

# Dissociation and dissociative disorders

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This factsheet gives information about dissociation and dissociative disorders. It explains the different dissociative disorders, their symptoms and treatments. It explains how your carers, friends or relatives might be able to help you.



- If you dissociate you might have symptoms such as not feeling connected to your own body, or developing different identities.
- Dissociative disorders are a mental illness that affects the way you think. You may have the symptoms of dissociation, without having a dissociative disorder. You may have the symptoms of dissociation as part of another mental illness.
- There are lots of different causes of dissociative disorders.
- You may get medication and talking therapies for dissociative disorders.

## **This factsheet covers:**

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## 1. What is dissociation?

Many people will experience dissociation at some point in their lives. Lots of different things can cause you to dissociate. For example, you might dissociate when you are very stressed, or after something traumatic has happened to you. You might also have symptoms of dissociation as part of another mental illness like anxiety.<sup>1</sup> For many people these feelings will pass over time.<sup>2</sup>

If you dissociate you might feel like you are not connected to your own body. Or like you are watching things happen around you, without feeling it.

Some of the symptoms of dissociation include the following.<sup>3</sup>

- Amnesia. This means memory loss. You might lose your memories of things that have happened to you.
- Depersonalisation. Or feeling disconnected from your own body.
- Derealisation. Or feeling disconnected from the world around you.
- Identity confusion. You might not have a sense of who you are.
- Identity alteration. This means your identity may have changed. You might remember your old identity or not.
- Loss of feelings.
- Losing control of your body movements.

You might have these symptoms for as long as the event that triggered them, or for a short time afterwards. This is called an episode.

For some people these symptoms can last for much longer. If you have a dissociative disorder you might experience these symptoms for long episodes or even constantly.<sup>4</sup>

## 2. What are the different types of dissociative disorder?

There are different types of dissociative disorder.<sup>5</sup> There is more information on each of these below.

It is important to remember that you could have the symptoms of dissociation without a dissociative disorder. There is also a lot of disagreement among professionals over dissociative disorders.

### **Dissociative amnesia**

If you have dissociative amnesia you might not remember things that have happened to you. This may relate to a stressful or traumatic event,<sup>6</sup> but doesn't have to.

In severe cases you might struggle to remember:<sup>7</sup>

- who you are,
- what happened to you, or
- how you felt at the time of the trauma.

This is not the same as simply forgetting something. It is a memory 'lapse'. This means you cannot access the memory at that time, but they are also not permanently lost.<sup>8</sup>

With dissociative amnesia you might still engage with other people, such as holding conversations.<sup>9</sup> You might also still remember other things, and live a normal life. But you might also have flashbacks, unpleasant thoughts or nightmares about the things you struggle to remember.<sup>10</sup>

You may have dissociative amnesia with dissociative fugue. This is where someone with dissociative amnesia travels or wanders somewhere else, related to the things they can't remember. You may or may not have travelled on purpose.<sup>11</sup>

### **Dissociative identity disorder (DID)**

Dissociative identity disorder (DID) is sometimes called 'Multiple Personality Disorder'.<sup>12</sup> But we have called it DID in this factsheet.

If you have DID you might seem to have 2 or more different identities, called 'alternate identities'.<sup>13</sup> These identities might take control at different times.

You might find that your behaviour changes depending on which identity has control. You might also have some difficulty remembering things that have happened as you switch between identities.<sup>14</sup> Some people with DID are aware of their different identities, while others are not.<sup>15</sup>

There is a lot of disagreement between researchers over the notion of DID.

While we think of someone with DID as having different identities, some researchers think that these are actually different parts of one identity which are not working together properly. They suggest that DID is caused by experiencing severe trauma over a long time in childhood. By experiencing trauma in childhood, you take on different identities and behaviours to protect yourself. As you grow up these behaviours become more fully formed until it looks like you have different identities, when in fact the different parts of your identity don't work together properly.<sup>16</sup>

### **Other specified dissociative disorder<sup>17</sup>**

With this diagnosis you might regularly have the symptoms of dissociation but not fit into any of the types.

