

A Short Note on Dissociative Disorders

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Abstract

Dissociative disorders (DD) are conditions in which memory, awareness, identity, or perception are disrupted or broken down. Dissociation serves as a pathological and involuntary defense mechanism for people with dissociative disorders. In order to safeguard themselves, the individual experiences these dissociations. Psychological trauma can set off some dissociative disorders, but stress, psychoactive substances, or no known trigger can set off depersonalization-derealization disorders.

Keywords: Dissociative disorders; Derealization disorders

Introduction

Psychotherapy, such as talk therapy, counselling, or psychosocial therapy, involves speaking with a mental health professional about your disorder and related issues. Psychotherapy frequently includes entrancing (help you recollect and deal with the injury); creative art therapy (helping a person who is unable to express themselves through the creative process); cognitive therapy (talk therapy to pinpoint unhealthy thoughts and actions); and medications (sedatives, antidepressants, and anxiety medications). Although these medications help control the symptoms of dissociative disorders, there are currently no medications that treat dissociative disorders. Pentothal, on the other hand, can sometimes help restore memories. An event of dissociative amnesia can last for a few minutes or years. When a person is removed from a traumatic circumstance, the amnesia may subside if an episode is connected to a traumatic event. Dissociative amnesia now includes dissociative fugue, which was previously a separate category.

A dissociative disorder cannot be ruled out in a single session, and it is common for patients diagnosed with a dissociative disorder to not have a previous dissociative disorder diagnosis due to a lack of clinician training. Some diagnostic tests have also been adapted or developed for use with children and adolescents, such as the Adolescent Dissociative Experiences Scale, the Children's Version of the Response Evaluation Measure (REM-Y-71), and the Child Interview for Subjective Dissociative Experiences. Dissociative disorders had a prevalence of 29% in a population of poor inner-city outpatients, according to one study [1-5].

Discussion

The historical context of hysteria can be used to understand the difficulties with the classification, diagnosis, and treatment of dissociative and conversion disorders. It has been found that interviews with people who may be afflicted with dissociative disorders may be more effective at getting an accurate diagnosis than self-scoring assessments and scales. The prevalence of dissociative disorders is not completely understood due to the numerous difficulties in diagnosing them. In most cases, mental health professionals are still hesitant to diagnose patients with Dissociative Disorder. Before these patients are considered to be diagnosed with Dissociative Disorder, these patients have more than likely been diagnosed with major depressive disorder. Patients who are misdiagnosed are frequently those who are more likely to be hospitalized repeatedly, and patients who lack treatment can result in intensive outpatient treatment and higher rates of disability. An important concern in the diagnosis of dissociative disorders in forensic interviews is the possibility that the patient may

be feigning symptoms in order to escape negative consequences. As a result, it has been discovered that only 28% to 48% of people diagnosed with a dissociative disorder receive treatment for their mental health. Dissociative disorders, such as amnesia, are reported by young criminal offenders at much higher rates. There have also been instances in which individuals with dissociative identity disorder provide conflicting testimonies in court, depending on the personality that is present. The worldwide prevalence of dissociative disorders is not well understood due to different cultural beliefs surrounding human emotions and the human brain. One study found that 1% of young offenders reported complete amnesia for a violent crime, while 19% claimed partial amnesia [6].

Dissociative problems (DD) are generally accepted to have established in unfavorable youth encounters including misuse and misfortune, yet the side effects frequently go unnoticed or are misdiagnosed in kids and adolescents. Notwithstanding, a new western Chinese review showed an expansion in consciousness of dissociative problems present in children. These examinations show that DD's have a many-sided relationship with the patient's psychological, physical and socio-social environments. This study proposed that dissociative problems are more normal in Western, or creating countries, in any case, a few cases have been seen in both clinical and non-clinical Chinese populations. There are a few justifications for why perceiving side effects of separation in youngsters is testing: Children may have trouble describing their internal experiences; parental figures might miss signals or endeavor to disguise their own harmful or careless behaviors; side effects can be unpretentious or fleeting; aggravations of memory, mind-set, or fixation related with separation might be confused as side effects of other disorders [7].

Another asset, Reference point House, illuminates us regarding dissociative confusion in youngsters, recommending that an endurance system frequently slips by everyone's notice in kids that have been traumatised. Dr. Shoshanah Lyons recommends that

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damaged youngsters frequently keep on separating despite the fact that they probably won't be in any peril, and that they are in many cases uninformed that they are dissociating [8-10].

Conclusion

Others in the field have argued that recognizing disorganized attachment (DA) in children can help alert clinicians to the possibility of dissociative disorders. In their 2008 article, Rebecca Seligman and Laurence Kramer suggest the existence of evidence of linkages between trauma experienced in childhood and the capacity for dissociation or depersonalization. They also suggest that individuals who are able to use dissociative techniques are able to keep this as an extended strategy to cope with stressful situations. Clinicians and researchers emphasize the significance of utilizing a developmental model in order to comprehend both the symptoms of DDs and their eventual course. In other words, individuals may be more or less susceptible to developing dissociative symptoms at various ages, and symptoms of dissociation may manifest differently at various stages of child and adolescent development. Further examination into the sign of dissociative side effects and weakness all through improvement is needed. Connected with this formative methodology, more exploration is expected to lay out whether a youthful patient's recuperation will stay stable over time.

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