

# Chapter 7 Handouts

## Somatoform and Dissociative Disorders

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## Somatoform and Dissociative Disorders

- In addition to disorders covered earlier, two other kinds of disorders are commonly associated with stress and anxiety
  - Somatoform disorders
  - Dissociative disorders

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## Somatoform and Dissociative Disorders

- Somatoform disorders are problems that appear to be \_\_\_\_\_ but are due to \_\_\_\_\_
- Unlike psychophysiological disorders, in which psychosocial factors interact with physical factors to produce genuine physical ailments and damage, somatoform disorders are \_\_\_\_\_

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## Somatoform and Dissociative Disorders

■ Dissociative disorders are syndromes that feature major losses or changes in \_\_\_\_\_

■ Unlike dementia and other neurological disorders, these patterns are, like somatoform disorders, due almost entirely to psychosocial factors

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## Somatoform and Dissociative Disorders

■ The somatoform and dissociative disorders have much in common:

■ Both occur in response to traumatic or ongoing stress

■ \_\_\_\_\_

■ A number of individuals suffer from both a somatoform and a dissociative disorder

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## Somatoform Disorders

■ When a physical illness has no apparent medical cause, physicians may suspect a somatoform disorder

■ \_\_\_\_\_

■ \_\_\_\_\_

■ There are two main types of somatoform disorders

■ Hysterical somatoform disorders

■ Preoccupation somatoform disorders

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## What Are Hysterical Somatoform Disorders?

- People with hysterical somatoform disorders suffer actual changes in their physical functioning
  - Often hard to distinguish from genuine medical problems
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

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## What Are Hysterical Somatoform Disorders?

- DSM-IV-TR lists three hysterical somatoform disorders:
  - Conversion disorder
  - Somatization disorder
  - Pain disorder associated with psychological factors

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Table 7-1 DSM Checklist

### CONVERSION DISORDER

1. One or more physical symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.
2. Psychological factors judged to be associated with the symptom or deficit.
3. Symptom or deficit not intentionally produced or feigned.
4. Symptom or deficit not fully explained by a general medical condition or a substance.
5. Significant distress or impairment.

### SOMATIZATION DISORDER

1. A history of many physical complaints, beginning before the age of 30, that occur over a period of several years and result in treatment being sought or in significant impairment.
2. Physical complaints over the period include all of the following:
  - (a) Four different kinds of pain symptoms.
  - (b) Two gastrointestinal symptoms.
  - (c) One sexual symptom.
  - (d) One neurological-type symptom.
3. Physical complaints not fully explained by a known general medical condition or a drug, or extending beyond the usual impact of such a condition.
4. Symptoms not intentionally produced or feigned.

### PAIN DISORDER ASSOCIATED WITH PSYCHOLOGICAL FACTORS

1. Significant pain as the primary problem.
2. Psychological factors judged to have the major role in the onset, severity, exacerbation, or maintenance of the pain.
3. Symptom or deficit not intentionally produced or feigned.
4. Significant distress or impairment.

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## What Are Hysterical Somatoform Disorders?

### ■ Conversion disorder

- In this disorder, a psychosocial conflict or need is \_\_\_\_\_  
\_\_\_\_\_
- Symptoms often seem neurological, such as paralysis, blindness, or loss of feeling
- Most conversion disorders begin between late childhood and young adulthood
- They are diagnosed in women \_\_\_\_\_ as in men
- They usually appear suddenly and are thought to be rare

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## What Are Hysterical Somatoform Disorders?

### ■ Somatization disorder

- People with somatization disorder have \_\_\_\_\_  
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- Also known as Briquet's syndrome
- To receive a diagnosis, a patient must have multiple ailments that include several pain symptoms, gastrointestinal symptoms, a sexual symptom, and a neurological symptom
- Patients usually go from doctor to doctor seeking relief

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## What Are Hysterical Somatoform Disorders?

### ■ Somatization disorder

- Patients often describe their symptoms in dramatic and exaggerated terms
  - Many also feel anxious and depressed
- Between 0.2% and 2% of all women in the U.S. experience a somatization disorder per year (compared with less than 0.2% of men)
- The disorder often runs in families and begins between adolescence and late adulthood

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## What Are Hysterical Somatoform Disorders?

### ■ Somatization disorder

- This disorder typically lasts much longer than a conversion disorder, typically for many years
- Symptoms may fluctuate over time but \_\_\_\_\_  
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## What Are Hysterical Somatoform Disorders?

