DISSOCIATIVE DISORDERS

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- **historically dissociative and somatoform disorders were seen as one of the neuroses or anxiety disorders**
- **with move to an atheoretical approach they were made distinct disorders, because anxiety is not always evident**
- **most etiological theories still suggest anxiety is a component**

Essential Features

- **Disruption in the integrated functions of consciousness, memory, identity, or perception of the environment. Onset may be sudden, gradual, transient or chronic**

1. PERCEPTION OF ENVIRONMENT
- **Depersonalization Disorder**

2. MEMORY –
- **Dissociative Amnesia, Dissociative Fugue**

3. IDENTITY
- **Dissociative Identity Disorder**

FOUR DIMENSIONS OF DISSOCIATIVE DISORDERS

1) EMOTIONAL: generally not reported anxiety but there is an assumption of an anxiety laden trauma
2) PHYSIOLOGICAL:
3) COGNITIVE: dissociation (memory, personality), depersonalization
4) BEHAVIOURAL: leaving environment, new personality patterns

DEPERSONALIZATION DISORDERS

- Recurring feeling of being detached from one's mental processes or body
- Feeling as in a dream, or watching self
- Reality testing is not impaired
- No loss of memory or identity

DISSOCIATIVE AMNESIA

1) Localized - a localized period of time, usually related to trauma
2) Selective – parts of a trauma are recalled and others are reportedly forgotten
3) Generalized - entire life history
4) Continuous - following a certain point in time
5) Systematized – only certain categories of information are forgotten

DISSOCIATIVE FUGUE

- Sudden travel away from home and inability to recall one's past and confusion about, or loss of identity.
- Infrequent occurrence (0.2%)

DISSOCIATIVE IDENTITY DISORDER

1. The existence of two or more distinct personality states with enduring patterns of perceiving, relating to and thinking
2. At least two of these identities recurrently take control of the persons behaviour
3. Inability to recall important personal information that is too extensive for simple forgetting
4. Not due to physiological or medical condition

Pathogenic Theories of DID: The Posttraumatic Model (Gleaves, 1996)

- DID is a response to severe childhood maltreatment, particularly long-term physical and sexual abuse.
- Memories and experiences of abuse are segregated, externalized, and avoided (repressed)
- With repeated abuse incidents individual learns to distance themselves from what is happening
- Maltreatment is not spoken about, memories are not integrated, and the identity becomes fragmented.

Pathogenic Theories of DID: The Sociocognitive Model (Spanos, 1994)

- The development of DID is a response to demand characteristics, non-critical consumption of media portrayals of DID, and therapist suggestions.
- The SCM states that alters are created by social expectations, but does not discount the possibility that childhood maltreatment could play a developmental role in later exhibition of DID symptoms in some individuals.

Reasons for dramatic increase in diagnoses of DID

- **Professionals**
  - **more aware of disorder**
  - **diagnoses are more clear**
  - **therapists responsible for creating**
- **Community**
  - **increased severity of abuse**
  - **increase in incidence of childhood abuse**
  - **less stigma attached to seeking help**