

Dissociation and dissociative disorders

This factsheet gives information about dissociation and dissociative disorders. It explains different dissociative disorders, their symptoms and treatments. This factsheet is for people who are 18 or over and affected by mental illness in England. It is also for their carers and anyone interested in the subject.

Key points:

- If you dissociate you might have symptoms such as not feeling connected to your own body or developing different identities.
- A dissociative disorder is a mental illness that affects the way you think and experience your body and the world around you.
- You may have the symptoms of dissociation without having a dissociative disorder. You may have the symptoms of dissociation as part of another mental illness.
- There are different causes of dissociative disorders.
- You may get talking therapies for dissociative disorders.
- You may be offered medication that may help with symptoms of dissociation and dissociative disorders.

This factsheet covers:

1. [What is dissociation?](#)
2. [What are the different types of dissociative disorder?](#)
3. [What causes dissociation and dissociative disorders?](#)
4. [What can I do if I think I have a dissociative disorder?](#)
5. [How are dissociation and dissociative disorders treated?](#)
6. [What treatment should I be offered?](#)
7. [What if I am not happy with my treatment?](#)
8. [What are self-care and management skills?](#)
9. [What risks and complications can dissociation cause?](#)
10. [What if I am a carer, friend or relative?](#)

[Top](#)

1. What is dissociation?

Dissociation is a type of mental illness which impacts how you perceive yourself and the world around you. Many people will experience dissociation at some point in their lives.¹

Lots of different things can cause you to dissociate. For example, you might dissociate when you are very stressed or after something traumatic has happened to you.²

You might also have symptoms of dissociation as part of another mental illness. Like an anxiety disorder.³

What are the symptoms of dissociation?

Some of the symptoms of dissociation include the following.⁴

- You may forget about certain time periods, events and personal information.
- Feeling disconnected from your own body.
- Feeling disconnected from the world around you.
- You might not have a sense of who you are.
- You may have multiple identities.
- You may feel little or no physical pain.

You might have these symptoms for as long as the event that triggered them or for a short time afterwards. This is called an episode.

For some people these symptoms can last for much longer.

If you have a dissociative disorder, you might experience these symptoms for long episodes or even constantly.⁵

[Top](#)

2. What are the different types of dissociative disorder?

There are different types of dissociative disorder.⁶ There is more information on each of these below.

- It is important to remember that you could have the symptoms of dissociation without having a dissociative disorder.
- There can be disagreement among professionals about dissociative disorders.⁷

What is dissociative amnesia?

If you have dissociative amnesia, you might not remember things that have happened to you. This may relate to a stressful or traumatic event but does not have to.⁸

In severe cases you might find it difficult to remember:⁹

- who you are,
- what happened to you, or
- how you felt at the time of the trauma.

This is not the same as simply forgetting something. It is a memory 'lapse'. A memory lapse is when you forget something that you usually remember. Like a name or where you put your keys. It's like a brief 'blank spot' in your memory.

You might remember the forgotten memory later. You might also still remember other things and live a normal life.

But you might also have flashbacks, unpleasant thoughts or nightmares about the things you found it hard to remember.¹⁰

What is dissociative amnesia with dissociative fugue?¹¹

You may have dissociative amnesia with dissociative fugue.

This is where you go somewhere else without remembering. You may not be aware you have gone somewhere in a dissociative fugue. You may or may not have travelled on purpose.

What is dissociative identity disorder (DID)?

If you have DID you might seem to have 2 or more different identities called 'alternate identities.'¹²

These identities might take control at different times. People used to call DID 'multiple personality disorder'. But this is an outdated term.¹³

What might happen when identities switch?

You might find that your behaviour changes depending on which identity has control. You might also have some difficulty remembering things that have happened as you switch between identities.¹⁴

Do researchers agree about DID?

There is some disagreement between researchers over the notion of DID.¹⁵

- Some researchers think people with DID have different identities.

- But other researchers think that that these are different parts of one identity which are not working properly together.¹⁶
- These researchers suggest that DID is caused by experiencing severe trauma over a long time in childhood.¹⁷
- By experiencing trauma in childhood, you take on different identities and behaviours to protect yourself.
- As you grow up these behaviours become more fully formed until it looks like you have different identities. Some researchers think the different parts of your single identity do not work properly together.¹⁸

What is partial dissociative identity disorder?¹⁹

This diagnosis is used when:

- You have 2 or more alternate identities, just as with DID.
- Your personality changes happen internally and are not obvious to other people. This is different to DID, where changes can be seen by other people.
- You do not experience amnesia during episodes of dissociation. This is different to DID, which has amnesia as a primary symptom.