### ■ Pain disorder associated with psychological factors

- Patients may receive this diagnosis when psychosocial factors play a central role in the onset, severity, or continuation of pain
- The precise prevalence has not been determined, but it appears to be fairly common
  - \_\_\_\_\_
- The disorder may begin at any age, and more women than men seem to experience it

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## What Are Hysterical Somatoform Disorders?

### ■ Hysterical vs. medical symptoms

- It often is difficult for physicians to differentiate between hysterical disorders and “true” medical conditions
  - \_\_\_\_\_
  - For example, hysterical symptoms may be at odds with the known functioning of the nervous system, as in cases of glove anesthesia

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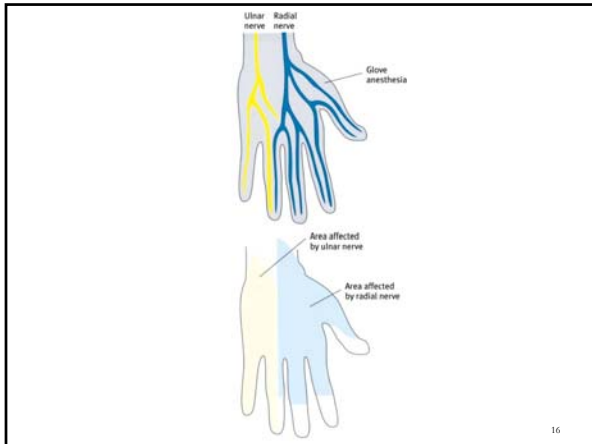
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## What Are Hysterical Somatoform Disorders?

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- Hysterical vs. factitious symptoms
  - Hysterical somatoform disorders must also be distinguished from patterns in which individuals are \_\_\_\_\_ medical symptoms
  - \_\_\_\_\_
  - \_\_\_\_\_

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## Factitious Disorder

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- People with a factitious disorder often go to extreme lengths to create the appearance of illness
  - May give themselves medications to produce symptoms
- Patients often research their supposed ailments and become very knowledgeable about medicine
  - May undergo painful testing or treatment, even surgery

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## Factitious Disorder

- Clinical researchers have had difficulty determining the prevalence of these disorders
  - Patients hide the true nature of their problem
- Overall, the pattern seems to be more common in \_\_\_\_\_
- The disorder usually begins in early adulthood

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## Factitious Disorder

- Factitious disorder seems to be most common among people with one or more of these factors:
  - As children, they received extensive medical treatment for a true physical disorder
  - Experienced family problems or physical or emotional abuse in childhood
  - Carry a grudge against the medical profession
  - Have worked as a nurse, laboratory technician, or medical aide
  - Have an underlying personality problems, such as extreme dependence

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## Factitious Disorder

- \_\_\_\_\_ is the extreme and chronic form of factitious disorder
- In \_\_\_\_\_ a related disorder, parents make up or produce physical illnesses in their children
  - When children are removed from their parents, symptoms disappear

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## Factitious Disorder

- \_\_\_\_\_ have not yet been developed
  - Psychotherapists and medical practitioners often become annoyed or angry at such patients

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## What Are Preoccupation Somatoform Disorders?

- Preoccupation somatoform disorders include hypochondriasis and body dysmorphic disorder
  - People with these problems \_\_\_\_\_ to bodily symptoms or features
- Although these disorders also cause great distress, their impact on personal, social, and occupational life differs from that of hysterical disorders

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Table 7-2 DSM Checklist

### HYPOCHONDRIASIS

1. Preoccupation with fears or beliefs that one has a serious disease, based on misinterpretation of bodily symptoms, lasting at least six months.
2. Persistence of preoccupation despite appropriate medical evaluation and reassurance.
3. Absence of delusions.
4. Significant distress or impairment.

### BODY DYSMORPHIC DISORDER

1. Preoccupation with an imagined or exaggerated defect in appearance.
2. Significant distress or impairment.

Based on APA, 2000.

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## What Are Preoccupation Somatoform Disorders?

### ■ Hypochondriasis

- People with hypochondriasis unrealistically interpret bodily symptoms as \_\_\_\_\_
  - Often their symptoms are merely normal bodily changes, such as occasional coughing, sores, or sweating
- Although some patients recognize that their concerns are excessive, many do not

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## What Are Preoccupation Somatoform Disorders?