A psychiatrist uses this diagnosis when they think the reason you dissociate is important. The reasons they give include the following.

- You dissociate regularly and have done for a long time. You might dissociate in separate, regular episodes. Between these episodes you might not notice any changes.
- You have dissociation from coercion. This means someone else forced or persuaded you. For example, if you were brainwashed, or imprisoned for a long time.
- Your dissociation is acute. This means that your episode is short but severe. It might be because of one or more stressful events.
- You are in a dissociative trance. This means you have very little awareness of things happening around you. Or you might not respond to things and people around you because of trauma.

### **Unspecified dissociative disorder<sup>18</sup>**

This diagnosis is also used where you dissociate but do not fit into any specific disorder.

Psychiatrists use this diagnosis when they choose not to give a reason that you have the symptoms. Or if they do not have enough information to for a specific diagnosis. For example, after a first assessment in accident and emergency.

### **Depersonalisation/derealisation disorder (DPDR)**

The feelings of depersonalisation and derealisation can be a symptom of any of the other conditions listed here. It has also been found among people who have paranoid delusions<sup>19</sup>, and people with frontal lobe epilepsy and migraines.<sup>20</sup>

But it can also be a disorder by itself. This means it is a 'primary disorder'. There is some disagreement among professionals whether DPDR should be listed with the other dissociative disorders at all.

DPDR has some differences to other dissociative disorders. In DPDR you might not question your identity, or have different identities at all. You may still be able to tell the difference between things around you<sup>21</sup> and there may be no symptoms of amnesia. Instead, with DPDR you might feel emotionally numb and questions what it feels like to live. We have explained this in more detail below.

You might have these feelings constantly rather than in episodes and it does not have to have been caused by a traumatic or stressful event.

Many people think that this disorder might be more common than previously thought.<sup>22</sup> This might be because of:<sup>23, 24</sup>

- a lack of information about it,

- patients who did not report their symptoms, and
- doctors who don't know enough about it, meaning they under-report the condition.

With DPDR you might have symptoms of depersonalisation or derealisation or both.

### Depersonalisation

With depersonalisation you might feel 'cut off' from yourself and your body, or like you are living in a dream. You may feel emotionally numb to memories and the things happening around you.<sup>25</sup> It may feel like you are watching yourself live.<sup>26</sup>

The experience of depersonalisation can be very difficult to put into words. You might say things like 'I feel like I don't exist anymore' or 'It's as if I'm watching my life from behind glass'.

### Derealisation

If you have derealisation you might feel cut off from the world around you. You might feel that things around you don't feel real. Or they might seem foggy or lifeless.<sup>27</sup>

### **Jane's story**

Jane started feeling the symptoms of depersonalisation after smoking cannabis. She felt like her eyes were fixed on parts of the room and that she was not connected to everything around her. She felt as if she was a spectator in her own life for many months, rather than actually living 'in the moment'. It took Jane a long time to be diagnosed. To recover, she was helped to distract herself from the DPDR symptoms for long stretches with engaging activities. This then expanded into periods of time when she felt connected to the things around her again. Cognitive-behavioural therapy and mindfulness taught her to manage her anxiety and the distressing symptoms of DPDR.

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## **3. What causes dissociation?**

There are different things that can cause you to dissociate. For example:<sup>28</sup>

- traumatic events,
- difficult problems that cause stress, and
- difficult relationships.

Other researchers have suggested that the use of cannabis may be a cause of depersonalisation/derealisation disorder (DPDR).<sup>29</sup>

#### 4. How are dissociation and dissociative disorders treated?

Dissociation can be treated in lots of different ways. The type of treatment you get might depend on which type of disorder you have.

