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DISSOCIATIVE DISORDER

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I. Overview / Theories

A. *Usually unconscious, memory, identity, and perception are integrated fucntions*
B. *In DD, there is a sudden disruption in client's consciousness, identity and memory considerable anxiety*
C. *Defense Mechanisms of Dissociation and Repression are used*
   1. May experience considerable anxiety caused by expressed or fantasized forbidden wishes, often of sexual aggressive nature
   2. May have considerab;e anxiety related to stressors or traumatic events
   3. Person does not consciously decide to dissociate

D. Anatomical and Physiological Origins of "Trance States" or dissociation

1. Childhood trauma resulting in neurotransmitter and anatomical changes in the brain
2. Genetic Predisposition to DD

II. ETIOLOGY

A. Traumatic Experience *(commonly a natural disaster, accident, assault)*
   - Strong emotional response
   - Psychological conflict
   - May be long-term chronic stressors

B. More easily induced if using psychoactive drugs
   - Hallucinogens and cannabis

C. Severe childhood physical, sexual or emotional abuse

- Implicated in Dissociated Identity Disorder (DID)
- Child learns to detach from intolerable situation
- Continuous to dissociate when experiencing stressful events as an adult which interferes in normal functioning

III. Specific Disorders

1. ***Dissociative amnesia:*** a dissociative disorder in which the client cannot remember important personal information that cannot be accounted for by ordinary forgetfulness
   1. a. Suddenly unable to recall memories
      1. ***Localized amnesia:*** short period (hours) after a disturbing event
      2. ***Selective amnesia:*** amnesia for some but not for all events
      3. ***Generalized amnesia:*** amnesia for whole lifetime experiences (very rare)
      4. ***Continuous amnesia:*** forgets successive events as they occur
   2. Not ordinary forgetfulness
   3. Able to recall other information, learn and function coherently

4. Most common during wars and natural disasters
5. Primary gain: the symbolic resolution of the unconscious conflict that decreases anxiety and keeps the conflict from awareness
6. Secondary gain: receipt of extra and caring when experiencing an illness
7. Usually terminates abruptly
8. Special interventions
   a. Survivor support groups
   b. Gradual reconstruction of events through talking and listening or reading of others' account

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2. ***Dissociative fugue:*** a dissociative disorder characterized by suddenly wandering away or taking a trip from one's usual place accompanied by amnesia for some or all of the past.
   a. Travels from the usual environment
   b. Unable to recall important aspects of identity and assumes new identity
   c. Usually last from hours to days, rarely months, considerable confusion when returns to pre-fugue state
   d. Often is a response to psychological stressors (war, family, marital)
   e. Once the client has returned to the pre-fugue state, has no memory of events during the fugue
   f. Special interventions: hypnosis, drug-facilitated interviews, support groups

3. Dissociative Identity Disorder (DID): a DD characterized by 2 or more distinct personalities or identities (alters) in a person

1. Client has 2 or more alters (separate, distinct)
   a. an alter personality recurs to take over the personality
   b. Each alters HAS a RELATIVELY ENDURING pattern
   c. *Multiple Personality Disorder (MPD)*

2. Personalities with different influences ad power over one another
   a. Represents different ages and gender
   b. Alters each has different physiological responses and disorders
   c. Some alters share co-consciousness
   d. Switching
   e. communicate with one another through executive alter

f. number of personalities could be 2 – 100; 50 % - 10 personalities

g. Host personality: primary identity

h. The host personality is not aware of the alters, but the alters are aware about the host personality

3. Losses time

a. No full account of childhood

b. Appear forgetful and often accused of lying

4. Mental Status variations

5. Associated with severe physical and sexual abuse during childhood

6. Special Interventions

a. If the client is suicidal – Precautions

b. Recognizing alters and their individual needs

c. mapping personality system

d. Creation of an emotionally safe environment (alters)

e. Individual therapy

D. DEPERSONALIZATION Disorder

1. Experiences recurrent alteration in self-perception
   a) Depersonalization: a feeling of detachment or separation from one's self in a dream-like state
   b) The client describes self as detached from the body or being in a dream
   c) Feels stage or unreal
   d) Able to function during the experience
2. Client may report distress and become anxious
   a) Often fears being crazy
   b) accompanied by derealization, the feeling that the real world is unreal
3. Precipitated by stress and anxiety
4. Most common in teenagers and young adults

5: Special Interventions
   a. Problem-solving to reduce stress
   b. Stress management techniques
   c. Grounding

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IV. ASSESSMENT

A. History

1. Recounts trauma or severe stress
   - Hx of childhood abuse, but often does not recall the trauma
   - Sxs appear in adulthood after stressful events.
   - Sxs appear immediately or may be delayed for years

1. Extent of dissociation or amnesic symptoms varies widely with different dissociative disorders

   - Dissociation is a defense mechanism in which experiences are blocked off from consciousness so that affect, behavior, identity, memories, and thoughts are integrated
   - Repression is a defense mechanism in which thoughts and feelings are kept from consciousness

2. May report symptoms of depression or anxiety

B. Physical symptoms

1. Headaches common with DID
2. Other dissociative disorders have no associative physical symptoms

C. Mental Status Examination

1. ***Appearance***: facial expressions and mannerisms may vary widely within one session, or appearance may vary widely from day to day
2. ***Mood***: anxious, depressed; some clients have little mood change
3. ***Memory***: amnesia for events
4. ***Perception***: feelings of detachment from self or environment, a feeling of physical change in the body.
5. ***Insight***: impaired, unaware of memory impairment

V. Nursing diagnosis/Analysis

A. Anxiety related to a traumatic experience
B. Ineffective individual coping related to childhood trauma, childhood abuse, low self-esteem, and inadequate coping skills.
C. Personal identity disturbance related to a threat to physical integrity, threat to self-concept, and underdeveloped ego.
D. Sensory-perceptual alterations related to severe level of anxiety, repressed and decreased perceptual field.
E. Altered thought processes related to physical integrity and threat to self-concept
F. Powerlessness related to unmet dependency needs and fear of memory loss
G. High risk for self-mutilation related to response to increasing anxiety and inability to verbalize feelings

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VII. Planning and Implementation

A. Specific Strategies

- Create a safe, calm environment
  1. Mutually develop a plan of care
  2. Prevent stressors that could elicit dissociation

B. Teach stress management and coping techniques

- Progressive muscle relaxation
- Physical exercise
- Grounding focus rather than on internal feelings, thoughts or sensations that can lead to "spacing out"
- Problem-solving strategies to resolve conflicts and stressors
- Distraction
- Discuss traumatic events and its meaning
- Reconstruct memories through the client's account and those of others

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- Educate about the specific dissociative disorders (relationship between anxiety and dissociation)
- Include family and significant others
- Plan for the use of leisure time

C. Pharmacology

- Drug–facilitated interviews using thiopental (Pentothal) or sodium amytal to recover memory
- Anti-anxiety agent for short-term symptomatic treatment
- Antidepressants for depression and antipsychotics for extreme agitation

D. Individual/Group

- Hypnosis to recover memories
- Focus on emotional responses to trauma or stressors
- Work through unacceptable impulses or behavior verbally
- Refer to the support group

E. Behavior modification

VI. Evaluation/Outcomes

1. Client explains the relationship between trauma/stress, anxiety, and dissociation
2. Client can prevent dissociative states by employing stress management and positive coping behaviors
3. Client can remember stressors and traumatic events with congruent effects
4. Client actively seeks to solve problems
5. Client assumes or resumes social and occupational roles
6. Client uses leisure time in constructive ways