### ■ Hypochondriasis

- Patients with this disorder can present a clinical picture very similar to that of somatization disorder
  - If the anxiety is great and the bodily symptoms are relatively minor, a diagnosis of hypochondriasis is probably appropriate
  - If the symptoms overshadow the anxiety, they may indicate somatization disorder

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## What Are Preoccupation Somatoform Disorders?

### ■ Hypochondriasis

- Although this disorder can begin at any age, it starts most often in early adulthood, among men and women in equal numbers
- Between 1% and 5% of all people experience the disorder
- For most patients, symptoms wax and wane over time

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## What Are Preoccupation Somatoform Disorders?

- Body dysmorphic disorder (BDD)
  - This disorder, also known as dysmorphophobia, is characterized by deep and extreme concern over \_\_\_\_\_
    - Foci are most often wrinkles, spots, facial hair, or misshapen facial features (nose, jaw, or eyebrows)
  - Most cases of the disorder begin in adolescence but are often not revealed until adulthood
  - Up to 2% of people in the U.S. experience BDD, and it appears to be \_\_\_\_\_

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## What Causes Somatoform Disorders?

- Theorists typically explain the preoccupation somatoform disorders much as they do the anxiety disorders:
  - Behaviorists: classical conditioning or modeling
  - Cognitive theorists: oversensitivity to bodily cues
- In contrast, the hysterical somatoform disorders are widely considered unique and in need of special explanation (although no explanation has received strong research support)

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## What Causes Somatoform Disorders?

- The psychodynamic view
  - Freud believed that hysterical disorders represented a conversion of underlying emotional conflicts into physical symptoms
  - Because most of his patients were women, Freud looked at the psychosexual development of girls and focused on the phallic stage (ages 3 to 5)...

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## What Causes Somatoform Disorders?

### ■ The psychodynamic view

- During this stage, girls experience a pattern of sexual desires for their fathers (the Electra complex) and recognize that they must compete with their mothers for his attention
- Because of the mother's more powerful position, however, girls repress these sexual feelings
- Freud believed that if parents overreact to such feelings, the Electra complex would remain unresolved and the child might re-experience sexual anxiety throughout her life
- Freud concluded that some women hide their sexual feelings in adulthood by converting them into physical symptoms

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## What Causes Somatoform Disorders?

### ■ The psychodynamic view

- Modern psychodynamic theorists have modified Freud's explanation away from the Electra conflict
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## What Causes Somatoform Disorders?

### ■ The psychodynamic view

- Modern theorists propose that two mechanisms are at work in the hysterical disorders:
  - \_\_\_\_\_ : hysterical symptoms keep internal conflicts out of conscious awareness
  - \_\_\_\_\_ : hysterical symptoms further enable people to avoid unpleasant activities or to receive kindness or sympathy from others

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## What Causes Somatoform Disorders?

### ■ The behavioral view

- Behavioral theorists propose that the physical symptoms of hysterical disorders bring \_\_\_\_\_ to sufferers
  - \_\_\_\_\_
  - \_\_\_\_\_
- In response to such rewards, people learn to display symptoms more and more
- This focus on rewards is similar to the psychodynamic idea of secondary gain, but behaviorists view the gains as the primary cause of the development of the disorder

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## What Causes Somatoform Disorders?

### ■ The cognitive view

- Cognitive theorists propose that hysterical disorders are a form of \_\_\_\_\_, providing a means for people to express difficult emotions
  - Like psychodynamic theorists, cognitive theorists hold that emotions are being converted into physical symptoms
    - This conversion is not to defend against anxiety but to communicate extreme feelings

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## What Causes Somatoform Disorders?

### ■ A possible role for biology

- The impact of biological processes on somatoform disorders can be understood through research on placebos and the placebo effect
  - Placebos: \_\_\_\_\_
  - Treatment with placebos (i.e., sham treatment) has been shown to bring improvement to many – possibly through the power of suggestion or through the release of endogenous chemicals

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## How Are Somatoform Disorders Treated?

- People with somatoform disorders usually seek psychotherapy as a last resort
- Individuals with preoccupation disorders typically receive the kinds of treatments applied to anxiety disorders:
  - \_\_\_\_\_
  - \_\_\_\_\_

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## How Are Somatoform Disorders Treated?

