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Dissociative Symptoms in Patients with Psychiatric Disorders

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ABSTRACT

Growing evidence suggests that dissociation plays a transdiagnostic role across various psychiatric disorders, functioning as a maladaptive coping mechanism that complicates symptom presentation and hinders treatment response. These symptoms occur in a wide array of psychiatric conditions without meeting the criteria for a dissociative disorder and have a strong link with trauma, stress, and overwhelming emotional difficulties. When present alongside another disorder, they have been shown to worsen the prognosis and treatment outcomes. This review aims to provide an overview of the presentations of dissociative symptoms in patients with post-traumatic stress disorder, borderline personality disorder, panic disorder, obsessive-compulsive disorder, and psychosis. This review advances the existing literature by offering a comprehensive synthesis of dissociative symptoms across a broad range of psychiatric disorders, incorporating recent empirical findings, and elucidating their implications for cognitive-behavioral therapeutic frameworks. The main emphasis of this review is to highlight the importance of recognizing dissociative symptoms in clinical settings for better treatment.

Keywords: Borderline personality disorder, dissociative symptoms, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, psychosis.

ÖZ

Psikiyatrik Bozukluklarda Disosiyatif Belirtiler

Disosiyasyonun çeşitli psikiyatrik bozukluklarda tanılar üstü bir rol oynadığını ve belirtilerin ortaya çıkışını karmaşıklaştıran, tedavi yanıtını zorlaştıran uyumsuz bir başa çıkma mekanizması olarak işlev gördüğünü öne süren kanıtlar giderek artmaktadır. Bu belirtiler, disosiyatif bozukluk tanı kriterlerini karşılamadan da birçok psikiyatrik duruma eşlik edebilmekte; travma, stres ve yoğun duygusal zorluklarla güçlü bir ilişki göstermektedir. Bir bozukluğa eşlik ettiğinde, bu belirtilerin prognozu ve tedavi sonuçlarını kötüleştirdiği öne sürülmektedir. Bu derleme, travma sonrası stres bozukluğu, sınırda kişilik bozukluğu, panik bozukluk, obsesif kompulsif bozukluk ve psikotik bozukluklarda disosiyatif belirtilerin eşliğini gözden geçirmeyi amaçlamaktadır. Bu çalışma, disosiyatif belirtilerin geniş bir psikiyatrik bozukluk yelpazesinde kapsamlı bir sentezini sunarak mevcut literatüre katkıda bulunmakta, son dönemdeki ampirik bulguları dahil etmekte ve bilişsel davranışçı terapötik çerçeveler açısından çıkarımları açıklamaktadır. Derlemenin temel vurgusu, klinik ortamlarda disosiyatif belirtilerin tanınmasının tedavi süreçleri için kritik öneminin altını çizmektir.

Anahtar Kelimeler: Sınırda kişilik bozukluğu, disosiyatif belirtiler, obsesif kompulsif bozukluk, panik bozukluk, travma sonrası stres bozukluğu, psikoz.

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INTRODUCTION

Pierre Janet, an early researcher of dissociation, described it as either a withdrawal of consciousness or a breakdown of integrated thought and functional systems (Janet, 1907; akt. Atchison & McFarlane, 1994). He observed that this withdrawal leads to a narrowing of attention—such as daydreaming or zoning out—while disintegration affects memory and identity, evident in conditions such as dissociative amnesia and identity fragmentation. However, many scholars have reduced dissociation to merely the separation of integrated mental processes such as thought and emotion (Spiegel & Cardeña, 1991). Waller, Putnam, and Carlson (1996) later categorized those experiences into nonpathological (e.g., zoning out during movies) and pathological (e.g., amnesia). Currently, the DSM-5 describes dissociation as "a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (American Psychiatric Association [APA], 2013). Dissociative disorders fall into a distinct diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013), however, dissociative symptoms can appear across various psychiatric disorders (Ural et al, 2015a). These symptoms can range from normal experiences, such as daydreaming to severe, pathological ones, such as detachment from reality (Reyno et al, 2020). Dissociative symptoms are also prevalent in nonclinical populations (Rathee & Kumar, 2020), but when accompanied by a disorder, they tend to worsen prognosis and increase the severity in clinical populations (Campbell et al, 2022).

