as amnesia, flashbacks, numbing, and depersonalization/derealization. Some people with posttraumatic stress disorder (PTSD) also experience depersonalization, derealization, or both, and this is classified as a dissociative subtype of PTSD.Research in animals and humans shows that certain underlying brain structures and functions appear to be associated with dissociative disorders. Scientists do not yet understand how these abnormalities in these structures and functions cause dissociative disorders or how this knowledge could guide treatment, but they appear to be promising leads that would benefit from further research (Vladimira ,2024).

How common are these types of disorders?

Dissociative disorder is not as common as other mental health conditions. Dissociative disorders have a 2% prevalence in the US, the Cleveland Clinic reports.Just like the other types of dissociative disorders, DID is very rare, affecting roughly 1.5% of the global population. It can happen at any age or sex. But, women tend to have higher odds of experiencing DID than men.Dissociative amnesia is a rare disorder, as well. But, because of its 1.8% prevalence rate, it is the most common form of dissociative disorder. About 1% of men and 2.6% of women have dissociative amnesia. Most of those affected with DA are 20 to 40 years old, stated Cureus.

Another 2022 review from the Journal of Trauma Dissociation evaluated the prevalence of Depersonalization-Derealization disorder (DDD). Experts categorized 23 papers into 3 groups of patients. This included the outpatient/mixed-in samples, the general population, and patients with specific disorders. The prevalence of DDD ranged from 5-20% in outpatients, 0-1.9% in the general population, and 17.5-41.9% in inpatients.

The biggest rates were found in people who went through sexual, physical, or psychological abuse. Dissociative mental health can play a major part in the development of DDD. DDD is more common in adolescents and young adults including patients with mental disorders(Vladimira ,2024).

What is a host personality and sub personalities ?

Host personality is the most prominent personality in someone with DID. The host may or may not be the original personality or the one that matches the persons legal name . the host is usually unaware of the other personality.

A subpersonality is, in humanistic psychology, transpersonal psychology and ego psychology, a personality mode that activates (appears on a temporary basis) 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. American transpersonal philosopher Ken Wilber and English humanistic psychologist John Rowan suggested that the average person has about a dozen subpersonalities.

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, 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 action, and/or tense physiology when confronted with their own and/or others' fallibility, that is a subpersonality of the harsh critic kicking in to cope with the confrontation situation.

What type of relation ships might sub personalities have with one another?

Subpersonalities are natural identity patterns that emerge throughout a person’s life.Some of these subpersonalities relate to pathological complexes, but most are self-identifications or self-images that develop consciously or unconsciously in the course of life. This means we have subpersonalities that relate to all the psychological ages we pass through – child, adolescent, young adult, etc. In other words, we have healthy subpersonalities as well as trauma-related subpersonalities.(Kenneth Sørensen,Oslo, 2022).

The relationship between subpersonalities varies between individuals, with some individuals reporting knowledge of other subpersonalities while others have a one-way amnesic relationship with subpersonalities, meaning they are not aware of other personalities (Barlow & Chu, 2014). These individuals will experience episodes of “amnesia” when the primary personality is not present.

Dissociative Identity Disorder develops two or more distinct personalities(sub-personalities) each with a unique set of memories, behaviors,thoughts, and emotions

Host personality: One of these sub-personalities that appear more often than the others.

symptoms generally begin in childhood after episodes of abuse (typical onset is before age 5),Women receive diagnosis 3x as often as men

Generally there are three kinds of relationships:Mutually amnesic relationships; subpersonalities have no awareness of one another.Mutually cognizant patterns;each sub-personality is well aware of the rest ,One-way amnesic relationships most common pattern; some personalities are aware of others, but the awareness is not mutual ,Those who are aware ("co-conscious sub-personalities") are "quiet observers"

Recommended treatment for dissociative disorders?

Treatment of dissociative disorders usually consists of psychotherapy (talk therapy) to help you gain control over the dissociative process and symptoms.

Psychotherapy takes place with a trained, licensed mental health professional, such as a psychologist or psychiatrist. It can provide support, education and guidance to you and/or your family to help you function better and increase your well-being.

Specific types of psychotherapy commonly used for dissociative disorders include:

Cognitive behavioral therapy (CBT): This is a structured, goal-oriented type of psychotherapy. Your therapist or psychologist helps you take a close look at your thoughts and emotions. Through CBT, you can unlearn negative thoughts and behaviors and learn to adopt healthier thinking patterns and habits.

Dialectical behavior therapy (DBT): DBT is specially adapted for people who experience emotions very intensely. The main goal is to strike a balance between validation (acceptance) of who you are and your challenges and the benefits of change. Your therapist will help you learn new skills to improve emotion regulation.

Therapy can be difficult, as it involves remembering and learning to deal with past trauma. But it can significantly help your symptoms in the long term.

There are no medications to directly treat the symptoms of dissociative identity disorder. However, medication may be helpful in treating related conditions or symptoms, such as using antidepressants to treat symptoms of depression

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