

Dissociative Disorders:

Amnesia, Fugue, Depersonalisation & Dissociative Identity Disorder

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What is Dissociation?

Dissociation is something we've probably all experienced, and it is especially common among children.

Dissociation is that wonderful ability to “lose” yourself in a daydream, or to get so absorbed in a book or movie that you don't notice the passing of time.

Drivers may experience “highway hypnosis” – a trance-like feeling after driving or when you arrive at your destination with no memory getting there.

The difference between everyday dissociations and having a dissociative disorder lies in the amount of dissociation and if it interferes with daily life. When dissociation is used as a way of coping with traumatic life events, problems may arise.

What are Dissociative Disorders?

Faced with overwhelming trauma people may “go away” in their heads. The traumatic thoughts, feelings, and memories can be kept from awareness. This allows the person to act as if the trauma had not occurred. It allows individuals in “hopeless” circumstances to live “normally”.

Dissociative disorders involve a disturbance in one of the normally integrated functions of perception, identity, memory, and consciousness.

Dissociative disorders may stem from a defensive reaction to trauma. The dissociation may be a coping mechanism – the person separates himself or herself from the traumatic situation.

Dissociative Amnesia

Dissociative amnesia is an inability to recall important personal information, usually of a traumatic or stressful nature. The amnesia is too extensive to be forgetfulness.

It is the most common dissociative disorder and there are several different kinds.

- *Localised amnesia* is when a person cannot remember events within a set time period.
- *Selective amnesia* is when a person can recall some, but not all, of the events in a set time period.
- *Continuous amnesia* is a failure to recall events from a specific time in the past up to and including the present.
- *Systematised amnesia* is a loss of memory for certain categories of information.
- *Generalised amnesia* is a failure to recall one's entire life.

In times of war or disaster more people experience dissociative amnesia as a greater number of people are exposed to traumatic events. The amnesia may protect the individual from the full impact of the trauma they have experienced.

People with dissociative amnesia are usually aware of their memory loss. They can still learn and retain new information; they just have a problem with recalling information from their memory. Amnesia is usually reversible but the recovery may be spontaneous, or slow and gradual.

Individuals suffering from amnesia may also experience depression, aggressive impulses, a feeling of unreality, sexual problems, and difficulties at work and in interpersonal relationships.

Dissociative Fugue

Dissociative fugue is a sudden and unexpected travel from home or usual place of daily activities, along with an inability to recall some or all of one's past.

It may be prompted by psychological stress caused by war, disaster, personal and financial pressure or loss, heavy alcohol use, or a traumatic event such as an assault or rape which is accompanied by strong emotions such as depression, grief, or shame. A person in a fugue state may become confused about their personal identity or even assume a new identity. They usually do not realise they cannot remember some or all of their past. The period of travel can range from a few hours to months. Most cases of dissociative fugue occur in adults. Recovery is usually rapid and on returning to the pre-fugue state, a person may have no memory for the events that occurred during the fugue. Dissociative fugue occurs in less than one percent of people.

Dissociative Identity Disorder (DID)

DID was called multiple personality. A sufferer has more than one personality state that "surfaces" regularly. The personality states can vary in age, gender, vocabulary and cultural background. The person has memory gaps that vary with the surfacing of the personalities.

DID affects less than one percent of people. It is more common among those who have been sexually abused and individuals with drug dependence. DID afflicts more women than men. DID can be hard to diagnose, because the symptoms can be closely related to depression, anxiety and panic attacks.

Depersonalisation Disorder

Depersonalisation Disorder is characterised by a feeling of detachment or distance from one's experience.

At some stage almost everyone has felt they are “living in a dream” or “spaced out”. However, a person with Depersonalisation Disorder has this experience so frequently and severely that it interrupts their daily life. They feel as if the entire external world is unreal or distorted.

While Depersonalisation Disorder is rare, the experience of depersonalisation is very common. This feeling of “living in a dream” is frequently associated with anxiety, panic attacks, depression, substance abuse and post-traumatic stress.

Where do Dissociative Disorders come from?

If nearly all of us experience dissociation at some stage in our lives and many people undergo traumatic experiences, why is it that only some people develop a Dissociative Disorder?

Think about a skill you learned long ago that now is second nature, such as bike riding. In the beginning you had to consciously think about what to do, but slowly you built up a thinking pattern or a *cognitive system* that became automatic. All thoughts and actions are governed by cognitive systems like this. Some of them are conscious and some are unconscious. The cognitive systems are organised like a company with managers at the top and levels underneath. Our cognitive systems are all under the control of a central, conscious “executive ego” (like the chief executive officer of the company).

With dissociation, one system is breaking away from the management of the conscious control system and working by itself. That is why dissociation doesn't feel real, or like a part of our own experience.

What puts people at risk of developing dissociative disorders?

Risk factor 1: Hypnotisability

The ability to dissociate has been likened to hypnotic ability. As children, our hypnotisability is relatively high but it begins to decrease around the age of 10-14 and by the time we are adults it has become a relatively stable trait. People who suffer from dissociative disorders have higher hypnotisability, meaning they may be more easily able to dissociate.

Risk factor 2: Stress and traumatic events

In dissociative disorders the dissociation is a different experience to being lost in a daydream. While many may daydream listening to a boring conversation, the dissociation that characterises the dissociative disorders is more extreme. It acts as a defensive mechanism that enables the individual to escape from a traumatic event or experience.

How do these risk factors interact?

We have two factors coming in to play here: a person's level of hypnotisability and the traumatic or stressful event. When a highly hypnotisable person experiences a trauma and feels unable to deal with it consciously, but they find it easy to dissociate. The mental systems associated with the traumatic event may break away, or dissociate from conscious experience and continue to function independently. In the case of DID the breakaway or dissociated systems develop into entire other "personalities".

How do you treat Dissociative Disorders?

Since dissociative disorders seem triggered by trauma or abuse, treatment often involves revisiting this trauma, and learning how to deal with it using effective coping techniques.

Individual Psychological Therapy

Clinical Psychologists have found that psychological therapy is one way of treating dissociative disorders. It involves developing a relationship

based on trust where the individual feels comfortable discussing painful life events, and is committed to long term goals. It is necessary for the individual to understand that using dissociation was originally an adaptive, healthy reaction to an intolerable situation. They are not bad or crazy, and what they did was once necessary for their survival.

It is then necessary to carefully work through the traumatic experiences that may have triggered the dissociation. Here some Clinical Psychologists have found hypnosis can be useful. Because hypnosis is like a structured form of dissociation, it may be an effective way of allowing individuals to become familiar with dissociation, which then enables them to learn how to interrupt or control it. Clients are shown that they can make traumatic memories and feelings conscious and still be able to cope with them.

Developing a more constructive and less damaging way of dealing with trauma is also necessary. This often involves re-learning a “normal” way of coping with difficult life situations. Ultimately, the individual must learn to acknowledge thoughts associated with trauma without using dissociation as a defensive response.

Group Therapy

Group therapy is also useful when used in conjunction with psychotherapy. Often individuals with dissociative disorders have not had the opportunity to experience a sense of belonging. Group therapy provides an opportunity to share experiences in a supportive environment with others who are going through the same thing.

Family Treatments

Families can sometimes play an integral role in the overall treatment plan for dissociative disorders. The aim may be to re-establish a sense of trust and to develop a more healthy family relationship.

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