

by mental health professionals to decrease symptom frequency and improve coping strategies for the experience of dissociation.

As with any mental illness, the caring support of loved ones cannot be underestimated, particularly for individuals with a traumatic past.

How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

If you have dissociative disorders :

- ◆ Seek medical care through a psychiatrist and/or your primary care physician.
- ◆ Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc. **Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- ◆ Take NAMI's Peer-to-Peer course and/or join the NAMI Connection support group.
- ◆ LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Learn about your loved one's illness.

Recommended Readings:

I Am More Than One: How Women with Dissociative Identity Disorder Have Found Success in Life and Work

By Jane Wegscheider Hyman

Multiple Personality Disorder from the Inside Out

By W. Giller

The Dissociative Identity Disorder Sourcebook (Sourcebooks)

By Deborah Bray Haddock

Amongst Ourselves: A Self-Help Guide to Living with Dissociative Identity Disorder

By Tracy Alderman

Rebuilding Shattered Lives: The Responsible Treatment of Complex Post-Traumatic and Dissociative Disorders

By James A. Chu

Coping with Trauma-Related Dissociation: Skills Training for Patients and Therapists

By Suzette Boon

Dissociation in Children and Adolescents: A Developmental Perspective

By Frank W. Putnam MD

DISSOCIATIVE DISORDERS

**SHOW YOU CARE.
WEAR A SILVER RIBBON.**



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.
THERE ARE MANY WAYS TO HELP.
BECOME A MEMBER, VOLUNTEER OR DONATE.**

NAMI Southern Arizona
6122 E. 22nd St.
Tucson, AZ 85711
520-622-5582
NAMIisa@NAMIisa.org

COMMUNITY-WIDE CRISIS LINE:
520-622-6000 or 1-866-495-6735

NAMIisa.org



Educational information and local support provided by:



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What is dissociation?

A number of people with mental illnesses experience dissociation: a disturbance of thinking, awareness, identity, consciousness or memory. Dissociation is more severe than just ordinary forgetfulness and is also not associated with any underlying cause of memory deficits or altered consciousness (e.g., neurological illnesses, substance or alcohol abuse). Some people have dissociative events that last only moments whereas others experience extended periods of dissociation.

Some people will experience having limited ability to regulate their bodily functions and may feel like they are “going crazy” or are “out of my body” during dissociative events. Other people may lose control of their emotions or actions during a dissociative event and can do things that are otherwise quite uncharacteristic. Some people will have limited memory of the dissociative event and may feel surprised or disoriented when it ends. Many people may later recall what happened during their dissociation, but others may not be able to remember significant parts of what occurred, sometimes for even a time before they dissociated.

There is an association between traumatic events and the process of dissociation. It may be that dissociation is a way the mind/brain contends with overwhelming stimuli. There is much more to be learned about the process of dissociation and the best strategies to address it. Dissociation can be part of a symptom of an existing

mental illness. For example, many people who have experienced a traumatic event, such as physical or sexual abuse, may have some aspect of dissociation during the event itself and will be unable to recall details regarding their victimization. Dissociation can be a symptom associated with posttraumatic stress disorder (PTSD) and with certain anxiety disorders, including panic disorder and obsessive-compulsive disorder.

What are dissociative disorders?

Dissociative disorders are a controversial sub-group of mental illnesses. The most dramatic condition in this area is called dissociative identity disorder, formerly called multiple personality disorder. The media has a history of sensational portrayals of dissociation and of persons who have pretended to have dissociative illnesses in order to avoid criminal charges. Researchers, clinicians, and the public alike find the topic compelling and challenging to understand.

The dissociative disorders are frequently found in the aftermath of trauma, and many of the symptoms, including embarrassment and confusion about the symptoms or desire to hide them, are influenced by the proximity to trauma. In DSM-5, the dissociative disorders are placed next to, but are not part of, the trauma-stressor-related disorders, reflecting the close relationship between these diagnostic classes. Both acute stress disorder and posttraumatic stress disorder contain dissociative symptoms, such as amnesia, flashbacks, numbing, and

depersonalization/derealization.

Dissociative disorders as defined by the DSM-5 include the following:

Depersonalization/derealization disorder is marked by recurrent feelings of detachment (i.e., experiences of unreality or detachment from one’s mind, self, or body) and/or derealization (i.e., experiences of unreality or detachment from one’s surroundings). There is no evidence of any distinction between individuals with predominantly depersonalization versus derealization symptoms. Therefore, individuals with this disorder can have depersonalization, derealization, or both. While many people experience these sensations at one point in their lives, an individual with depersonalization/derealization disorder has this experience so frequently or severely that it interrupts his or her functioning.

Dissociative identity disorder (DID) previously called multiple personality disorder, DID is the most famous and controversial of the dissociative disorders. This is characterized by having multiple “alters” (personal identities) that control an individual’s behavior and actions at different times.

Dissociative amnesia is characterized by severe impairment in remembering important information about one’s self. This is perhaps the most common of the dissociative disorders and like all other dissociative illnesses is often associated with traumatic events. This amnesia can be

limited to specific details or events but can also encompass entire aspects of a person’s life (i.e. inability to recall one’s identity or life history). Some individuals with amnesia promptly notice that they have “lost time” or that they have a gap in their memory, most individuals with dissociative disorders are initially unaware of their amnesias. For them, awareness of amnesia occurs only when personal identity is lost or when circumstances make these individuals aware that autobiographical information is missing. Until and unless this happens, these individuals have “amnesia for their amnesia.”

Dissociative fugue is a massive disorientation of self that leads to confusion about one’s personal identity and potentially the assumption of a new identity.

What treatments are available?

In patients where dissociation is thought to be a symptom of another mental illness (e.g., borderline personality disorder or PTSD), treatment of the primary cause is of upmost importance. This can involve psychotherapy and psychiatric medications when appropriate. It is important to note that there is no clear consensus on the treatment of dissociative symptoms themselves with medications for it is unclear whether or not psychiatric drugs can help to decrease symptoms of dissociation and depersonalization.

Psychotherapy is generally helpful for people who experience dissociative episodes. Different cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) techniques have been specifically developed