Dissociation is considered a normal psychophysiological mechanism, and dissociative symptoms are common not only in dissociative disorders but also across nearly all mental health conditions (Bernstein & Putnam, 1986), especially in trauma-related conditions such as post-traumatic stress disorder (PTSD) and borderline personality disorder (BPD) (APA, 2013). Although the pathological aspect may appear adaptive by temporarily relieving the stress of overwhelming information (Waller et al, 2001), there is a large volume of research emphasizes that comorbid dissociative symptoms intensify the severity of related disorders (Campbell et al, 2022; Justo et al, 2018), predict unfavorable outcomes (Buchnik-Daniely et al, 2021; Kolek et al, 2019), and are associated with suboptimal treatment response (Lanius et al, 2018; Ural et al, 2015b). Moreover, it has been suggested that persistent derealization serves as an early psychological and biological indicator of more severe psychiatric conditions following trauma exposure (Lebois et al, 2022). Therefore, the assessment of dissociation should be a standard component of all comprehensive psychopathological assessments (Lyssenko et al, 2018). Given the importance of this issue, the current review summarizes existing knowledge regarding the manifestation of dissociative symptoms across various psychiatric disorders. Considering the possible presence of dissociative symptoms in different psychiatric conditions is essential for the development of more effective treatment strategies.

POST-TRAUMATIC STRESS DISORDER (PTSD)

Over many years of research, it has become evident that a powerful association exists between dissociation and traumatic experiences (Chu & Dill, 1990; Ellason & Ross, 1997; Gast et al, 2001; Macarenco et al, 2021). The relationship between these two variables has been primarily explained by two theories. According to one theory, some individuals are more predisposed to dissociation, which helps them cope with the negative emotional effects of traumatic events by engaging in dissociation (Spiegel et al, 1988). In this context, dissociation functions as a maladaptive coping strategy that disrupts the integration of traumatic memories, an integration that is crucial for healing. Another theory (Janet, 1907; Nijenhuis et al, 2002, 2004) proposes that severe stress following trauma disrupts normal cognitive processes, leading to dissociation, particularly when an individual's ability to integrate experiences is limited. The latter theory accounts for the more pronounced dissociative experiences observed in children subjected to long-term and high-intensity trauma (Ogawa et al, 1997). Numerous studies comparing traumatized and non-traumatized groups have found that the former exhibit more pronounced dissociative features (Vanderlinden et al, 1993). Childhood trauma is associated with various psychopathologies linked to dissociation, including dissociative disorders, somatic symptom disorders, as well as schizophrenia (Şener et al, 2020), obsessive-compulsive disorder (Özgündüz et al, 2019), anxiety, and depression (Gul et al, 2016). Additionally, dissociation is identified as a common symptom of PTSD in the DSM-5 (APA, 2013).

Peritraumatic dissociation, a dissociative response occurring during or immediately after a traumatic event, has long been recognized as a significant predictor of PTSD development (Breh & Seidler, 2007; Marmar et al, 1994; Ursano et al, 1999). Higher levels of peritraumatic dissociation are associated with increased PTSD severity and more chronic symptom trajectories (Benzakour et al, 2021; Figueroa et al, 2024). For instance, Lensvelt-Mulders et al. (2008) conducted a meta-analysis and confirmed that peritraumatic dissociation is a robust predictor of PTSD across various trauma-exposed populations. Similarly, Unal et al. (2025) emphasized the significant role of peritraumatic dissociation and related cognitive-emotional factors in PTSD symptomatology among earthquake survivors. They also emphasized the potential benefits of cognitive-behavioral interventions focused on emotion regulation and the

modification of maladaptive beliefs to improve treatment outcomes in this population. These findings underscore the importance of addressing peritraumatic dissociation in clinical settings to improve treatment outcomes for individuals with trauma-related disorders.