What is other specified dissociative disorder?²⁰

This diagnosis is used when:

- Your symptoms are like those of another dissociative disorder.
- But you do not meet all the symptoms of that dissociative disorder.
- And your symptoms are not due to any substance or medication, or due to any other mental or physical health condition.

What is unspecified dissociative disorder?²¹

This diagnosis is used when:

- You dissociate but do not fit into a specific dissociative disorder.
- Your psychiatrist chooses not to specify the reasons why you do not fit into a specific disorder.

What is depersonalisation or derealisation disorder (DPDR)?

The feelings of depersonalisation and derealisation can be a symptom of other conditions. It has also been found among people with frontal lobe epilepsy and migraines.^{22,23}

But it can also be a disorder by itself. This means it is a 'primary disorder.'

There is some disagreement among professionals whether DPDR should be listed with other dissociative disorders at all.²⁴

How is DPDR different to other dissociative disorders?

DPDR has some differences to other dissociative disorders.

In DPDR as a primary disorder you do not question your identity or have different identities at all. You may still be able to tell the difference between things around you. Though you might have feelings of a split self. That is where one self is observing and the other is doing an activity. Like an out-of-body experience.²⁵

There may be no symptoms of amnesia. Instead with DPDR you might feel emotionally numb and question what it feels like to live. We have explained this in more detail below.

You might have these feelings constantly rather than in episodes. It might not be caused by a traumatic or stressful event.

Many people think that this disorder might be more common than previously thought.²⁶ This might be because of:²⁷

- a lack of information about it,
- patients who do not report their symptoms, and
- doctors who do not know enough about it, meaning they under-report the condition.

With DPDR you might have symptoms of depersonalisation or derealisation or both.

Depersonalisation

With depersonalisation you might feel 'cut off' from yourself and your body or like you are living in a dream. You may feel emotionally numb to memories and the things happening around you.²⁸

It may feel like you are watching yourself live.²⁹ The experience of depersonalisation can be very difficult to put into words. You might say things like, 'I feel like I do not exist anymore' or 'It is as if I am watching my life from behind glass'.

Derealisation

If you have derealisation, you might feel cut off from the world around you. You might feel that things around you do not feel real. Or they might seem foggy or lifeless.³⁰

To read more about the lived experiences of those living with DPDR, you can visit the **Unreal** website. Their details are in the [Useful Contacts](#) of this factsheet. They have blogs written by people who experience DPDR and their carers which you can read here: www.unrealcharity.com/blog.

What is dissociative neurological symptom disorder?³¹

This diagnosis is used when:

- You have physical symptoms of dissociation, such as seizures, dizziness, or loss of speech, sight, or loss of hearing. You may experience numbness, burning, or tingling, or have balance problems.
- You do not have psychological symptoms of dissociation.
- Your symptoms are not due to any other physical or mental health condition.

What is trance disorder?³²

This diagnosis is used when:

- You experience episodes of dissociative trances where you lose awareness of yourself and your surroundings.
- During these episodes your identity is not 'replaced' with another identity, as in DID.
- During these episodes you may repeat certain movements or behaviours.

What is possession trance disorder?³³

This diagnosis is used when:

- You experience episodes of dissociative trances where you feel you are possessed by an external identity.
- The identity that possesses you is not a part of yourself, as in DID.
- You may feel this identity is spiritual or religious in nature.

[Top](#)

3. What causes dissociation and dissociative disorders?

There are different things that can cause you to dissociate. For example:

- traumatic events,³⁴
- seizure disorders, like epilepsy,³⁵ and
- the use of drugs, like ketamine³⁶ or cannabis.³⁷

[Top](#)

4. What can I do if I think I have a dissociative disorder?

If you think you have a dissociative disorder you can:

- See your GP
- Contact the NHS on 111 or go to their website at: <https://111.nhs.uk>

If you need urgent help, see [What if I need urgent help?](#) below.

What should I take to my GP appointment?

Dissociative disorders are not as well-known as some other mental health conditions, like depression. This means that your GP might have limited knowledge about them.

You could take this information to your GP appointment. You can show it to your GP if you think it is necessary.

It might also help if you write down your symptoms before the appointment.

You can find out more on **GPs and your mental health** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

What if I need urgent help?

If you need urgent help **Contact NHS 111** for urgent mental health support. Or visit <https://111.nhs.uk/triage/check-your-mental-health-symptoms>.

You will need to answer some questions. They will refer you to an appropriate service or tell you what to do next.

For other urgent mental health support options, see our **Get help now** link at www.rethink.org. You can find the link at the top of every page on our website.

