



The Disconnected Mind: Understanding the Science and Psychology of Dissociative Disorder

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ABSTRACT

This review provides a comprehensive examination of existing research on dissociative disorders, focusing on their etiology, diagnosis, and treatment approaches. Dissociative disorders, which include conditions such as Dissociative Identity Disorder (DID), Dissociative Amnesia, and Depersonalization/Derealization Disorder, are characterized by disruptions in memory, consciousness, identity, and perception, often linked to trauma or extreme stress. Research on dissociative disorders has significantly advanced over recent decades, offering insights into their psychological, neurobiological, and social underpinnings. A key area of investigation revolves around the link between trauma, particularly early-life trauma, and the development of dissociative symptoms. This review synthesizes key findings from psychological, neurological, and therapeutic research, aiming to deepen the understanding of dissociative disorders, bridge knowledge gaps, and inform future clinical practice in addressing these complex conditions.

Key words- dissociative disorders, dissociative identity disorder, amnesia, depersonalization, trauma, extreme stress, psychotherapeutic treatment.

INTRODUCTION –

Dissociative disorders are mental health illnesses in which a person feels cut off from oneself or their environment. It's as if your mind takes a break from reality, which can occur after stressful or traumatic events. This can cause memory loss, the sensation of observing yourself from outside your body, and even the development of many identities or personas. These diseases make it difficult to manage with daily life because you may feel distant, confused, or out of touch with who you truly are. Therapy is typically used to help patients reconnect with their thoughts, feelings, and memories.

Dissociation was first postulated by Pierre Janet, a French psychologist and philosopher, in the late nineteenth century. Janet used this term to describe a mental process in which specific memories, feelings, or thoughts become disconnected from an individual's conscious awareness. He observed this occurrence in traumatized individuals, noting that sections of their memory or consciousness appeared to "split off."

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines three major dissociative disorders

Types of Dissociative Disorders:

1. **Dissociative Identity Disorder (DID):** Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder, is a complicated psychological disorder marked by the presence of two or more distinct personality states or "alters" in a single person. Each alter may have a distinct identity, name, history, and behavior patterns. People with DID frequently experience memory gaps and may be unable to recall information or events associated with other personality states.
2. **Dissociative Amnesia:** Dissociative amnesia is a dissociative conditions defined by an inability to recall essential personal information, typically connected to trauma or stress, that cannot be explained by regular forgetfulness. Memory loss in dissociative amnesia is often episodic, affecting personal life experiences or identity but leaving other cognitive functions intact.
3. **Depersonalization/Derealization Disorder:** Depersonalization/Derealization Disorder (DPDR) is a dissociative disorder defined by chronic or recurring episodes of depersonalization, derealization, or both. Individuals with DPDR feel separated from their own body, thoughts, or surroundings, as if they are looking at themselves from the outside or if the world around them is unreal or distorted. Despite these symptoms, persons with DPDR have a sense of reality, separating it from psychotic diseases.

Dissociative disorders are often linked to severe trauma, especially in childhood. Experiencing abuse or a very stressful event can cause the mind to "shut off" or dissociate from the pain.

Symptoms in Daily Life:

People with dissociative disorders might:

- Have memory gaps or trouble remembering important events.
- Feel like they are outside their own body or that the world around them isn't real.
- Experience different identities (in DID) that act and think in unique ways.
- Struggle with relationships because of their changing thoughts or behaviors.

TRAUMA-

τραῦμα" (trauma), which means "wound" or "injury," is where the word "trauma" comes from. It was first used in medicine and anatomy to describe physical ailments. The broader psychological sense of trauma, which refers to emotional or mental traumas, emerged in the late nineteenth century as our understanding of mental health advanced.

Development of the Term in Psychology

In the late nineteenth century, French neurologists Jean-Martin Charcot and Pierre Janet were among the first to examine psychological trauma in patients suffering from what was then referred to as "hysteria." Charcot investigated how past traumas could cause physical symptoms, which was a new concept at the time. Janet expanded on the concept of dissociation as a coping technique in reaction to trauma, demonstrating how traumatic events might trigger unconscious memories that influence current behavior.

Sigmund Freud later embraced and elaborated on these concepts. In the early twentieth century, Freud used the term trauma to characterize the effect of repressed, unconscious memories on mental health, relating trauma to illnesses such as neurotic.

He proposed that traumatic memories could cause psychological anguish if left unresolved, laying the framework for psychoanalysis and the study of posttraumatic symptoms.

Objective of the study

The study was conducted to find out the following

1. To examine and evaluate the published research on dissociative disorder, with an emphasis on its causes, methods of diagnosis, and therapeutic strategies.
2. To have a deeper comprehension of dissociative disorders.
3. To investigate the connection between dissociation and trauma.

