



Understanding Changes in *DSM-5*

DISSOCIATIVE DISORDERS

In *DSM-5*, dissociative disorders were placed immediately after trauma and stress-related disorders to indicate the close relationship between them (Spiegel et al., 2013). Both acute stress disorder and PTSD can contain dissociative symptoms such as amnesia, flashbacks, and emotional numbing.

In terms of dissociative identity disorder, one important change was to distinguish psychopathological states of dissociation from those that are part of one's cultural experience. For example, religious rituals and experiences from around the world may result in dissociative experiences. In some cases, the person may speak in the voice of another person or spirit. These cultural experiences are considered normal from the standpoint of *DSM-5*.

In *DSM-IV*, a person who suddenly left home and found himself in another city without any ability to know who he was or where he came from was seen to have a separate disorder referred to as dissociative fugue. In *DSM-5*, this condition is seen as a subtype of dissociative amnesia. The basic idea is that one basic component of dissociative fugue is amnesia.

A third change in *DSM-5* dissociation categories is the renaming of depersonalization disorder to depersonalization/derealization disorder. This is based on the fact that those who experience derealization do not significantly differ from those who experience depersonalization and derealization together.

In developing *DSM-5*, there was also a suggestion that conversion disorder, which you will read about in the next section, be classified as a dissociative disorder. A person with a conversion disorder will report that he or she cannot see, hear, move the limbs, or feel pain, yet there is no physiological process that would explain any of these inabilities. Although symptoms of conversion disorders can overlap with those of dissociative disorders, they also overlap with other diagnostic categories. Thus, it was decided to leave conversion disorder as part of the Somatic Symptom and Related Disorders grouping. Overall, the changes made to both dissociative and somatic symptom disorders were less controversial than the changes made in the criteria for other disorders.