You can find out more on:

- [Self-harm](#)
- [Suicidal thoughts - How to cope](#)

at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

[Top](#)

5. How are dissociation and dissociative disorders treated?

Dissociation can be treated in lots of different ways. The type of treatment you get depends on which type of dissociative disorder you have.

What psychosocial treatments can help?

You will usually be offered talking therapies before you are offered medication. There are lots of different types of talking therapy.

The type of talking therapy you will be offered will depend on your symptoms or diagnosis.

How is psychotherapy used?

If you experience dissociation or a dissociative disorders (DID) then your doctors may think about long-term relationally based psychotherapy.³⁸ This is a type of therapy where you talk about your relationships and thoughts.³⁹

You might talk about your past. Your therapist can link the ways you think and act with things that have happened to you.⁴⁰

For DID, psychotherapy might be needed for a long time, with at least 1 session every week. How many sessions you have will depend on your situation and current wellbeing.⁴¹

What is eye movement desensitisation and reprocessing (EMDR)?

You might benefit from a psychological therapy called eye-movement desensitisation and reprocessing (EMDR).⁴²

EMDR can help you if who have memories of trauma that affect you.⁴³

During EMDR, you:⁴⁴

- make side-to-side eye movements, or tapping sounds, while thinking about the trauma, and
- you will process the memory, which happens on its own.

Before you start the therapy, the therapist will talk to you. They will plan how to support you through any hard parts of remembering the trauma.⁴⁵

Important warning:⁴⁶ Before you have EMDR, ask the therapist to confirm that the EMDR has been specially adjusted for the treatment of dissociative disorders. This is because standard EMDR treatment is not suitable for the treatment of dissociative disorders and could make you worse.

You can watch this short video from the **EMDR Association UK** to learn more about the treatment: www.youtube.com/watch?v=blJZQAr9nQo

What is cognitive behavioural therapy (CBT)?

Cognitive behavioural therapy (CBT) is another type of talking therapy.

You will talk about the way your thoughts and feelings affect you. And how your behaviours may make this worse. You focus less on the past and try to change the way you think and behave.⁴⁷

Parts of CBT are recommended to treat DID, by helping you to change your thoughts and behaviours that come from trauma.⁴⁸ A CBT approach has also been suggested for long-lasting depersonalisation and derealisation disorder (DPDR).

If you live with DPDR you might often worry about your symptoms. And think you have a serious mental illness or that something is wrong with your brain.⁴⁹ CBT may help to change this way of thinking. It can reduce anxiety and depression that comes with this worrying. So, it may also reduce symptoms of DPDR.⁵⁰

You can find more information about **Talking therapies** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

Can medications help?

Currently, there are no medications for dissociative disorders themselves. But you may take medication for some of your symptoms.⁵¹

If you have episodes of dissociation, you might also experience depression or anxiety.

Some medications could help with this. For example, antidepressants could be used for depression, anxiety, and panic attacks.⁵²

You can find more information about **Antidepressants** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

[Top](#)

6. What treatment should I be offered?

In the UK, **the National Institute of Health and Care Excellence (NICE)** publish guidelines on health conditions. These guidelines are a standard for NHS treatment.

At the time of writing, there are no NICE guidelines on dissociation or dissociative disorders. But this does not mean you should not be offered treatment.

If you think you are experiencing symptoms of a dissociative disorder, then explain this to your GP. They may refer you to a psychiatrist.

You can find more about **GPs and your mental health** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

[Top](#)

7. What if I am not happy with my care or treatment?

If you are not happy with your treatment, you can:

- talk to your doctor about your care and treatment options,
- ask for a second opinion,
- get an advocate to help you speak to your doctor,
- contact your local Patient Advice and Liaison Service (PALS): www.nhs.uk/service-search/other-health-services/patient-advice-and-liaison-services-pals, or
- make a complaint.

You can find out more about:

- Second opinions - About your mental health diagnosis or treatment,
- Advocacy for mental health - Making your voice heard, and
- Complaining about the NHS or social services

at www.rethink.org. Or call our us on 0121 522 7007 and ask us to send you a copy of our factsheet.

[Top](#)

8. What are self-care and management skills?

You can learn to try and manage your symptoms by looking after yourself. It can help to learn how to notice when you are becoming unwell and know what your triggers are.

Not all techniques will work for everyone. It is important to find something that works for you. It also important to talk to your GP or person responsible for your care to discuss first.

Will keeping a diary help?

You might find it helpful to keep a diary. You could write about:

- how you felt over the day, or
- your goals that you want to achieve.