- Individuals with hysterical disorders are typically treated with approaches that emphasize either the cause or the symptoms, and may include:
  - \_\_\_\_\_ - especially antidepressant medication
  - \_\_\_\_\_ - often psychodynamically oriented
  - \_\_\_\_\_ - client thinks about traumatic event(s) that triggered the physical symptoms
  - \_\_\_\_\_ - usually an offering of emotional support that may include hypnosis
  - \_\_\_\_\_ - a behavioral attempt to change reward structures
  - \_\_\_\_\_ - an overt attempt to force patients out of the sick role
- All approaches need more study

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## Dissociative Disorders

- The key to one's identity – the sense of who we are, the characteristics, needs, and preferences we have – is memory
  - Our recall of the past helps us to react to the present and guides us toward the future
  - People sometimes experience a major disruption of their memory:
    - They may not remember new information
    - They may not remember old information

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## Dissociative Disorders

- When such changes in memory have no clear physical cause, they are called “dissociative” disorders
- In such disorders, one part of the person’s memory typically seems to be dissociated, \_\_\_\_\_, from the rest

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## Dissociative Disorders

- There are several kinds of dissociative disorders, including:
  - Dissociative amnesia
  - Dissociative fugue
  - Dissociative identity disorder (multiple personality disorder)
- These disorders are often memorably portrayed in books, movies, and television programs
- DSM-IV-TR also lists depersonalization disorder as a dissociative disorder

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Table 7-5 DSM Checklist

### DISSOCIATIVE AMNESIA

1. 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.
2. Significant distress or impairment.

### DISSOCIATIVE FUGUE

1. Sudden, unexpected travel away from home or one's customary place of work, with inability to recall one's past.
2. Confusion about personal identity, or the assumption of a new identity.
3. Significant distress or impairment.

### DISSOCIATIVE IDENTITY DISORDER (MULTIPLE PERSONALITY DISORDER)

1. The presence of two or more distinct identities or personality states.
2. Control of the person's behavior recurrently taken by at least two of these identities or personality states.
3. An inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

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## Dissociative Disorders

- It is important to note that dissociative symptoms are often found in cases of acute and posttraumatic stress disorders
  - When such symptoms occur as part of a stress disorder, they do not necessarily indicate a dissociative disorder (a pattern in which dissociative symptoms dominate)

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## Dissociative Amnesia

- People with dissociative amnesia are unable to recall important information, usually of an upsetting nature, about their lives
  - The loss of memory is much more extensive than normal forgetting and is not caused by organic factors
  - Very often an episode of amnesia is directly triggered by a specific upsetting event

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## Dissociative Amnesia

- Dissociative amnesia may be:
  - \_\_\_\_\_ – most common type; loss of all memory of events occurring within a limited period
  - \_\_\_\_\_ – loss of memory for some, but not all, events occurring within a period
  - \_\_\_\_\_ – loss of memory, beginning with an event, but extending back in time; may lose sense of identity; may fail to recognize family and friends
  - \_\_\_\_\_ – forgetting of both old and new information and events; quite rare in cases of dissociative amnesia

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## Dissociative Amnesia

■ All forms of the disorder are similar in that the amnesia interferes primarily with episodic memory (one's autobiographical memory of personal material)

■ \_\_\_\_\_  
\_\_\_\_\_

■ It is not known how common dissociative amnesia is, but rates increase during times of serious threat to health and safety

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## Dissociative Fugue

■ People with dissociative fugue not only forget their personal identities and details of their past, but also \_\_\_\_\_

■ For some, the fugue is brief: they may travel a short distance but do not take on a new identity

■ For others, the fugue is more severe: they may travel thousands of miles, take on a new identity, build new relationships, and display new personality characteristics

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## Dissociative Fugue

■ ~ 0.2% of the population experience dissociative fugue

■ It usually follows a severely stressful event, although personal stress may also trigger it

■ Fugues tend to end abruptly

■ When people are found before their fugue has ended, therapists may find it necessary to continually remind them of their own identity and location

■ Individuals tend to regain most or all of their memories and never have a recurrence

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## Dissociative Identity Disorder/ Multiple Personality Disorder

- A person with dissociative identity disorder (DID; formerly multiple personality disorder) develops two or more distinct personalities – subpersonalities – each with a unique set of memories, behaviors, thoughts, and emotions

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## Dissociative Identity Disorder/ Multiple Personality Disorder

- At any given time, one of the subpersonalities dominates the person's functioning
  - Usually one of these subpersonalities – called the primary, or host, personality – appears more often than the others
  - The transition from one subpersonality to the next (“\_\_\_\_\_”) is usually \_\_\_\_\_