##### **Medications**

At the moment, there are no medications for dissociative disorders themselves<sup>30,31</sup>, although you may take medication for some symptoms. Some research has gone into the use of fluoxetine<sup>32</sup> to treat depersonalisation/derealisation disorder (DPDR). But at the moment the results are not clear and more research is needed.<sup>33</sup> In dissociative identity disorder (DID) different identities may respond differently to medication.<sup>34</sup>

If you have episodes of dissociation you might also have a condition such as depression or anxiety. Some medications could help with this. For example antidepressants could be used for depressive symptoms and benzodiazepines for anxiety.<sup>35</sup>

You can find more information on:

- Antidepressants
- Benzodiazepines

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheets.

##### **Psychosocial treatments**

Talking therapies are usually recommended for dissociation. There are lots of different types of talking therapy. Different ones might be used for different dissociative disorders.

##### Psychodynamic psychotherapy

If you have DID then your doctors may think about long-term psychodynamic psychotherapy.<sup>36</sup> This is a type of therapy where you talk about your relationships and thoughts. You might talk about your past. Your therapist can link the ways you think and act with things that have happened to you.<sup>37</sup> For DID, psychotherapy might be needed for a long time, with at least 1 session every week.<sup>38</sup> This might be increased if your DID is quite complex, or if it causes you lots of problems.<sup>39</sup>

##### Eye movement desensitisation reprocessing (EMDR)

DID may also be helped by eye-movement desensitization and reprocessing (EMDR). In EMDR you make side-to-side eye movements while talking about the trauma that happened. Nobody fully understands how EMDR works, but it could help you to deal past trauma and flashbacks.<sup>40</sup>

Doctors must be careful when using EMDR because it could make your DID worse if not done properly. But EMDR can have benefits when it is used along with other treatment. The type of EMDR used for DID is slightly different to other conditions. So it is important that your doctor knows about your DID before you start EMDR.<sup>41</sup>

### Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) is another type of talking therapy. You will talk about the way your thoughts and feelings could cause emotional problems. And how your behaviours may make this worse. You focus less on the past and try to change the way you think and behave.<sup>42</sup>

Parts of CBT are recommended to treat DID, by helping you to change your thoughts and behaviours that come from the trauma.<sup>43</sup>

A CBT approach has also been suggested for long-lasting DPDR. If you have DPDR you might often worry about your symptoms and think you have a serious mental illness or that something is wrong with your brain.<sup>44</sup> CBT may help to change this way of thinking. By reducing your anxiety and depression that comes with this worrying, it may also reduce your symptoms of DPDR.<sup>45</sup>

You can find more information about **'Talking therapies'** at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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## **5. What treatment should I be offered?**

In the UK, the National Institute of Health and Care Excellence (NICE) publish guidelines on physical and mental health conditions. These guidelines are a standard for NHS treatment. At the time of writing, there are no NICE guidelines on dissociation or dissociative disorders.

This might make it difficult to get treatment. If you think you are having any of these symptoms then explain this to your GP. They may refer you to a psychiatrist.

You can find more about **'GPs - What to expect from your doctor'** at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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## **6. What if I am not happy with my treatment?**

If you are not happy with your treatment you can:

- ask for a second opinion,
- ask an advocate to help you speak your doctor,
- contact the Patient Advice and Liaison Service (PALS), or
- make a complaint.

There is more information about these options below:

### **Second opinion**

If you are not happy with your diagnosis or treatment, speak to your doctor. If they do not offer you any other treatment options you can ask for a second opinion. This is where another doctor will assess you and suggest diagnoses or treatment. You do not have a legal right to a second opinion, but your doctor might agree to one.

### **Advocacy**

An advocate can help you understand your rights to treatment from the NHS. They can also help you be fully involved in decisions about your care. An advocate is separate from the NHS.

You can search online to see if there are any local advocacy services in your area. Or the Rethink Mental Illness Advice Service could search for you.