You could use it as part of cognitive behavioural therapy (CBT).⁵³

Diary-keeping can help people who live with depersonalisation or derealisation (DPDR). It can help to figure out what makes symptoms better or worse. This is to eventually gain control over your symptoms.⁵⁴

What are grounding techniques?⁵⁵

These techniques can be helpful for people who have been through trauma or who regularly dissociate.

They can help to 'ground' you in the here and now. This may help when experiencing flashbacks. Grounding works best when it is practiced regularly.

Different techniques may be helpful to different people. Some examples are:

- Focus on 3 things you can see, 3 things you can hear, and 3 things you can touch.
- Using your surroundings. Focus on all the details of everything that is around you. Try describing this to yourself either out loud or silently in your head. Use all your senses.
- Using words. You could try positive words or phrases about yourself.
- Using images. Try thinking of a place that you feel peaceful and safe without any traumatic memories.
- Using movement. For example, stand up, walk around or clap your hands, and breathe mindfully.
- Using objects. You should try and pick something personal that only has positive memories attached to it. Carry it around with you. Use it to remind yourself of who and where you are.

The following Rethink Mental Illness video might help. Scroll down to the '5-4-3-2-1 ground exercise video'. <https://gloucestershirecando.org/self-help-videos>

Also, the **Survivors Trust** have produced this guide on 'Grounding techniques: Coping with flashbacks and distress':

thesurvivorstrust.org/wp-content/uploads/2024/02/groundingtechniques-nhssurvivors.pdf

What about relaxation?

There are lots of different ways to relax. The important thing is to find something you enjoy doing. For example, cooking, reading or gardening. You might find that mindfulness helps.⁵⁶

You can get more information on mindfulness here: www.nhs.uk/every-mind-matters/mental-wellbeing-tips/what-is-mindfulness

How might exercise and diet help?

Exercise usually has a positive impact on our mental health.⁵⁷ You can try jogging, swimming or walking more.

Eating more fresh fruits and vegetables can help. So can reducing the amount of fat, salt and sugar you eat. And reducing the amount of caffeine you drink can be helpful too.

You can find more information on **Physical activity and mental health** at www.rethink.org

You can find more information about healthy foods and a balanced diet from the **NHS** here: www.nhs.uk/live-well/eat-well

What about sleep?

If you sleep well, it can benefit your mental health.⁵⁸

You can find more information on **How can I improve my sleep?** at www.rethink.org

You can find more information about **Complementary and alternative treatments for mental health** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

Also, our **Worried about your mental health - How to get treatment and support** factsheet has self-help advice and information. You can find it at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

[Top](#)

9. What risks and complications can dissociation cause?

Some people with a dissociative disorder may also experience another mental health condition, such as anxiety or depression.⁵⁹

In some cases, this can make your dissociative disorder harder in day-to-day life. However, all these conditions are manageable and treatable.

You can find more information on:

- Depression
- Anxiety disorders

at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

What are dissociative seizures?

Some people who live with dissociative disorders may also experience physical symptoms, such as seizures. These are called dissociative seizures. They are also commonly referred to as:⁶⁰

- non-epileptic attack disorder (NEAD), or
- non-epileptic seizures (NES).

Dissociative seizures can be hard to get diagnosed. They are sometimes wrongly diagnosed as epilepsy.⁶¹ It can sometimes be hard to tell the difference between a dissociative and epileptic seizure.

Some tests can be done to diagnose epileptic seizures, by using an electroencephalogram, better known as an EEG. An EEG is a test that detects electrical activity in your brain. It uses small, metal discs attached to your scalp. An EEG cannot diagnose dissociative seizures.⁶²

Dissociative seizures happen because of how you feel or what you are going through emotionally. Not because there is something wrong with your body or brain physically. If you experience dissociative seizures, you may be referred to an NHS mental health team.⁶³

[Top](#)

10. What if I am a carer, friend or relative?

What support can I get?

If you are a carer, friend or relative of someone living with a dissociative disorder, you can get support.

You can get peer support through carer support groups. You can search for local groups in your area on the following websites:

- **Rethink Mental Illness:** www.rethink.org
- **Carers UK:** www.carersuk.org
- **Carers Trust:** www.carers.org

If you need more practical support, you can ask your local authority for a carer's assessment. You might be able to get support from your local authority.

As a carer you should be involved in decisions about your relative's care planning. But you can only be involved if your relative agrees to this. If they do not agree, their healthcare professionals cannot usually share information about them with you.

You can find out more information about:

- Carer's assessments – Under the Care Act 2014
- Confidentiality, information and your loved one – For loved ones of people living with mental illness

at www.rethink.org. Or contact us on 0121 522 7007 and ask us to send you a copy.

