# Abnormal Psychology

## October 30, 2012

* **Dissociative Disorders**
  + **Dissociation Defined – Mental processes that produce a lack of connection in a persons thoughts, memories, actions, or their sense of identity.**
* **Disorders**
  + **Dissociative Identity Disorder (Used to be called Multiple Personality Disorder)**
    - DSM-IV Criteria
      * Presence of 2 or more *distinct* identity or personality states. Usually have their own way of relating to the environment, stable, and thinking/perceiving about the environment
      * At least 2 of these identities recurrently take control of the persons behavior
      * Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness
      * Disturbance not due to substance use or general medical condition
    - DSM-V Changed
      * Criterion A now includes experiences of possession (discontinuity in sense of self – feeling like something else is taking control of you)
      * Specify
        + With non-epileptic seizures or other conversion symptoms (blindness, numbing, etc)
        + With somatic symptoms that vary across identities (Excluding those in specifierer A)
    - Personalities
      * **Primary Personality** - The personality corresponding to who the person was before the onset of the disorder
      * **Alters** - The later-developing personalities and themes
      * Host – The person who seems to be mostly in control. Present most of the time, tend to keep person functioning in the world, and who presents the best front for the person. 2/3 of host personalities don’t know the other personality exists. Can be primary or alter personalities.
      * Child Alter – Someone frozen in time. Typically them during the time of the trauma, young typically, and does not come out very often.
      * Protector Alter – Defends the body and other personalities. The role is to take care of the situation when it gets back. Typically comes out during times of abuse. Aggressive, strong, and either male or female.
      * Persecutor – Screw things up. Self-blame part of the person.
      * Switching – Often during times of stress they will change between personalities. Some eye rolling and grimaces and it’s done. One second they’re one person and the other they’re something else.
    - Relationships between sub personalities
      * Mutually Amnesic
      * Mutually Cognizant – Are aware of other personalities and aware of each other. They can talk between each other
      * One-way Amnesic – One knows of the other. The host may know child alter exists but the child alter may not know the host exists. Does not mean they can just switch if the host wants to, it’d still require an environmental trigger.
    - Prevalence
      * Overall numbers unknown
      * 1.5% of the population
      * Large % of those diagnosed have abuse history
      * More females than males (9:1)
    - Characteristic Presentation
      * Mood Disorder (88%)
      * Suicidality, flashbacks, sleep disturbances, panic attacks, alcohol and drug abuse, psychotic-like symptoms are all common
    - Is it real?
      * Arguments for DID
        + Seen clinically
        + Physiological differences in alters
        + Consistency of early abuse
      * Arguments against DID – socially created?
        + Rarely diagnosed prior to 1970s
        + Dramatic rise in alters (from 2/3 to 15 alters)
        + Majority of cases reported by same clinicians
        + North American phenomenon
        + Implicit memory remains in tact (Green go, red stop) which means they’re truly not distinct because they go between alters.
        + False memories – children can tell you about an abuse that never happened. They’re very suggestible.
        + Most often they’re under hypnosis when they are in treatment
    - Etiological Explanation
      * Behavioral View
        + Dissociation may be a negatively reinforced escape behavior
      * State-Dependent Learning
        + This is how the alters have cohesiveness, potentially they just have very strong state-dependent learning.
      * Self-hypnosis/suggestible
        + Dissociation may be a form of self-hypnosis and detach yourself from reality
    - Treatment for DID
      * Psychoeducation for client and families
        + Education of the disorder, how it tends to work, arguments of whether or not it’s a true phenomenon, with a main goal is to explain there’s other alters out there.
      * Individual Therapy – Regain memories
        + Psychodynamic – free association, generate on their own ideas of the trauma
        + Hypnotherapy – hypnosis with the person, going back to their childhood to recount the trauma
      * Final goal of therapy – integration
      * Social and coping skills – prevent future dissociations.
    - Be suspicious when…
      * Alters coming out in absence of stressor
      * If reports of abuse and neglect are unsubstantiated
      * There are obvious secondary gains (they’re on trial, etc)
      * If the alters have roles that don’t make sense (one that talks to grandma, etc)
  + **Dissociative Amnesia**
    - DSM-IV Criteria
      * One or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness.
      * Not part of another disorder, result of substance use or medical condition. No physical injury to account for memory loss
      * They’ll remember facts such as the sun rises on the east, sets on the west, but will not remember their name.
    - Types of Dissociative Amnesia
      * Localized – Forget a circumscribed period of time, following a disturbing event.
      * Selective – Can recall some, but not all of what happened during a period of time. Mission for a combat person.
      * Generalized – Can’t remember anything from their life, encompasses entire life.
      * Continuous – This is when the failure to recall encompasses events post-trauma all the way up until now.
      * Systematized – The person loses memory in categories of information. For example your father passes away, you might lose all memory of your father.
    - How to know if faking
      * If they fail to recall memories after time
      * Typically remit/get better on their own.
  + Dissociative Fugue
    - DSM-IV
      * Sudden, unexpected travel away from home or one’s customary place of work, with inability to recall one’s past
      * Confusion about personal identity or assumption of new identity
      * Usual exclusions (meds, substance, med condition, other disorder)
    - When to be suspicious
      * When it doesn’t end, usually have a full recovery. A week or two weeks.
    - DSM-V Changes
      * Dissociative Fugue to be included in a subtype of Dissociative Amnesia
        + E.x. Dissociative Amnesia, Dissociative Fugue Subtype
  + Depersonalization Disorder
    - DSM-IV
      * Persistent and recurrent experiences of feeling detached from, and as if an outside observer of one’s mental processes or body
      * Reality testing remains intact
    - DSM-V Changes
      * Depersonalization/Rerealization Disorder
        + Either (1), (2), or both:

1) Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one’s mental processes or body (e.g. feeling as though one is in a dream; sense of unreality of self or body, or time moving slowly)

2) Derealization: Persistent and recurrent experiences of unreality of surroundings (e.g. world around the person is experienced as unreal, dreamlike, distant, or distorted)

* + - * + During the depersonalization or derealization experience, reality testing remains intact