

Dissociative Disorders

OBJECTIVES/RATIONALE

Dissociative disorders involve the dissociation, or disunity, of components of the personality that are normally integrated. As a result, some psychological function—identity, memory, control over motor behavior—is screened out of consciousness. The student will identify dissociative syndromes and characteristics of each.

TEKS: 121.26 (c) 1H, 1I, 2C

TAKS ELA 1, 2, 3, 4, 5, 6
Science 2

KEY POINTS

POWER POINT

- I. General Description:
 - a. rare disorders in which there is confusion or inability of individual to recall who or where they are, or how they got there
 - b. onset could be sudden or gradual
 - c. condition could be transient or chronic
- II. Dissociative disorders are traumatizing to families as well as to the person involved due to profound and unpredictable nature of these disorders.
- III. Types of Dissociative Disorders:
 - a. **Dissociative Amnesia.**
 1. inability to recall important personal information
 2. repressed information is usually of a stressful or traumatic nature (child abuse, etc.)
 3. recovery of lost memories
 - a. use of hypnosis, free association, or thioental
 - b. controversy among health professionals as to validity of “recovered” memories
 - b. **Dissociative Fugue.**
 1. mental state that results in person suddenly and unexpectedly traveling to new location and assuming a new identify
 2. individual is unable to recall his/her former identity
 3. as fugue state passes, person resumes his/her former identity
 - a. there is no recollection of interim fugue identity
 4. fugue state may be long or short, but generally, spontaneously remits and rarely recurs
 5. rare disorder that occurs mostly in men
 - c. **Dissociative Identity Disorder (Multiple Personality Disorder).**
 1. patient manifests two or more distinct, complexly interwoven personalities, each of which is usually identified by a unique name
 2. different personalities alternate dominating and controlling individual and exhibit varying degrees of amnesia for the existence and mental “well being” of other personalities

3. ninety percent of patients with dissociative identity disorder have history of childhood physical and/or sexual abuse
 - a. psychoanalytic theory: multiple personalities may develop in order to dissociate traumatic memories and drives
4. symptoms often appear in adolescence and run long fluctuating course
5. treatment mainly consists of extended psychotherapy with aim of merging different personalities into unified personality

d. **Depersonalization Disorder.**

1. condition in which person experiences periods of unreality about who he/she is or a sense of detachment about various aspects of his/her body
2. person may seem removed, as though observing from a distance
3. disorder may occur at times of traumatic events
4. twice as common in men than women and rarely occurs in people over 40 years of age
5. about 50% of cases may become chronic

ACTIVITIES

- I. Read and write a report on the novel *The Three Faces of Eve* utilizing Grading Criteria Form.
- II. Read and discuss Dissociative Fugue Case History.

MATERIALS NEEDED

Dissociative Fugue Case History

<http://www.amazon.com> - (site on *The Three Faces of Eve*)

http://www.healthsci.utas.edu.au/psychiatry/diss_fugue.htm – (additional case study for dissociative fugue.)

http://www.healthsci.utas.edu.au/psychiatry/diss_ident_dis.htm – (case study for dissociative identity disorder)

Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV)

ASSESSMENT

Grading Criteria Form for *The Three Faces of Eve*.

ACCOMMODATIONS

For reinforcement, the student will read and outline two case studies on dissociative disorder symptoms. (See on-line sites under MATERIALS NEEDED)

For enrichment, the student will view and evaluate the video *Sybil*.

REFLECTIONS

Written Report Grading Criteria Form
The Three Faces of Eve

Student: _____

Date: _____

Period: _____

Scoring Criteria		Points Earned
Clear introduction paragraph that states theme of book	20 points	_____
Events presented in logical, coherent sequence	25 points	_____
Use of action verbs	10 points	_____
Correct grammar/spelling (no abbreviations or symbols)	15 points	_____
Paper is neat and legible	10 points	_____
Closing paragraph summarizes report	20 points	_____
		<hr/> TOTAL

Case History: Dissociative Fugue

John Doe

When the man first walked into the homeless shelter, he hadn't a thing to his name, including a name. He'd been referred from a local hospital's emergency room, but he told the clinician on duty that he'd only gone there for a place to stay. As far as he was aware, his physical health was good. His problem was that he didn't remember a thing about his life prior to waking up on a park bench at dawn that morning. Later, when filling out the paperwork, the clinician had penciled in "John Doe" as the patient's name.

Aside from the fact that he could give a history spanning only about eight hours, John Doe's mental status exam was remarkably normal. He appeared to be in his early 40s. He was dressed casually in slacks, a pink dress shirt, and a nicely fitting corduroy sports jacket with leather patches on the elbows. His speech was clear and coherent; his affect was generally pleasant, though he was obviously troubled at his loss of memory. He denied having hallucinations or delusions ("as far as I know"), though he pointed out logically enough that he "couldn't vouch for what kind of crazy ideas I might have had yesterday."

John Doe appeared intelligent, and his fund of information was good. He could name five recent presidents in order, and he could discuss recent national and international events. He could repeat eight digits forward and six backwards. He scored 29 out of 30 on the Mini-Mental State Exam, failing only to identify the county in which the shelter was located. Although he surmised (he wore a wedding ring) that he must be married, after half an hour's conversation he could remember nothing pertaining to his family, occupation, place of residence, or personal identity.

"Let me look inside your sports jacket," the clinician said.

John Doe looked perplexed, but unbuttoned his jacket and held it open. The label gave the name of a men's clothing store in Cincinnati, some 500 miles away.

"Let's try there," suggested the clinician. Several telephone calls later, the Cincinnati Police Department identified John Doe as an attorney whose wife had reported him missing two days earlier.

The following morning John Doe was on a bus for home, but it was several days before the clinician heard the rest of the story. A 43-year-old specialist in wills and probate, John Doe had been accused of co-mingling the accounts of clients with his own. He had protested his innocence and hired his own attorney, but the Ohio State Bar Association stood ready to proceed against him. The pressure to straighten out his books, maintain his law practice, and defend himself in court and against his own state bar had been enormous. Two days before he disappeared, he had told his wife, "I don't know if I can take much more of this without losing my mind."

Evaluation of John Doe

Although John Doe's case is not quite a classical example of Dissociative Fugue (he did not assume a new identity and adopt a new life), his confusion about his identity is more typical of this diagnosis. He did travel far from home and purposefully set about trying to seek shelter.

Conscious imitation of amnesia in **Malingering** can be very difficult to discern from the amnesia involved in Dissociative Fugue. However, although John Doe did have legal difficulties, these would not have been relieved by his feigning amnesia.