You can find more information about **What benefits are available for mental health carers?** at: www.mentalhealthandmoneyadvice.org/en

How can I support the person I care for?

You might find it helpful to learn about their symptoms, treatments and self-care options. You can use this to support and encourage them to get help and stay well.

You should also be aware of what you can do if you are worried about their mental state. Keep the details of their mental health team or GP handy and discuss a crisis plan with them.

You can find out more information about:

- Supporting someone with a mental illness
- Getting help for someone in a crisis
- Suicidal thoughts - How to support someone
- Responding to unusual behavior linked to mental illness

at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

Useful Contacts

Unreal

Offers support and information to people with lived experience of depersonalisation and derealisation (DPDR). Including people experiencing symptoms themselves, their carers, friends and families.

Email: contact.unrealuk@gmail.com

Website: www.unrealcharity.com

Carolyn Spring

Online training on dissociation and dissociative identity disorder, webinars and literature.

Email: www.carolynspring.com/contact

Website: www.carolynspring.com

Clinic for Dissociative Studies

This organisation has information on dissociative disorders. They also provide care and treatment for dissociative disorders. They offer general information about dissociative disorders but do not run a helpline.

Phone: 020 7794 1655

Address: 35 Tottenham Lane, London, United Kingdom, N8 9BD

Email: enquiries@clinicds.com

Website: www.clinicds.co.uk

South London and Maudsley Trauma and Dissociation Service

A specialist outpatient assessment, consultation and treatment service. The only NHS specialist service offering treatment for people presenting with complex post-traumatic stress disorder and severe dissociative disorders.

Phone: 020 3228 2969

Email: TDS@slam.nhs.uk

Website: <https://slam.nhs.uk/service-detail/service/trauma-and-dissociation-service-280>

Did this help?

We would love to know if this information helped you or if you found any issues with this page. You can email us at feedback@rethink.org

References

¹ National Alliance on Mental Illness. *Dissociative disorders*. www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Dissociative-Disorders/ (accessed 30th April 2025).

² NHS. *Dissociative disorders*. See 'causes of dissociative disorders'. www.nhs.uk/conditions/dissociative-disorders/ (accessed 30th April 2025).

- ³ D'Angelo, M, et al. *Unraveling the Complexity: Exploring the Intersection of Panic Disorder, Dissociation, and Complex Post-Traumatic Stress Disorder..* Behav Sci (Basel). 2024 Feb 22;14(3):166. See 'Abstract' www.ncbi.nlm.nih.gov/pmc/articles/PMC10968653/ (accessed 21st November 2024).
- ⁴ NHS. *Dissociative disorders.* www.nhs.uk/conditions/dissociative-disorders/ (accessed 21st November 2024).
- ⁵ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Dissociative disorders.* icd.who.int/browse/2024-01/mms/en#108180424 (accessed 21st November 2024).
- ⁶ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Dissociative disorders.* <https://icd.who.int/browse/2024-01/mms/en#108180424> (accessed 21st May 2025).
- ⁷ Loewenstein RJ. Dissociation debates: everything you know is wrong. *Dialogues Clin Neurosci.* 2018 Sep;20(3):229-242. doi: 10.31887/DCNS.2018.20.3/rloewenstein. PMID: 30581293; PMCID: PMC6296396. See 'Abstract' <https://pmc.ncbi.nlm.nih.gov/articles/PMC6296396/> (accessed 9 June 2025)
- ⁸ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Dissociative amnesia.* <https://icd.who.int/browse/2024-01/mms/en#626975732> (accessed 21st May 2025).
- ⁹ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Dissociative amnesia.* <https://icd.who.int/browse/2024-01/mms/en#626975732> (accessed 21st May 2025).
- ¹⁰ Loewenstein, RJ. 1996. *Dissociative Amnesia and Dissociative Fugue.* In: Michelson LK, Ray WJ (eds.) *Handbook of Dissociation.* Springer US: 1996. Page 310. www.researchgate.net/publication/290368831_Dissociative_Amnesia_and_Dissociative_Fugue (accessed 21st November 2024).
- ¹¹ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Dissociative amnesia with dissociative fugue.* <https://icd.who.int/browse/2024-01/mms/en#626975732> (accessed 21st May 2025).
- ¹² International Society for the Study of Trauma and Dissociation. *Fact Sheet IV - What are the dissociative disorders?* www.isst-d.org/publications-resources/public-resources-home/fact-sheet-iv-what-are-the-dissociative-disorders/ (accessed 19th February 2025).
- ¹³ NHS. *Dissociative disorders.* See 'Dissociative Identity Disorder'. www.nhs.uk/mental-health/conditions/dissociative-disorders/ (accessed 21st May 2025).
- ¹⁴ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Dissociative identity disorder: essential features.* <https://icd.who.int/browse/2024-01/mms/en#1829103493> (accessed 21st May 2025).
- ¹⁵ Harrison, L. 2006. *Multiple Personality Disorder: an alternative theory.* Page 1, last para www.rcpsych.ac.uk/docs/default-source/members/sigs/spirituality-spsig/spirituality-special-interest-group-publications-laura-harrison-multiple-personality-disorder-an-alternative-theory.pdf?sfvrsn=bbcac75f_4 (accessed 29th November 2024).
- ¹⁶ Harrison, L. 2006. *Multiple Personality Disorder: an alternative theory.* Page 1 www.rcpsych.ac.uk/docs/default-source/members/sigs/spirituality-spsig/spirituality-special-interest-group-publications-laura-harrison-multiple-personality-disorder-an-alternative-theory.pdf?sfvrsn=bbcac75f_4 (accessed 29th November 2024).
- ¹⁷ McLean Hospital. *Understanding Dissociative Identity Disorder.* See 2nd para <https://www.mcleanhospital.org/essential/did> (accessed 9 June 2025)
- ¹⁸ Erlendsson, H. 2003. *Multiple Personality Disorder - Demons and Angels or Archetypal aspects of the inner self.* Page 2. 'The Osiris Complex'. www.rcpsych.ac.uk/docs/default-source/members/sigs/spirituality-spsig/spirituality-special-interest-group-publications-dr-haraldur-erlendsson-multiple-personality-disorder.pdf?sfvrsn=58330542_2 (accessed 29th November 2024).
- ¹⁹ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Partial dissociative identity disorder.* <https://icd.who.int/browse/2024-01/mms/en#988400777> (accessed 21st May 2025).
- ²⁰ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11). Dissociative disorders: Other specified dissociative disorders.* <https://icd.who.int/browse/2024-01/mms/en#108180424> (accessed 21st May 2025).