Dissociation is so closely related to trauma that the DSM-5 induces a distinct PTSD subtype. The dissociative subtype is diagnosed in those who meet the PTSD criteria and report chronic and recurrent symptoms of depersonalization and derealization (APA, 2013). Emerging findings indicate that this is a distinct and clearly recognizable dissociative subtype of PTSD (D-PTSD), characterized by prominent depersonalization and derealization, which may have important treatment implications (Misitano et al, 2024). The validity of this subtype has been supported by numerous studies conducted with various trauma victims (Hansen et al, 2017). The presence of dissociative symptoms in PTSD worsens the clinical profile and negatively affects treatment outcomes. For instance, Armour et al. (2014b), in their research with sexual assault survivors, suggested that the victims presenting with dissociative symptoms also had higher level of anxiety, depression, hostility, and sleep difficulties than those without dissociative symptoms. Blevins et al. (2014) reported that among college students with a history of trauma exposure, individuals presenting with dissociative symptoms had higher levels of many psychiatric conditions (i.e., anxiety disorders, depression, schizophrenia, and substance-related disorders) than the non-dissociative group. Furthermore, recent meta-analytic evidence suggests that dissociation serves as a transdiagnostic mediator between trauma exposure and PTSD and psychotic symptoms (Liu et al, 2025). Conversely, other studies conducted with military veterans, the dissociative and non-dissociative groups did not differ significantly, suggesting that the type and context of the traumatic event may influence the findings (Armour et al, 2014a; Wolf et al, 2012a). Physical abuse (Kate et al, 2021; Steuwe et al, 2012) and sexual abuse are strongly related to the presence of dissociative symptoms in PTSD (Kate et al, 2021; Steuwe et al, 2012; Wolf et al, 2012b). In addition, dissociation is associated with suicide attempts among victims of sexual abuse (Brokke et al, 2022). Furthermore, cognitive behavior therapy (CBT) was been shown to be an effective strategy for managing dissociative symptoms in the dissociative subtype of PTSD both in individual (Vancappel et al, 2022) and group settings (Vancappel et al, 2025). Importantly, a recent case study demonstrated that a patient with dissociative PTSD experienced significant symptom reduction following an adjusted CBT protocol incorporating emotion regulation and dissociation management techniques prior to exposure therapy. This highlights the importance of preparatory interventions before trauma-focused work (Vancappel et al, 2022).

Dissociation can manifest across a broad spectrum, ranging from nonclinical to clinical samples. However, in non-traumatized individuals, dissociative symptoms that fall below the clinical threshold are not always expected to be related to traumatic experiences or to be pathological. In contrast, pathological dissociation is more frequently observed in traumatized groups (Xiao et al, 2006).

BORDERLINE PERSONALITY DISORDER

Dissociative symptoms in people with BPD contribute to various negative impacts, making the management and treatment of the disorder more challenging. More than half of patients with BPD present with various dissociative symptoms (Nivoli et al, 2017). Dissociative symptoms such as depersonalization and derealization are strongly associated with BPD severity (Al-Shamali et al, 2022; Nivoli et al, 2017), self-harm, suicidality (Kloet & Lynn, 2020), and reduced treatment efficacy (Al-Shamali et al, 2022), especially in the psychotherapy context. In BPD, symptoms of depersonalization worsen the severity of the disorder, intensify interpersonal problems, and increase suicidality, whereas derealization is linked to heightened intolerance to loneliness (Nivoli et al, 2017). Recurrent suicide attempts and self-injurious behavior among patients with BPD are associated with higher levels of dissociative symptomatology (Kloet & Lynn, 2020). Other conditions, such as mood disturbance or co-occurring BPD and PTSD symptoms, may influence the association, highlighting the complexity of the relationship between self-harm and dissociation (Sommer et al, 2021). Hence, recognizing and treating dissociative symptoms is essential for improving therapeutic outcomes.

