



## Dissociative Disorders

Major changes in dissociative disorders include (1) derealization is included in the name and symptom structure of what previously was called depersonalization disorder; (2) dissociative fugue is now a specifier of dissociative amnesia rather than a separate diagnosis; and (3) the criteria for dissociative identity disorder are changed to indicate that symptoms of disruption of identity may be reported as well as observed, and gaps in the recall of events may occur for everyday and not just traumatic events. Also, experiences of pathological possession in some cultures are included in the description of identity disruption.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which may be preordered from American Psychiatric Publishing by clicking [here](#). The book, available January 2014, contains 500 questions for all the categories of psychiatric disorders and includes Section III. The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons.

1. Dissociative disorders involve disruptions or discontinuity in the functioning and integration of several psychological capacities. Choose the psychological functionality that is NOT involved in dissociative disorders.

- a) memory
- b) consciousness
- c) perception
- d) delusional beliefs
- e) emotional responses

**Correct Answer:** D. delusional beliefs.

**Rationale:** Delusional beliefs is the only incorrect statement. Dissociative Disorders encompass symptoms and discontinuities in many areas of psychological function including memory, consciousness, perception, emotional responses, body representation, behavior, motor control, and others. If frank psychotic symptoms such as delusional beliefs are present, one must consider a diagnosis outside the dissociative disorders arena to account for these symptoms.

2. Which of the following statements correctly identifies important clinical aspects and associated symptoms of depersonalization/derealization disorder, as it is now described in *DSM-5*?

- a) Half of all adults have experienced depersonalization and/or derealization
- b) Women are 1.5 times more likely to develop depersonalization/derealization disorder than men
- c) Most common onset of the disorder is between the ages of 25 and 35
- d) Suicide thoughts and behaviors are rare compared with other psychiatric diagnoses
- e) The most common childhood traumatic experiences in persons with depersonalization/derealization disorder are physical and sexual abuse

**Correct Answer:** A. Half of all adults have experienced depersonalization and/or derealization.

**Rationale:** Transitory experiences of depersonalization or derealization are common and about 50% of adults will have at least one such experience. It is the chronic experience of these symptoms that may constitute a disorder. Women and men have the disorder with equal frequency. The mean age of onset of the disorder

is 16, not in the mid-20s. Suicidal thoughts occur in about two-thirds of the individuals with the disorder, and 11% report an actual suicide attempt; both are rates higher than in many other psychiatric disorders. The most common childhood traumatic experiences in persons with depersonalization/derealization disorder are emotional abuse and neglect, while a history of physical and sexual abuse is more common in dissociative identity disorder.

3. Choose the one statement that accurately identifies a change in dissociative fugue from *DSM-IV-TR* to *DSM-5*.

- a) In *DSM-5* but not in *DSM-IV-TR*, a fugue event is diagnosed as dissociative identity disorder, if it takes place in conjunction with the symptoms of that disorder
- b) In *DSM-5* but not in *DSM-IV-TR*, a fugue event secondary to temporal lobe epilepsy can be diagnosed as dissociative fugue
- c) In *DSM-5* but not in *DSM-IV-TR*, fugue states are diagnosed only as a specifier of dissociative amnesia (that is, dissociative amnesia with dissociative fugue)
- d) *DSM-5* but not *DSM-IV-TR* recognizes that fugue states are more common in dissociative amnesia than in dissociative identity disorder
- e) In *DSM-5* but not in *DSM-IV-TR*, fugue states are seen primarily as pathology of identity continuity

**Correct Answer:** C. In *DSM-5* but not in *DSM-IV-TR*, fugue states are diagnosed only as a specifier of dissociative amnesia (that is, dissociative amnesia with dissociative fugue).

**Rationale:** In *DSM-5* the emphasis is on the amnesic aspect of fugue rather than the identity discontinuity. Thus when patients present with symptoms of fugue, they are diagnosed with dissociative amnesia and a specifier (that is, dissociative amnesia with dissociative fugue). At the same time *DSM-5* (and *DSM-IV-TR*) recognize that fugue events actually present more commonly as part of a more global disorder, namely, dissociative identity disorder. Both *DSM-IV-TR* and *DSM-5* give preference to that diagnoses if fugue takes place in conjunction with the symptoms of that disorder. In neither *DSM-5* nor *DSM-IV-TR*, can one diagnose a fugue event, when it is secondary to temporal lobe epilepsy.