²¹ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11)*. Dissociative disorders, unspecified. <https://icd.who.int/browse/2024-01/mms/en#108180424%2FUnspecified> (accessed 21st May 2025).

²² Heydrich L, Marillier G, Evans N, Seeck M, Blanke O. *Depersonalization- and derealization-like phenomena of epileptic origin*. *Ann Clin Transl Neurol*. 2019 Sep;6(9):1739-1747. [pmc.ncbi.nlm.nih.gov/articles/PMC6764488/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC6764488/) (accessed 4th December 2024).

²³ Kakisaka, Yosuke & Fujikawa, Mayu & Kaneko, Sunao & Nakasato, Nobukazu. (2014). *Prolonged depersonalization/derealization-like symptom after migraine headache: A case report*. *Neurological sciences: official journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology*. 35.

www.researchgate.net/publication/261771335_Prolonged_depersonalizationderealization-like_symptom_after_migraine_headache_A_case_report (accessed 4th December 2024).

²⁴ Medford N, Sierra M, Baker D, David AS. Understanding and treating depersonalisation disorder. *Advances in Psychiatric Treatment*. 2005;11(2):92-100. doi:10.1192/apt.11.2.92. See 'Nosology'.

<https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/understanding-and-treating-depersonalisation-disorder/6216AE06994D1094873145C016CC1F57> (accessed 9 June 2025).

²⁵ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11)*. Depersonalization-derealization disorder. <https://icd.who.int/browse/2024-01/mms/en#253124068> (accessed 21st May 2025).

²⁶ Simeon D, Gross S, Guralnik O, Stein DJ, Schmeidler J, Hollander E. Feeling Unreal: 30 Cases of DSM-III-R Depersonalization Disorder. *American Journal Of Psychiatry* 1997; 154(8): page 1107.

ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.154.8.1107 (accessed 4th December 2024).

²⁷ Simeon D, Gross S, Guralnik O, Stein DJ, Schmeidler J, Hollander E. Feeling Unreal: 30 Cases of DSM-III-R Depersonalization Disorder. *American Journal Of Psychiatry* 1997; 154(8): page 1107.

ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.154.8.1107 (accessed 4th December 2024).

³¹ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11)*. Dissociative neurological symptom disorder. <https://icd.who.int/browse/2024-01/mms/en#1069443471> (accessed 21st May 2025).

³² World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11)*. Trance disorder. <https://icd.who.int/browse/2024-01/mms/en#1807490186> (accessed 21st May 2025).