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## Dissociative Identity Disorder/ Multiple Personality Disorder

- Cases of this disorder were first reported almost three centuries ago
  - Many clinicians consider the disorder to be rare, but recent reports suggest that it may be more common than once thought

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## Dissociative Identity Disorder/ Multiple Personality Disorder

- Most cases are first diagnosed in late adolescence or early adulthood
  - Symptoms generally begin in childhood after episodes of abuse
    - Typical onset is before the age of 5

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## Dissociative Identity Disorder/ Multiple Personality Disorder

- How do subpersonalities interact?
  - The relationship between or among subpersonalities differs from case to case
    - Generally there are three kinds of relationships:
      - \_\_\_\_\_ – subpersonalities have no awareness of one another
      - \_\_\_\_\_ – each subpersonality is well aware of the rest
      - \_\_\_\_\_ – most common pattern; some personalities are aware of others, but the awareness is not mutual
        - Those who are aware (“co-conscious subpersonalities”) are “quiet observers”

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## Dissociative Identity Disorder/ Multiple Personality Disorder

- How do subpersonalities interact?
  - Investigators used to believe that most cases of the disorder involved two or three subpersonalities
    - Studies now suggest that the average number is much higher – 15 for women, 8 for men
      - There have been cases of more than 100!

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## Dissociative Identity Disorder/ Multiple Personality Disorder

### ■ How do subpersonalities differ?

■ Subpersonalities often display dramatically different characteristics, including:

- \_\_\_\_\_
  - Subpersonalities may differ in terms of age, sex, race, and family history
- \_\_\_\_\_
  - Although encyclopedic knowledge is unaffected by dissociative amnesia or fugue, in DID it is often disturbed
  - It is not uncommon for different subpersonalities to have different areas of expertise or abilities, including driving a car, speaking foreign languages, or playing an instrument

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## Dissociative Identity Disorder/ Multiple Personality Disorder

### ■ How do subpersonalities differ?

■ Subpersonalities often display dramatically different characteristics, including:

- \_\_\_\_\_
  - Researchers have discovered that subpersonalities may have physiological differences, such as differences in autonomic nervous system activity, blood pressure levels, and allergies

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## Dissociative Identity Disorder/ Multiple Personality Disorder

### ■ How common is DID?

■ Traditionally, DID was believed to be rare

- Some researchers have argued that many or all cases of the disorder are iatrogenic; that is, unintentionally produced by practitioners
  - These arguments are supported by the fact that many cases of DID surface only after a person is already in treatment
    - Not true of all cases

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## Dissociative Identity Disorder/ Multiple Personality Disorder

- How common is DID?
  - The number of people diagnosed with the disorder has been increasing
  - Although the disorder is still uncommon, thousands of cases have been documented in the U.S. and Canada alone
    - Two factors may account for this increase:
      - \_\_\_\_\_
      - \_\_\_\_\_
  - Despite changes, many clinicians continue to question the legitimacy of the category and are reluctant to diagnose the disorder

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## How Do Theorists Explain Dissociative Disorders?

- A variety of theories have been proposed to explain dissociative disorders
  - Older explanations have not received much investigation
  - Newer viewpoints, which combine cognitive, behavioral, and biological principles, have begun to interest clinical scientists

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## How Do Theorists Explain Dissociative Disorders?

- The psychodynamic view
  - Psychodynamic theorists believe that dissociative disorders are caused by \_\_\_\_\_, the most basic ego defense mechanism
    - People fight off anxiety by unconsciously preventing painful memories, thoughts, or impulses from reaching awareness

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## How Do Theorists Explain Dissociative Disorders?

- The psychodynamic view
  - In this view, dissociative amnesia and fugue are single episodes of massive repression
  - DID is thought to result from a lifetime of excessive repression, motivated by very traumatic childhood events

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## How Do Theorists Explain Dissociative Disorders?

- The psychodynamic view
  - Most of the support for this model is drawn from case histories, which report brutal childhood experiences, yet:
    - Not all individuals with DID have had these experiences
    - Child abuse is far more common than DID
      - Why do only a small fraction of abused children develop this disorder?

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## How Do Theorists Explain Dissociative Disorders?

- The behavioral view
  - Behaviorists believe that dissociation grows from normal memory processes and is a response learned through \_\_\_\_\_:
    - Momentary forgetting of trauma decreases anxiety, which increases the likelihood of future forgetting
    - Like psychodynamic theorists, behaviorists see dissociation as escape behavior
  - Like psychodynamic theorists, behaviorists largely rely on case histories to support their view of dissociative disorders
    - While the case histories support this model, they are also consistent with other explanations...