REVIEW OF LITERATURE

Bessel van der Kolk's 1990s study on dissociative disorders contributed greatly to our understanding of trauma's devastating consequences on the mind and body. His research demonstrated that dissociation frequently occurs as a survival mechanism in reaction to extreme trauma, allowing people to psychologically detach themselves from overpowering sensations. Van der Kolk emphasized the impact of trauma on brain regions such as the amygdala, hippocampus, and prefrontal cortex, demonstrating how traumatic memories can get "frozen" and unprocessed, resulting in symptoms such as memory fragmentation, identity disruptions, and physical symptoms.

Overall, van der Kolk's discoveries paved the way for trauma-informed therapy techniques that address both cognitive and somatic elements of dissociation, altering treatment procedures and extending our understanding of dissociative disorders as multifaceted responses to trauma.

Colin Ross and Gary Norton's 1989 research revealed groundbreaking insights into dissociative illnesses, specifically dissociative identity disorder (DID). Their research revealed that dissociative disorders are much more common than previously thought, particularly among people who have experienced significant childhood trauma. Ross and Norton identified a clear correlation between early trauma and dissociation, emphasizing the importance of correct diagnosis and specialized, trauma-informed therapies. Their findings demonstrated that dissociation serves as a complex survival mechanism, shaping symptoms such as amnesia, identity disturbance, and depersonalization, and they laid the groundwork for both diagnostic criteria and effective treatment strategies in the field of trauma therapy.

Freud claimed that dissociative symptoms, such as amnesia, identity disruption, and altered states of consciousness, were frequently caused by repressed memories and unconscious conflicts, particularly those related to early life events.

Freud proposed that dissociation operated as a defense mechanism, allowing people to detach or "dissociate" from uncomfortable memories or feelings in order to protect themselves from psychological anguish. His concept of repression as a strategy to deal with painful memories established the groundwork for understanding dissociative processes, particularly in situations later characterized as dissociative disorders.

While Freud focused on psychoanalytic methodologies, such as bringing unconscious memories to waking consciousness through free association and dream analysis, his theories emphasized the significance of addressing unresolved trauma and unconscious material in therapeutic practice. Although modern thoughts on dissociation have changed, Freud's fundamental concepts regarding repression and defense mechanisms continue to shape how physicians manage trauma-related diseases.

Pierre Janet's late-nineteenth-century research on dissociation was revolutionary in defining dissociation as a response to traumatic experiences, a concept that is being used to describe dissociative disorders today. Janet discovered that people who had severe trauma could acquire "split" or detached sections of consciousness, resulting in symptoms such as forgetfulness, changing identities, and a fractured sense of self.

Janet claimed that dissociation was a type of psychological compartmentalization in which painful memories, thoughts, or emotions were isolated from ordinary consciousness. He saw this process as a protective mechanism that allowed people to "separate" from extreme suffering. His theory of psychological energy proposed that trauma depleted a person's mental energy, limiting their ability to integrate experiences and resulting in a weaker sense of coherence in identity.

His study paved the way for future trauma theory, impacting modern therapies to dissociative disorders by emphasizing the significance of reintegrating dissociated components of awareness. Janet's ideas continue to be fundamental to contemporary trauma-informed treatment, influencing current approaches to treating dissociative disorders by emphasizing trauma processing and psychological integration.

Dr. Karl Deisseroth, a famous neuroscientist and psychiatrist at Stanford University, has done extensive study on the brain mechanisms that underpin dissociative experiences. His research, as described in a study released in September 2020, focuses on the brain dynamics of dissociation, a state in which people feel separated from their bodies or reality.

In this work, Deisseroth and his colleagues discovered particular brain circuits implicated in dissociative experiences. They discovered that dissociation could be caused in mice by administering specific medications, such as ketamine. The study identified a distinct rhythm of neural activity in the retrosplenial cortex, a brain region associated with self-referential thought and spatial awareness, marked by a 1-3 Hz oscillation. This rhythm seemed to disturb normal integrative processes, leading to the dissociative experience.

Reinders et al. (2003) did a groundbreaking study employing PET imaging to investigate the neurobiology of Dissociative Identity Disorder (DID). The findings indicated unique patterns of brain activation in DID patients when recalling traumatic memories vs neutral ones, underscoring the role of the amygdala and anterior cingulate cortex in trauma processing. This study set the groundwork for understanding the emotional and cognitive elements of dissociation and reinforced the assumption that dissociative symptoms are related to specific neurological processes, thereby providing a scientific basis for the clinical observation of dissociative disorders.

