

Dissociative Disorders

- Group of disorders based on the phenomenon of dissociation -

- Conceptualized as being on a continuum from day dreaming to highway hypnosis to pathological dissociation
- Common with extreme anxiety

Types of Dissociative Disorders

- 1. Depersonalization Disorder
- 2. Dissociative (psychogenic) fugue
- 3. Dissociative (psychogenic) amnesia
- 4. Dissociative Identity Disorder (formerly MPD)

Features of Dissociative disorders

- individual experiences an alteration of identity

■ _____

- typically traumatically induced

Adaptive features

- Escape from reality that is too overwhelming to deal with,
 - "go off into their own world"
 - these occur on a continuum from no pathology to severe

Depersonalization Disorder

■ _____

- don't feel like yourself
- like observing self, being outside of self
 - Not the same as the near death experience
 - But the experience may be similar
- sense of lack of reality
- Accompanied by _____

- whole world seems unreal
- loss of sense of reality
- not "just spacing out" - this is very distressing to the person involved
- relatively common among the Dissociative disorders and Anxiety disorders

Dissociative Fugue

- _____
- usually follows some serious pathological stress and may be associated with very heavy alcohol use
- usually lasts a short period of time
- recovery is usually rapid – _____
- person does not remember what they did while in the fugue state
- distinction between fugue and amnesia - fugue involves travel, amnesia doesn't

Dissociative Amnesia

- not induced organically - not from brain injury
- _____
- loss might be for some specific time or loss might be more generalized
- memory for these periods is often accessible under hypnosis
- recovery is usually very sudden - spontaneous remission

Dissociative Identity Disorder

- Formerly *Multiple Personality Disorder* or *MPD*
- classified as complex and chronic dissociative disorder characterized by a disturbances of identity and memory
- _____
- Symptoms/Behaviors
 - anxiety
 - depressed mood
 - severe headaches
 - memory disturbance
 - loss of time, blackout

- _____

Core features of DID

- Existence of _____ personalities who exchange control over the individual
- _____ is defined as an entity with firm, persistent, and well rounded self
 - alter has a characteristic and consistent pattern of relating to the world
- the number of personalities is related to the severity and number of childhood traumatic events
(average = 13 personalities)
- _____ - changing from one alter to another
 - may or may not be consciously done by the individual
 - may be triggered by an event in the environment (stressor)
 - see physical changes - facial (grimacing), postural, speech
 - can also see _____ sensitivity changes
 - alter may have different threshold for pain, different response to alcohol or medications
- Need to differentiate the following
 - _____
 - this is an important distinction to make
 - these are totally different phenomena
 - Bipolar disorder -- scattered thoughts of mania
 - Depression (with psychotic features)
 - Borderline personality disorder

Etiology of DID

- Childhood trauma
 - _____% of DID sufferers have been abused
 - MOST people who are abused do NOT develop DID
 - _____% are survivors of child sexual abuse
 - _____% experienced extreme neglect or abandonment as a child
- Often see _____ in client's history
 - brutal form of abuse which involves rituals over an extended period of time

- this is painful, humiliating, and severe

Psychodynamic theory of DID

- Psychoanalytic and psychodynamic theories rely on repression and defense mechanisms
- _____ theory
- 1) possess the capacity to dissociate
- 2) experience overwhelming trauma that draws on the dissociative capacity as a defense mechanism
 - e.g., profound sexual or physical abuse by a parent)

Kluft's 4 factor theory of DID

- 3) develop an alternate personality around naturally occurring phenomena
 - e.g., the hidden observer, ego states, or an imaginary companion
 - This prevents the personality from achieving a cohesive sense of self
- 4) experience the failure of significant others to protect the child from further trauma and reestablish normal development

Braun & Sach's 3-P factor theory

- 3-P factor theory
- (1) _____: The genetic capacity to dissociate, and the repeated, long-term experience of severe childhood trauma.
- (2) _____: dissociation is triggered as a defensive mechanism
 - Through state dependent learning and other mechanisms, dissociative episodes become linked into alter personalities or fragments.
- (3) _____: Ongoing abuse, and other situational factors that involve the patient's repeated use of dissociation
 - affects the shaping of the fragments
 - ensures the continuation of the personalities

Behavioral Theories of DID

- Behavioral position - coping mechanism that is an avoidance move
 - Putnam (1985) - disruption in the development task of learning to generalize across different states of consciousness

- Essentially problems in learning when and where to engage in specific behaviors
- _____ approach
 - Everyone has different repertoires under specific contextual control
 - These contexts can evoke repertoires even when haven't been around for a period of time
 - e.g., grown child visiting parents
- _____ (continued)
 - DID may have extremely tightly controlled repertoires that evolved this way
 - DID may be reverting to behavior repertoires that had reinforcing properties for the individual (resurgence, not repression)
 - Treatment goals may be different with this theory

DID Treatment

- Primary goal is understanding and "integration" into one consistent self
- goal _____ is to uncover the traumatic experience in the person's childhood
 - make it so the client can tolerate having these experiences
- Therapist must _____ and at the same time must be respectful of the individual personalities
 - see the whole person and the parts at the same time
 - Attempts to destroy specific personalities in a DID client have, historically, failed miserably

Controversy of DID

- This disorder is of questionable rarity
 - controversy as to whether it is more or less rare than originally thought
- may be valid diagnosis (not as rare) because:
 - _____
 - there is a growing belief in the authenticity of the diagnosis
 - the incidence of DID may have been under reported before now
- May **not** be as common as those people think
 - may be "diagnosis of the year(s)"

- zeitgeist issue -- find what you are looking for
- _____
 - Before the book Sybil in 1973, there were only about 75 cases of this disorder in recorded history
 - mostly between 1876 and 1920, with only 8 reported between 1960 and 1970
- Now estimates are _____ diagnosed cases
- vast majority of psychologists and psychiatrists have never seen a single case
 - a very small minority of clinicians report the great majority of cases
- Special hospital units collect huge amounts of insurance money to treat multiple personality.
 - not unusual for the treatment of one multiple personality patient to cost \$1 million
 - One case cost \$2.75 million
 - When one woman reached her \$1 million insurance limit, the hospital put her into a state facility, which then determined she had no significant mental illness and discharged her