Patients with severe dissociation, particularly those experiencing derealization, have poorer overall mental health outcomes and greater psychological distress. This effect was especially pronounced in women, who exhibited poorer improvement in psychosocial quality of life than those with milder dissociative symptoms (Wilfer et al, 2021). Moreover, dissociative experiences influence psychophysiological responses to emotional stimuli, such as startle reaction and skin conductance level. Patients with BPD demonstrated heightened dissociative experiences that partially mediated differences observed between BPD patients and healthy control groups in physiological response (Barnow et al, 2012).

Extensive research highlights the critical need for a thorough assessment of dissociative symptoms in individuals with BPD. Dissociation in individuals with BPD has been associated with poorer treatment outcomes, elevated risk for self-harm and suicidality, and a broad range of symptoms, including depersonalization, derealization, amnesia, and identity confusion (Korzekwa et al, 2009a). Similarly, clini-

cians should recognize the neurobiological underpinnings of dissociation and its implications for therapy, suggesting that tailored interventions could enhance clinical outcomes (Korzekwa et al, 2009b). Among the treatment modalities, DBT and its variants (e.g., DBT-PTSD with prolonged exposure components) appear promising for reducing dissociative symptoms—though empirical support specific to BPD remains limited and requires further investigation (Prillinger et al, 2024). Overall, these findings underscore the importance of integrating dissociation-focused assessments and interventions—within CBT frameworks—for BPD patients. Future studies should systematically evaluate the efficacy of such tailored approaches and explore their impact on long-term functional outcomes.

PANIC DISORDER

Stress is a causal factor for dissociation, and dissociative symptoms are typically present in anxiety disorders (Soffer-Dudek & Shahar, 2011). Panic Disorder (PD) is one such anxiety disorder in which dissociative symptoms, specifically depersonalization and derealization, frequently occur. They are included among the established criteria for the diagnosis of panic attacks according to the DSM-5 (APA, 2013), although their presence is not required for diagnosis. However, a few studies suggest that depersonalization in patients with PD extends beyond panic attacks and becomes a pervasive experience (Segui et al, 2000).

Dissociative symptoms are particularly prevalent among patients with PD, and studies have shown that these symptoms are generally associated with worse outcomes. For example, patients with PTSD and PD both reported higher levels of dissociative symptoms than healthy controls (Pfaltz et al, 2013). Dissociation among patients with PD is related to worse prognoses and to the severity of the disorder (Kolek et al, 2019; Soffer-Dudek, 2014). However, the relationship between dissociation and PD severity remains unclear—whether dissociation intensifies PD severity or whether greater PD severity leads to dissociative symptoms. In one study, the severity of PD was found to be a risk factor for developing depersonalization disorder (Mendoza et al, 2011), while in another study, dissociation among patients with PD was found to increase anxiety but not depressive symptoms (Pastucha et al, 2009).

Dissociative symptoms can also complicate the treatment response in patients with PD. For instance, one study divided patients into high- and low- dissociation symptom groups and administered a slowly escalating dose of venlafaxine over 10 weeks. Results indicated that individuals with higher dissociative symptoms were less responsive to treatment, showing that dissociation can interfere with treatment effectiveness (Ural et al, 2015b). Similarly, a study of PD patients treated with paroxetine found that greater dissociative experiences negatively impacted treatment response (Gulsun et al, 2007). Further studies identified that higher dissociation levels exhibited increased psychopathology, lower response to CBT, higher relapse, and poorer long-term outcome at the 1-year follow-up (Michelson et al, 1998). Dissociation also poses a problem in making exposure-based treatments effective because individuals may dissociate from anxiety during exposure, preventing them from fully confronting the feared situation and learning that they can tolerate elevated anxiety (Ball et al, 1997; Majohr et al, 2011).

Moreover, research conducted in Türkiye has found that early emotional neglect is linked to higher levels of dissociative symptoms, along with the severity of PD. Various forms of early maltreatment—such as emotional neglect, abuse, and physical neglect—were associated with dissociation and more severe PD symptoms. Dissociation may act as a defense mechanism against traumatic memories, contributing to difficulties in emotion regulation, somatic symptoms that cannot be medically explained, and anxiety related to panic attacks (Ural et al, 2015a).