### **Patient Advice and Liaison Service (PALS)**

The Patient Advice and Liaison Service (PALS) at your NHS trust can try and help you with any problems or issues you have. You can find your local PALS' details at: [http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

### **Complaints**

If you are not happy with the way you have been treated you can make a complaint. You have to make a complaint about the NHS within 12 months of what you want to complain about.

You can find more information about:

- Second Opinions
- Advocacy
- Complaints

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

## 7. What are self-care and management skills?<sup>46</sup>

You can learn to manage your symptoms by looking after yourself at home. You will learn how to notice when you are becoming unwell and know what your triggers are.

Not all of the techniques here will work for everyone. And they might make some people feel worse. It is important to try something that you enjoy and that you can commit to.

### **Keeping a diary**

You might find it helpful to keep a diary. You could write about how you felt over the day. Or you could write down goals that you want to achieve. Keep your diary positive and avoid writing about things that go wrong. You could use it as part of cognitive behavioural therapy (CBT).

Keeping a diary is not for everyone. If you have depersonalisation/derealisation disorder (DPDR) you might already spend a lot of time thinking about how other people see you. A diary may make you feel worse if it forces you to think about yourself. A diary can still help, but talk to your GP or a counsellor first.

### **Grounding techniques**

These techniques can be helpful for people who have been through trauma or who regularly dissociate. They can help to 'ground' you in the here and now.

Grounding works best when it is practiced regularly. Try practicing these things every day. There are different types of grounding techniques.

#### Using your surroundings

To use your surroundings look around yourself. Focus on all the details of everything that is around you. Try describing this to yourself either out loud or silently in your head. Use all of your senses.

#### Using words

You could try positive words or phrases about yourself. For example, 'I am strong' or 'I will succeed'. Write down a few things that are meaningful and positive for you. You could carry these around with you. Try reading them to yourself or aloud if your symptoms are bad.

#### Using images

This is similar to using your surroundings. Try thinking of a place that you feel peaceful and safe. This can be a real or imaginary place. If it is a real place, choose somewhere that is completely positive with no traumatic

memories. Shut your eyes and imagine that place. Focus on all of the details and all of your senses.

### Using posture

Try moving into a posture that makes you feel strong. This could be standing up with your shoulders back. Or relaxing your shoulders. Try different postures until you find one that works for you.

### Using objects

Try choosing an object that is personal to you. You should try and pick something that only has positive memories attached to it. Carry it around with you and use it to remind yourself of who you are and where you are.

### **Relaxation**

There are lots of different ways to relax. The important thing is to find something you enjoy doing. For example, cooking, reading or gardening. You might find that meditation or mindfulness helps.

Some relaxation techniques such as meditation and mindfulness may make some people feel worse. For example, if you have DPDR you might struggle with meditation. If this is the case try and find something else that works for you. If you have CBT, you could tell the therapist. They could help you find something that works.

### **Exercise and Diet**

There are no specific exercises that can definitely help. But you could try jogging, swimming or just trying to walk more. Trying to eat more fresh fruits and vegetables can help. You could also try to reduce the amount of fat, salt and sugar you eat. Reducing the amount of caffeine you drink can be helpful.

### **Sleep**

If you don't sleep enough your symptoms might feel worse. It can take a few weeks for you to get into better sleep habits. Here are some tips for helping you sleep.

- Sleep when you feel sleepy.
- Keep your bedroom as a place for only sleeping.
- If you are lying awake in bed after 15 minutes, get up and move around for a while.
- Avoid taking naps during the day.
- Try not to have caffeine for a few hours before you go to bed.
- Make sure you get up at the same time every day. This can help you get into a regular routine.
- If you sleep too much, reduce the amount of sleep you get each day by 1 hour every week. Do this until you are sleeping just enough.

