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POST-TRAUMATIC STRESS DISORDER LIBRARY

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POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

How is dissociation related to PTSD?

Dissociation is described as disruption or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, or behaviour. Common dissociative experiences include mild forms of absorption, such as daydreaming. Less common and more severe dissociative experiences include amnesia, derealisation, depersonalisation, and fragmentation of identity.

Trait dissociation is a proposed stable characteristic that exists both pre- and post-trauma and is thought to be a vulnerability factor for PTSD. In contrast, state dissociation is suggested to occur in response to situations. Peritraumatic dissociation is a form of state dissociation and refers to dissociation that occurs during a trauma, which is also thought to be causal for PTSD.

What is the evidence for dissociation in people with PTSD?

Moderate to low quality evidence found people with PTSD had higher dissociation scores on the Dissociative Experiences Scale than people with borderline personality disorder, conversion disorder, schizophrenia, somatic symptom disorder, substance-related and addictive disorders, eating disorders, and affective disorders. People with PTSD had lower dissociation scores than people with dissociative disorders. People with PTSD also report symptoms of depersonalisation. Items endorsed include "I felt split into two people and one of me is watching what the other is doing", "things around me felt unreal or dreamlike", "I felt like I was in a dream", "I felt that I was in a daze", and "I'm not feeling like my actual self".

Moderate quality evidence found associations between increased state/peritraumatic dissociation and increased self-reported meta-memory fragmentation. There were no consistent relationships found between state/peritraumatic dissociation and narrative (objectively rated) fragmentation. There were also no relationships found between trait dissociation and either meta-memory or narrative fragmentation.

Moderate to low quality evidence finds around 50% of people with PTSD report hearing voices, and there were significant associations between hearing voices and having dissociation symptoms.

For more information see the technical table



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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate

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