2012 Study: A follow-up study in 2012 enhanced understanding of DID by using fMRI to distinguish between trauma-related and neutral identity states in affected people. The study found significant neurophysiological differences across these states, demonstrating that trauma-related identity states (TIS) resulted in heightened sympathetic nervous system responses and distinct brain activity patterns, notably in areas linked with emotional processing.

This study emphasizes the significance of considering the neurological aspects of dissociative disorders in clinical practice, paving the way for more successful diagnostic and treatment strategies.

Vermetten and Bremner's 2002 study focused on the relationship between dissociation and trauma, specifically in the setting of post-traumatic stress disorder (PTSD). Their study used neuroimaging techniques, specifically MRI, to evaluate structural brain differences in people with PTSD versus healthy controls. They discovered significant volumetric reductions in the hippocampus among those with PTSD, implying a relationship between dissociation, trauma exposure, and brain structure alterations.

Overall, this study emphasizes the importance of understanding the biological bases of dissociative disorders and their relationship to trauma, paving the way for better treatment approaches that address both the psychological and neurological elements of these problems psychology Online.

In 2009, Paul F. Dell and John A. O'Neil authored *Dissociation and the Dissociative Disorders: DSM-V and Beyond*, a comprehensive work that extended understanding of dissociative phenomena and their therapeutic implications. Their study focused on a variety of dissociative diseases, from dissociative amnesia and fugue to complex dissociative states like Dissociative Identity Disorder (DID). This study investigates the idea of dissociation, the neuroscience of dissociative disorders, and its relationship to trauma. Dell's research focuses on dissociative multiplicity and the difficulties in diagnosing DID, whereas O'Neil investigates psychoanalytic viewpoints on dissociative identity and the structural theories that underpin DID.

Dr. Richard Kluft 1980s has contributed significantly to the knowledge and treatment of dissociative illnesses, particularly Dissociative Identity Disorder (DID), since the 1980s. His study has been essential in altering diagnostic criteria and emphasizing the significance of memory impairments in these illnesses. Kluft's therapeutic approach focuses on long-term treatment to assist patients retrieve repressed memories and integrate their dissociated identities, employing procedures such as hypnosis and prolonged therapy sessions. Kluft has been criticized for some of his therapeutic procedures, including recovered memory therapy, which has been linked to fake memories and dramatic claims during the "Satanic Panic" era. Overall, Kluft's contributions remain crucial to the clinical understanding and therapeutic management of dissociative disorders, defining how these complex diseases are addressed in modern psychiatry.

Chaturvedi et al. (2009) provide important insights on the nature and incidence of dissociative disorders in the Indian psychiatric milieu. Over a decade, dissociative disorders maintained a substantial diagnostic group, with dissociative motor disorders and convulsions being the most common. The study

demonstrates how cultural differences influence the appearance of mental disorders: whereas possession states were widespread, occurrences of dissociative identity disorder, which is common in Western contexts, were quite rare. Furthermore, the study found a significant gender discrepancy, with women being diagnosed more commonly across most dissociative categories.

This study contributes to the global understanding of dissociative disorders and demonstrates that cultural differences influence not only the presentation, but also the prevalence and recognition of these problems in psychiatric care.

Dakshina Kannada (1999, 2009, and 2018), emphasizes the cultural and demographic impacts on the depiction of these conditions. Over the last two decades, there has been a major change from dissociative motor disorders to trance and possession disorders, most likely due to the region's rich cultural traditions and spiritual practices. The study found consistent demographic tendencies, with these diseases affecting younger, married, rural women from lower socioeconomic backgrounds.

This study underlines the importance of cultural context in psychiatric diagnosis and the distinct ways in which dissociative symptoms emerge in different countries, in contrast to Western patterns where dissociative identity disorder is more prominent.

Devendra Kumar Singh Varshney's 2022 research on Dissociative Trance Disorder (DTD) in adolescent girls in India demonstrates the enormous impact of cultural beliefs and misinformation on mental health treatment. The study underlines how traditional beliefs frequently encourage families to seek faith-based remedies rather than medical assistance, resulting in delayed diagnosis and ineffective treatment. Varshney supports for culturally appropriate healthcare practices, awareness campaigns, and enhanced healthcare provider training to ensure that young people with DTD receive fast, accurate, and compassionate care. This study advocates for a balanced approach that respects cultural context and promotes evidence-based mental health interventions.