³³ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11)*. Possession trance disorder. <http://icd.who.int/browse/2024-01/mms/en#1374925579> (accessed 21st May 2025).

³⁴ World Health Organisation. *International Classification of Diseases 11th Revision (ICD-11)*. Depersonalization-derealization disorder: essential features. <https://icd.who.int/browse/2024-01/mms/en#253124068> (accessed 21st May 2025).

³⁵ Heydrich L, Marillier G, Evans N, Seeck M, Blanke O. *Depersonalization- and derealization-like phenomena of epileptic origin*. *Ann Clin Transl Neurol*. 2019 Sep;6(9):1739-1747. See 'Abstract: results'.

[pmc.ncbi.nlm.nih.gov/articles/PMC6764488/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC6764488/) (accessed 4th December 2024).

³⁶ Oxford Health NHS Foundation Trust. 2024. *Ketamine TRD. Risks and benefits. Brief side effects*. <https://www.oxfordhealth.nhs.uk/ips/ketamine-trd/risks-benefits/> (accessed 4th December 2024).

³⁷ Ricci, Ceci, Di Carlo, Lalli, Ciavoni, Mosca, Sepede, Salone, Quattrone, Fraticelli, Maina, Martinotti. (2021). *Cannabis use disorder and dissociation: A report from a prospective first-episode psychosis study*. *Drug and Alcohol Dependence*, Volume 229.

<https://doi.org/10.1016/j.drugalcdep.2021.109118>. (accessed 21 May 2025).

³⁸ Carolyn Spring. 2010. *A brief guide to working with dissociative identity disorder. Treatment*. www.carolynspring.com/blog/a-brief-guide-to-working-with-dissociative-identity-disorder/ (accessed 5th December 2024).

³⁹ Psychology Today. 2022. *Relational therapy*. www.psychologytoday.com/gb/therapy-types/relational-therapy (accessed 5th December 2024).

⁴⁰ Psychology Today. 2022. *Relational therapy. How it works*. www.psychologytoday.com/gb/therapy-types/relational-therapy (accessed 5th December 2024).

- ⁴¹ Carolyn Spring. 2010. *A brief guide to working with dissociative identity disorder. Treatment.* www.carolynspring.com/blog/a-brief-guide-to-working-with-dissociative-identity-disorder/ (accessed 5th December 2024).
- ⁴² Carolyn Spring. 2010. *A brief guide to working with dissociative identity disorder.* See 'Treatment.' www.carolynspring.com/blog/a-brief-guide-to-working-with-dissociative-identity-disorder/ (accessed 5th December 2024).
- ⁴³ Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. *Eye movement desensitisation reprocessing (EMDR). What is EMDR?* <https://www.tevv.nhs.uk/about-your-care/treatments-therapies/eye-movement-desensitisation-reprocessing-emdr-therapy> (accessed 5th December 2024).
- ⁴⁴ Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. *Eye movement desensitisation reprocessing (EMDR). What is EMDR?* <https://www.tevv.nhs.uk/about-your-care/treatments-therapies/eye-movement-desensitisation-reprocessing-emdr-therapy> (accessed 5th December 2024).
- ⁴⁵ Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. *Eye movement desensitisation reprocessing (EMDR). What is EMDR?* <https://www.tevv.nhs.uk/about-your-care/treatments-therapies/eye-movement-desensitisation-reprocessing-emdr-therapy> (accessed 5th December 2024).
- ⁴⁶ Carolyn Spring. 2010. *A brief guide to working with dissociative identity disorder.* See 'Treatment.' www.carolynspring.com/blog/a-brief-guide-to-working-with-dissociative-identity-disorder/ (accessed 5th December 2024).
- ⁴⁷ NHS. *Overview - Cognitive Behavioural Therapy.* www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/ (accessed 5th December 2024).
- ⁴⁸ International Society for the Study of Trauma and Dissociation. Guidelines for Treating Dissociative Identity Disorder in Adults, Third Revision. *Journal of Trauma & Dissociation* 2011; 12(2): 115-187. Page 146. www.isst-d.org/wp-content/uploads/2019/02/GUIDELINES_REVISED2011.pdf (accessed 5th December 2024).
- ⁴⁹ Hunter ECM, Phillips ML, Chalder T, Sierra M, David AS. DP disorder: a cognitive-behavioural conceptualisation. *Behaviour Research and Therapy* 2003; 41(12): 1451-1467. pubmed.ncbi.nlm.nih.gov/14583413/ (accessed 5th December 2024).
- ⁵⁰ Hunter ECM, Baker D, Phillips ML, Sierra M, David AS. Cognitive-behaviour therapy for depersonalisation disorder: an open study. *Behaviour Research and Therapy* 2005; 43(9): 1121-1130. pubmed.ncbi.nlm.nih.gov/16005701/ (accessed 5th December 2024).
- ⁵¹ NHS. *Dissociative disorders.* <https://www.nhs.uk/conditions/dissociative-disorders/> (accessed 5th December 2024).
- ⁵² NHS. *Dissociative disorder.* www.nhs.uk/conditions/dissociative-disorders/ (accessed (accessed 5th December 2024).
- ⁵³ NHS Better Health: Every Mind Matters. *Thought Record.* <https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/self-help-cbt-techniques/thought-record/> (accessed 5th December 2024).
- ⁵⁴ Carolyn Spring. 2018. *Feeling unreal: depersonalisation / derealisation disorder. Treatment Part II: What works in therapy?* www.carolynspring.com/blog/feeling-unreal-depersonalisation-derealisation-disorder/ (accessed 5th December 2024).
- ⁵⁵ The Survivors Trust. *Grounding Techniques: Coping with flashbacks and distress. Guide for survivors.* thesurvivorstrust.org/wp-content/uploads/2024/02/groundingtechniques-nhssurvivors.pdf (accessed 5th December 2024).
- ⁵⁶ The Survivors Trust. *Grounding Techniques: Coping with flashbacks and distress. Guide for survivors.* Page 4 & 6. thesurvivorstrust.org/wp-content/uploads/2024/02/groundingtechniques-nhssurvivors.pdf (accessed 5th December 2024).
- ⁵⁷ NHS. *Be active for your mental health.* www.nhs.uk/every-mind-matters/mental-wellbeing-tips/be-active-for-your-mental-health/ (accessed 21st May 2025).
- ⁵⁸ The Mental Health Foundation. *Sleep matters: the impact of sleep on health and wellbeing.* See 'key points'. www.mentalhealth.org.uk/explore-mental-health/publications/sleep-matters-impact-sleep-health-and-wellbeing (accessed 21st May 2025).