## 8. What risks and complications can dissociation cause?

Some people with a dissociative disorder may also have another mental health condition, such as anxiety or depression.<sup>47</sup> This is called a 'co-morbid' condition. In some cases this can make your dissociative disorder harder in day to day life. However, all of these conditions are manageable and treatable.

You can find more information on:

- Depression
- Anxiety Disorders

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheets.

## 9. What if I am a carer, friend or relative?

### Support for you

If you are a carer, friend or family member of someone living with a dissociative disorder you can get support.

You can get peer support through carer support groups. You can search for local groups in your area. If you need more practical or financial support you can ask your local authority for a carer's assessment.

As a carer you should be involved in decisions about your relative's care planning. But you can only be involved if your relative agrees to this. If they do not agree, their healthcare professionals cannot share information about them with you.

You can find out more information about:

- Carer's assessment and support planning
- Confidentiality and information sharing – for carers, friends and relatives
- Benefits for carers

at [www.rethink.org](http://www.rethink.org). Or contact our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### Supporting the person you care for

You might find it easier to support someone with a dissociative disorder if you understand their symptoms, treatments and self-care options. You can use this to support and encourage them to get help and stay well.

You should also be aware of what you can do if you are worried about their mental state. Keep the details of their mental health team or GP handy. And discuss a crisis plan with them.

You can find out more information about:

- Supporting someone with a mental illness
- Getting help in a crisis
- Suicidal thoughts - how to support someone
- Responding to unusual behavior

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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### **Positive Outcomes for Dissociative Survivors (PODS)**

This website has lots of information on Dissociative Identity Disorder. It has articles about the conditions, causes and treatments.

**Telephone:** 0808 181 4420 (Tuesdays 1pm – 5pm)

**Address:** 3 Archers Court, Huntingdon, Cambridgeshire, PE29 6XG

**Email:** [info@pods-online.org.uk](mailto:info@pods-online.org.uk)

**Website:** [www.pods-online.org.uk](http://www.pods-online.org.uk)

### **First Person Plural**

This website has information about Dissociative Identity Disorder. It has tips on treatments and self-care including grounding and diary writing.

**Website:** [www.firstpersonplural.org.uk/](http://www.firstpersonplural.org.uk/)

### **Clinic for Dissociative Studies**

This organisation has lots of information on dissociative disorders on their website. They also provide care and treatment for dissociative disorders. They can accept referrals from the NHS. They offer general information about dissociative disorders but do not run a helpline.

**Telephone:** 020 7794 1655

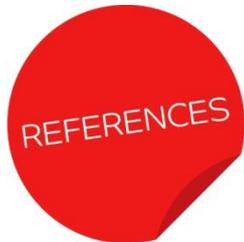
**Address:** 35 Tottenham Lane, London, United Kingdom, N8 9BD

**Email:** [info@clinicds.com](mailto:info@clinicds.com)

**Website:** [www.clinicds.co.uk/](http://www.clinicds.co.uk/)

### **South London and Maudsley Depersonalisation Disorder Service**

This is an NHS service which specialises in Depersonalisation/Derealisation Disorder (DPDR). They have some information on their website. You will need a referral from your doctor to access this service.



**Website:** [www.national.slam.nhs.uk/services/adult-services/depersonalisation/](http://www.national.slam.nhs.uk/services/adult-services/depersonalisation/)

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## Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm  
(excluding bank holidays)

Email [advice@rethink.org](mailto:advice@rethink.org)

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### Did this help?

We'd love to know if this information helped you.

Drop us a line at: [feedback@rethink.org](mailto:feedback@rethink.org)

or write to us at Rethink Mental Illness:

RAIS  
PO Box 17106  
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm  
Monday to Friday (excluding bank holidays)



Leading the way to a better quality of life for everyone affected by severe mental illness.

For further information on Rethink Mental Illness  
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### Need more help?

Go to [www.rethink.org](http://www.rethink.org) for information on symptoms, treatments, money and benefits and your rights.

### Don't have access to the web?

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