NRI Medical College in Vishakhapatnam conducted a study in 2021 that concentrated on conversion disorders, which are dissociative in nature, especially when considering socio-demographic variables. It discovered that young women, particularly those from rural locations, were more likely to have motor symptoms such as syncopal attacks and pseudo-seizures. Educational stressors and familial concerns were frequently indicated as triggers. The study stresses the significance of culturally appropriate diagnostic and treatment strategies, considering the major role that socio-cultural factors play in the presentation of these illnesses.

Dr. Geetha Desai's 2000s work at NIMHANS has significantly contributed to our understanding of dissociative disorders in India, particularly in terms of cultural and societal effects. Her research has concentrated on detecting and treating dissociative illnesses, such as dissociative motor disorders and possession-like episodes, which are more prevalent in India than in Western countries. Dr. Desai's work emphasizes the necessity of taking cultural aspects into account while diagnosing and treating psychiatric diseases, as well as the need for culturally sensitive approaches to mental health care. Her contributions still govern psychiatric practices in India, bridging the gap between traditional beliefs and modern psychiatric understanding.

Dr. R. K. Sethi's 1990s and 2000s research on dissociative disorders in India has substantially improved our understanding of these illnesses in the Indian cultural and clinical setting. His research focuses on the diagnosis and treatment of dissociative identity disorder (DID) and other dissociative symptoms, including their complicated presentation and co-occurrence with other mental diseases. Dr. Sethi's research underlines the necessity of taking socio-cultural aspects into account while diagnosing and managing these disorders, acknowledging the particular ways they can manifest in Indian people. His research has emphasized the underdiagnosis and misinterpretation of dissociative disorders, advocating for a more nuanced approach to mental health care in the country. Through his work, he has raised awareness of dissociative diseases in India, advocating for improved recognition, understanding, and treatment of these sometimes ignored disorders in both professional and cultural settings.

DISCUSSION -

Psychological and Trauma Perspectives:

Freud's early psychoanalytic theories (1920s) viewed dissociation as a protective mechanism that enabled people to isolate distressing memories from consciousness. Pierre Janet (1889) built on this by proposing dissociation as a natural response to trauma and establishing the concept of compartmentalization, which separates painful memories from conscious awareness. These fundamental concepts influenced modern trauma research, strengthening the notion that dissociation is a protective strategy against overwhelming situations. Later investigations by academics such as Bessel van der Kolk (1994) and Colin Ross (1989) supported trauma's important role in dissociative disorders.

Neurobiological Findings:

Neuroimaging studies have shown that dissociative disorders affect certain brain regions. Reinders et al. (2003) and Vermetten and Bremner (2002) used PET and MRI scans to demonstrate that dissociative states stimulate areas such as the amygdala and cingulate cortex, implying that dissociation is biologically based. Karl Deisseroth's (2020) research found the retrosplenial cortex as critical in dissociative states. These findings indicate that dissociation affects brain networks involved in memory, self-awareness, and emotional processing.

Cultural and Contextual Factors:

Cultural and Contextual Factors: The importance of cultural context in dissociative disorders cannot be underestimated. Chaturvedi et al. (2009) and Dakshina Kannada (1999, 2009, 2018) findings show how cultural beliefs influence the manifestation and diagnosis of dissociative symptoms. Dissociative motor disorders and possession-like behaviors are more common in countries such as India, where they are frequently influenced by religious

and cultural beliefs. This cultural influence highlights the importance for doctors to consider cultural differences while diagnosing and treating dissociative disorders. Devendra Kumar Singh Varshney's (2022) studies demonstrate how faith-based practices can interfere with mainstream medical care, emphasizing the importance of culturally sensitive and evidence-based therapies.

Clinical and treatment implications:

One key conclusion from the studies is the emphasis on trauma-informed care. Researchers such as Dell and O'Neil (2009) and Kluft (1984) have developed improved treatment modalities for dissociative disorders, including long-term therapeutic procedures that combine multiple psychological approaches. Van der Kolk and other trauma specialists' work highlights the necessity for a comprehensive treatment paradigm that tackles both psychological trauma and the physical implications of dissociation. Furthermore, incorporating neurobiological insights into treatment procedures can aid physicians in developing more effective medicines that target specific brain disturbances associated with dissociative episodes.

CONCLUSION

In conclusion, research on dissociative disorders reveals their complexity, shaped by the interplay of trauma, neurobiology, and culture. Trauma remains central to their development, with dissociation serving as a coping mechanism. Neuroimaging studies highlight distinct brain regions involved in dissociative experiences, providing biological insights into these disorders. Moving forward, effective treatment requires integrating trauma-informed therapies, biological understanding, and cultural sensitivity. This holistic approach will refine diagnosis and improve care, offering a more comprehensive and personalized treatment for individuals affected by dissociative disorders.

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