⁶⁰ Epilepsy Action. *Dissociative seizures. Other names for dissociative seizures.*

www.epilepsy.org.uk/info/diagnosis/dissociative-seizures-non-epileptic-attack-disorder-nead#diagnosed (accessed 5th December 2024).

⁶¹ Epilepsy Society. *Non-epileptic seizures and dissociative seizures.* 'How are functional seizures diagnosed?' www.epilepsysociety.org.uk/non-epileptic-seizures (accessed 5th December 2024).

⁶² Epilepsy Action. *Dissociative seizures. Other names for dissociative seizures.* 'How are dissociative seizures diagnosed?' www.epilepsy.org.uk/info/diagnosis/dissociative-seizures-non-epileptic-attack-disorder-nead#diagnosed (accessed 5th December 2024).

⁶³ Epilepsy Society. *Non-epileptic seizures and dissociative seizures.* 'Functional (dissociative) seizures'. www.epilepsysociety.org.uk/non-epileptic-seizures (accessed 5th December 2024).

© Rethink Mental Illness 2025

Last updated: October 2024

Next update: October 2027

Subject to any changes

Version: 3

This factsheet is available in large print.

Rethink Mental Illness Advice and Information Service

Phone: 0808 801 0525

Monday to Friday 9:30am – 4pm excluding bank holidays.

Webchat service available

Did this help?

We'd love to know if this information helped you or if you found any issues with it. Drop us a line at:

feedback@rethink.org

Or write to us at:

Rethink Mental Illness Advice and Information Service, 28 Albert Embankment, London, SE1 7GR.



We are the charity for people severely affected by mental illness, no matter what they're going through.

For further information on Rethink Mental Illness
Phone: **0121 522 7007**
Email: info@rethink.org



Need more help?

Go to www.rethink.org for information on Mental health conditions and symptoms, treatment and support, physical health and wellbeing, ethnic minorities and mental health, LGBT+ mental health, mental health laws and rights, work, studying, and mental health, police, courts, and prison, and advice for carers.

Do not have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, excluding bank holidays, and we will send you the information you need in the post.

Do you have accessibility tools for this information?

You can find this information on our website at www.rethink.org. There is an accessibility function on this webpage called **Recite**. On the desktop site, click on the icon in the top right-hand corner next to **'Donate.'** On the mobile site, scroll right and click on the **'Turn on accessibility'** icon.

Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate, please go to rethink.org/donate or call 0121 522 7007 to make a gift.

We are very grateful for all our donors' generous support.



Patient Information Forum