OBSESSIVE-COMPULSIVE DISORDER

Obsessive-compulsive disorder (OCD) is another psychiatric condition in which dissociative symptoms are commonly observed, and these symptoms have been linked to several cognitive processes, supporting the view that dissociation may represent a cognitive trait (Selvi et al, 2012). Research indicates that psychological dissociation in OCD patients correlates with the severity of anxiety symptoms but not directly with OCD symptom severity (Raszka et al, 2009), and OCD patients score higher on dissociation than the general population (Boysan et al, 2018). Moreover, approximately 8% of OCD patients have a comorbid dissociative disorder, and even those without a formal dissociative disorder exhibit higher dissociative symptoms than the general population (Sideli et al, 2023).

Childhood trauma plays a significant role in the development of dissociative symptoms in patients with OCD, with studies showing that early trauma and the S/S variant of the 5-HTT gene can predict dissociative symptoms (Lochner et al, 2004). Additionally, patients with OCD with more severe dissociative symptoms tend to have worsened OCD symptoms, higher depression levels, and a greater likelihood of having a co-occurring personality disorder (Goff et al, 1992). Interestingly, dissociative symptoms are particularly related to the obsessive-compulsive dimensions of "checking" and "symmetry/ ordering," but not to "washing/ cleaning," "counting/ touching," or "aggressive impulses" (Grabe et al, 1999).

The link between dissociative experiences and OCD may be mediated by inward-focused attention, repetitive behaviors, and temporo-parietal dysfunction, sleep disturbances, and hyperactive imagery systems (Soffer-Dudek, 2023). Clinicians should be cautious when dissociative symptoms are present in patients with OCD, as they may indicate a chronic and complex dissociative disorder, potentially affecting the patient's response to cognitive-behavioral therapy and medication (Belli et al, 2012). Furthermore, childhood trauma has been shown to increase dissociative experiences in patients with OCD, who also tend to display specific demographic and comorbidity patterns (Lochner et al, 2007). Assessing and addressing dissociation in OCD can therefore improve treatment outcomes (Sideli et al, 2023).

Patients with OCD exhibit higher levels of dissociative amnesia and depersonalization/derealization than healthy controls and patients with anxiety disorders (Pozza et al, 2016). Inferential confusion and dissociation have been identified as strong predictors of OCD symptoms, independent of obsessive beliefs and mood disorders (Paradisis et al, 2015). Among OCD patients, those with checking compulsion are more likely to experience dissociation, with amnestic dissociation being a key factor in this relationship (Rufer et al, 2006).

Dissociation may negatively influence the treatment outcomes for patients with OCD, particularly those with a history of childhood trauma. The presence of dissociative symptoms has been linked to less effective cognitive-behavioral treatment, as higher baseline absorption and imaginative involvement predict poorer outcomes (Rufer et al, 2006). In addition, dissociative symptoms in patients with OCD are moderately related to obsessive-compulsive symptoms in clinical and nonclinical populations, suggesting that reducing dissociation may enhance treatment efficacy (Sideli et al, 2023). The research further suggests that the more dissociative symptoms OCD patients have, the more severe their OCD symptoms will be (Boger et al, 2020).

These findings highlight the importance of recognizing and addressing dissociative symptoms for treating OCD, as they play a crucial role in the severity of the disorder and the response to therapy.

