

## Psychological Dissection of Female Patients Having Dissociative Symptoms: A Cross-Sectional Study

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### Abstract

Dissociative symptoms, including dissociative identity disorder (DID), depersonalization, and dissociative amnesia, are often linked with trauma and stress, and have a profound impact on the mental health of patients. This cross-sectional study aims to explore the psychological characteristics of female patients exhibiting dissociative symptoms, focusing on underlying trauma, emotional regulation, and symptom severity. A sample of 150 female patients, aged 18 to 45, from a psychiatric hospital were assessed using the **Dissociative Experiences Scale (DES)** and the **Trauma Symptom Checklist**. The results show a high correlation between dissociative symptoms and a history of emotional or physical trauma. Emotional regulation difficulties and childhood abuse were the most prominent factors contributing to dissociation. Additionally, patients with dissociative symptoms were more likely to exhibit higher levels of anxiety, depression, and post-traumatic stress disorder (PTSD). The study concludes that dissociative symptoms in females are intricately linked to past trauma and emotional dysregulation. Early identification and therapeutic intervention targeting trauma and emotional regulation can help alleviate the severity of dissociative symptoms.

**Keywords:** Dissociative symptoms, trauma, emotional regulation, female patients, dissociative identity disorder, PTSD, psychological study.

### Introduction

Dissociative symptoms, ranging from mild detachment to severe dissociative identity disorder (DID), are complex psychological phenomena that disrupt an individual's sense of identity, memory, and perception of reality (1). In psychiatric practice, dissociation is often seen as a defense mechanism in response to trauma, particularly when the individual is unable to process overwhelming experiences through conventional coping mechanisms (2). The dissociative experience can present in a variety of ways, such as depersonalization, derealization, memory gaps, and identity fragmentation (3). While dissociative disorders are relatively rare, they have a significant impact on the patients' ability to function in everyday life, often leading to difficulties in maintaining relationships,

holding a job, and experiencing a full range of emotional and social interactions (4).

Among the various psychological issues that contribute to dissociation, trauma, particularly childhood abuse, is considered a key factor (5). Studies have found that individuals with dissociative symptoms often have a history of physical, emotional, or sexual abuse during childhood, which leads to emotional dysregulation and impaired coping mechanisms (6). These experiences may manifest in adulthood as dissociative states, where the individual detaches from their emotions, memories, or even their identity (7).

The current study aims to psychologically dissect the experiences of female patients with

dissociative symptoms, examining the correlation between past trauma, emotional regulation, and symptom severity. Understanding these connections can inform better treatment strategies for managing dissociative symptoms in female psychiatric patients.

### Aim and Objectives

#### Aim:

To explore the psychological characteristics and underlying factors contributing to dissociative symptoms in female patients.

#### Objectives:

1. To identify the prevalence of dissociative symptoms in female psychiatric patients.
2. To examine the correlation between dissociative symptoms and trauma, emotional regulation, and symptom severity.

### Materials and Methods

This cross-sectional study was conducted at a psychiatric hospital over a six-month period. A total of 150 female patients, aged between 18 and 45 years, who exhibited dissociative symptoms were recruited for the study. Patients were diagnosed with dissociative disorders or had dissociative symptoms as part of other mental

health conditions, such as post-traumatic stress disorder (PTSD), anxiety, or depression.

#### Inclusion Criteria:

- Female patients aged 18 to 45 years.
- Diagnosed with dissociative symptoms, including depersonalization, derealization, amnesia, or dissociative identity disorder.
- Patients who provided informed consent to participate in the study.

#### Exclusion Criteria:

- Patients with severe cognitive impairment or neurological disorders.
- Patients with a history of substance abuse that could impair memory or perception.
- Those who did not provide informed consent.

Patients were assessed using the **Dissociative Experiences Scale (DES)**, which measures the frequency and severity of dissociative symptoms. Additionally, the **Trauma Symptom Checklist** was used to evaluate the history of trauma, particularly childhood abuse. Psychological assessments were followed by in-depth interviews that focused on emotional regulation, coping mechanisms, and the emotional impact of dissociation.

### Results

**Table 1: Prevalence of Dissociative Symptoms in Female Patients**

Type of Dissociative Symptom	Number of Cases (%)
Depersonalization	45 (30%)
Derealization	38 (25.3%)
Dissociative Amnesia	35 (23.3%)
Dissociative Identity Disorder (DID)	32 (21.3%)

The study found that depersonalization was the most common dissociative symptom, reported by 30% of participants, followed by derealization

(25.3%). Dissociative amnesia was found in 23.3% of the cases, and dissociative identity disorder was present in 21.3%.

**Table 2: Correlation Between Trauma History and Dissociative Symptoms**

Type of Trauma	Depersonalization (%)	Derealization (%)	Dissociative Amnesia (%)	DID (%)
Emotional Abuse	40 (88%)	33 (87%)	28 (80%)	29 (90%)

Physical Abuse	28 (62%)	22 (58%)	21 (60%)	19 (59%)
Sexual Abuse	23 (51%)	18 (47%)	17 (48%)	15 (47%)
Neglect	15 (33%)	12 (31%)	11 (31%)	10 (31%)

A strong correlation was found between trauma history, particularly emotional abuse, and the presence of dissociative symptoms. Emotional abuse was associated with higher rates of dissociation across all types of symptoms, particularly dissociative identity disorder (DID).

**Discussion**

The results of this study confirm that dissociative symptoms are highly prevalent in female psychiatric patients, with a significant relationship between these symptoms and a history of trauma, particularly emotional abuse. The findings are consistent with previous studies that suggest trauma, especially during childhood, is a primary contributing factor to the development of dissociative symptoms (8). Emotional abuse was the most significant predictor of dissociative experiences, with patients reporting higher frequencies of depersonalization, derealization, and dissociative identity disorder. These findings align with the understanding that dissociation acts as a defense mechanism to protect individuals from overwhelming emotional pain caused by traumatic events (9).

In addition to trauma, emotional dysregulation plays a crucial role in the development and maintenance of dissociative symptoms. Patients with difficulty regulating their emotions are more likely to experience dissociation as a way of coping with distressing feelings (10). This emotional dysregulation can perpetuate a cycle of dissociation, where the individual becomes increasingly detached from their emotional experiences, leading to further psychological fragmentation.

The study also highlights the need for early intervention in patients with dissociative symptoms. Psychological therapies, particularly those that focus on trauma resolution and emotional regulation, such as trauma-focused cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT), could be effective in reducing dissociative symptoms and improving overall mental health outcomes (11).

**Conclusion**

In conclusion, this study demonstrates that dissociative symptoms are prevalent in female psychiatric patients, with a significant relationship between trauma history, emotional dysregulation, and the severity of dissociative symptoms. Addressing trauma and improving emotional regulation should be central to the treatment of dissociative disorders in female patients. Early recognition and targeted therapeutic interventions can help reduce the severity of dissociative symptoms and improve the psychological well-being of patients.

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