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## How Do Theorists Explain Dissociative Disorders?

### ■ State-dependent learning

- If people learn something when they are in a particular state of mind, they are likely to remember it best when they are in the same condition
  - This link between state and recall is called \_\_\_\_\_
  - This model has been demonstrated with substances and mood and may be linked to \_\_\_\_\_
  - It has been theorized that people who develop dissociative disorders have state-to-memory links that are extremely rigid and narrow; each thought, memory, and skill is tied exclusively to a particular state of arousal

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## How Do Theorists Explain Dissociative Disorders?

### ■ Self-hypnosis

- While hypnosis can help people remember events that were forgotten long ago, it can also help people forget facts, events, and their personal identity
  - Called "hypnotic amnesia," this phenomenon has been demonstrated in research studies with word lists
  - The parallels between hypnotic amnesia and dissociative disorders are striking and have led researchers to conclude that dissociative disorders may be a form of self-hypnosis

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## How Are Dissociative Disorders Treated?

- People with dissociative amnesia and fugue often recover on their own
  - Only sometimes do memory problems linger and require treatment
- In contrast, people with DID usually require treatment to regain their lost memories and develop an integrated personality

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## How Are Dissociative Disorders Treated?

- How do therapists help people with dissociative amnesia and fugue?
  - The leading treatments for these disorders are psychodynamic therapy, hypnotic therapy, and drug therapy
    - Psychodynamic therapists ask patients to free associate and search their unconscious
    - In hypnotic therapy, patients are hypnotized and guided to recall forgotten events
    - Sometimes intravenous injections of barbiturates are used to help patients regain lost memories
      - Often called “truth serums,” the key to the drugs’ success is their ability to calm people and free their inhibitions

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## How Are Dissociative Disorders Treated?

- How do therapists help individuals with DID?
  - Unlike sufferers of dissociative amnesia or fugue, people with DID rarely recover without treatment
    - Treatment for the disorder, like the disorder itself, is complex and difficult

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## How Are Dissociative Disorders Treated?

- How do therapists help individuals with DID?
  - Therapists usually try to help the client by:
    - \_\_\_\_\_
      - Once a diagnosis of DID has been made, therapists try to bond with the primary personality and with each of the subpersonalities
      - As bonds are forged, therapists try to educate the patients and help them recognize the nature of the disorder
        - Some use hypnosis or video as a means of presenting other subpersonalities
      - Some therapists recommend attending a DID support group

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## How Are Dissociative Disorders Treated?

### ■ How do therapists help individuals with DID?

#### ■ Therapists usually try to help the client by:

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- To help patients recover missing memories, therapists use many of the approaches applied in other dissociative disorders, including psychodynamic therapy, hypnotherapy, and medication
  - These techniques tend to work slowly in cases of DID

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## How Are Dissociative Disorders Treated?

### ■ How do therapists help individuals with DID?

#### ■ Therapists usually try to help the client by:

- \_\_\_\_\_
- The final goal of therapy is to merge the different subpersonalities into a single, integrated entity
- Integration is a continuous process; fusion is the final merging
  - \_\_\_\_\_
- Once the subpersonalities are merged, further therapy is needed to maintain the complete personality and to teach social and coping skills to prevent future dissociations

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## Depersonalization Disorder

■ DSM-IV-TR categorizes depersonalization disorder as a dissociative disorder, even though it is different from the other dissociative disorders

■ The central symptom is persistent and recurrent episodes of depersonalization, which is

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## Depersonalization Disorder

- People with depersonalization disorder feel as though they have become separated from their body and are observing themselves from outside
  - This sense of unreality can extend to other sensory experiences, mental operations, and behavior
- Depersonalization is often accompanied by derealization – \_\_\_\_\_

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## Depersonalization Disorder

- Depersonalization symptoms alone do not indicate a depersonalization disorder
  - Transient feelings of depersonalization and derealization are fairly common
  - The symptoms of a depersonalization disorder, in contrast, are persistent or recurrent, and cause marked distress and impairment in the person's social and occupational realms

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## Depersonalization Disorder

- The disorder occurs most frequently in adolescents and young adults, hardly ever in people older than 40
  - The disorder comes on suddenly and tends to be chronic
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