PSYCHOSIS

Discriminating between dissociative and psychotic symptoms can be challenging (Frewen & Lanius, 2014). Similar to dissociative experiences, psychosis exists on a continuum with normality and transcends diagnostic boundaries, not being exclusive to any single disorder (Reininghaus et al, 2019). Dissociation can also be a symptom of schizophrenia (Holowka et al, 2003). Extensive evidence has established a significant overlap between schizophrenia spectrum disorders and dissociative disorders (Renard et al, 2017), suggesting that dissociation may be a core element in vulnerability to psychotic experiences across the psychotic continuum (Longden et al, 2020). A significant body of research has suggested that patients with schizophrenia have elevated dissociative symptoms (Lyssenko et al, 2018; O'Driscoll et al, 2014). Dissociative experiences are strongly associated with delusional thoughts (Moskowitz et al, 2009), paranoia (Justo et al, 2018), negative symptoms (Ross & Keyes, 2004), and even symptoms resembling psychosis in a nonclinical population (Giesbrecht et al, 2007). Specific psychotic symptoms, such as auditory hallucinations and delusions of control or experiences of passive influence, are increasingly conceptualized as dissociative rather than psychotic (Moskowitz & Corstens, 2008; van der Hart & Witztum, 2019).

The co-occurrence of dissociative phenomena and auditory hallucinations has been of particular research interest, with a meta-analysis of 19 studies reporting strong associations between the two in clinical and nonclinical populations (Pilton et al, 2015). Moreover, some studies have suggested that auditory hallucinations in schizophrenia may represent a dissociative rather than a psychotic symptom (Moskowitz & Corstens, 2018). Supporting this view, the relationship between hallucinatory experiences and dissociation was found to be stronger in patients with schizophrenia and comorbid PTSD than in those diagnosed with schizophrenia alone (Wearne et al, 2020). Identity dissociation was most strongly associated with perceptual disturbances and strange experiences, while emotional constriction was most strongly associated with negative symptoms of psychosis (Fung et al, 2023).

In a large-scale study, 65.4% of 617 patients reported regularly experiencing at least one dissociative symptom over the past two weeks, with an average of 8.9 symptoms. Dissociation was found to be associated with paranoia, hallucinations, reduced psychological well-being, and specific cognitive patterns and it was also implictated as a causal factor of hallucinations. Approximately 66% of patients diagnosed with psychosis exhibit regular dissociative symptoms, and dissociation appears to have a direct impact on psychotic symptoms, mediated by various cognitive and emotional factors (Černis et al, 2022). In addition, patients with treatment-resistant schizophrenia exhibit dissociation levels more than twice as high as those observed in individuals in remission. The difference between the two groups indicates that antipsychotic resistance is linked to heightened dissociation in treatment-resistant patients, highlighting the need for alternative therapies approaches and earlier diagnostic strategies (Panov, 2022).

CONCLUSION

A wide spectrum of psychiatric disorders is frequently associated with dissociative symptoms, which negatively affect functionality, prognosis, and treatment outcomes. These symptoms have strong links with traumatic populations and contribute to the complexity of psychological conditions. Understanding these symptoms and identifying appropriate intervention strategies are of critical importance within the clinical practice. In this context, CBT have emerged as effective treatment modalities for managing dissociative symptoms. CBT techniques, such as cognitive restructuring, emotion regulation strategies, and body awareness, play a crucial role in alleviating dissociative experiences. However, the existing literature still lacks studies examining the effectiveness of CBT on various disorders. Although evidence shows that trauma-focused interventions can improve dissociative symptomatology, randomized controlled trials specifically targeting high-dissociation subgroups remain scarce (Atchley & Bedford, 2021). Furthermore, adopting a multidisciplinary approach could enhance clinical outcomes, particularly considering the frequent comorbidity of dissociative symptoms with other psychopathological conditions. Dissociation appears to function as a transdiagnostic process that contributes to symptom persistence and treatment resistance across multiple psychiatric disorders. Recognizing this role can help guide the development of more precise and cross-cutting intervention strategies. A more detailed examination of the impact of CBT on different groups with dissociative symptoms will be helpful for clinicians.

By integrating a transdiagnostic perspective with recent empirical evidence, this review underscores the need for greater clinical attention to dissociative symptoms and their relevance in tailoring cognitive-behavioral interventions across diverse psychiatric populations. Future research should further investigate the mechanisms underlying dissociation across diagnostic categories and explore targeted therapeutic strategies tailored to dissociative features.

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