UNDERSTANDING YOUR DIAGNOSIS

Dissociative Amnesia

Also called Dissociative Amnesia

Parts of your own life are missing from memory, far beyond ordinary forgetting. Your brain is not damaged.

HOW COMMON	OFTEN STARTS	TREATABLE	WHAT IS SPARED
About 2 in 100 adults a year	Any age, after heavy stress	Yes - memory often returns	New learning stays intact

What this is

- Parts of your own life are missing from memory, far beyond the ordinary forgetting that everybody does.
- Your brain is not damaged. The memories are usually still there, walled off, with the route to them blocked.
- This is a way your mind handled something overwhelming. It happened to you rather than being something you did.
- For many people the memory comes back, sometimes all at once and sometimes in pieces over weeks or months.

What it can look and feel like

- There is a gap where hours, days or even years of your life should sit, and you may not have noticed it yourself.
- Often somebody else spots it first: a partner, a family member, or police finding you a long way from home.
- Most gaps sit around one hard event. A few people lose whole stretches of a life, including their own name.
- You can still drive, cook, read and hold a conversation. Skills and general knowledge stay completely intact.
- In rarer cases you travel or wander during the gap and turn up somewhere with no idea how you got there.
- Feeling unreal, low mood and thoughts of hurting yourself often gather around the gap, especially as memory returns.
- Being asked what you have forgotten is a strange question to answer, and not knowing is part of the condition itself.

What is happening in your brain and body

- During a gap, brain scans show the front of the brain working hard while the memory areas stay quiet.
- Nothing has died or been destroyed in there. The memory is walled off, which is why recall can come back completely.
- Heavy stress floods your body with hormones that stop memories being filed away properly while it is happening.
- Memories laid down in extreme fear get stored in an unusual state, so ordinary calm states cannot reach them.
- Long stretches of stress can shrink the memory and alarm parts of the brain, as they do after severe childhood harm.

What can make it more likely

- The trigger is usually a traumatic or overwhelming event, sometimes recent and sometimes many years in the past.
- Early, repeated harm from someone close is the strongest background risk, because not knowing kept the bond survivable.
- Avoiding reminders brings quick relief, and each time it does, the wall around the memory gets a little harder.
- Nobody chooses this. It is not weakness, and it is not you dodging something you ought to be facing.

What to expect

- This is often short-lived. Memory can return abruptly, sometimes within days, especially after one clear event.
- Where the gap is old and covers years, memory returns more slowly and may never be complete. Life still goes on well.
- The riskiest stretch is when memory comes back, because the feelings arrive with it. Line up support before then.
- First your team rules out other causes: seizures, head injury, alcohol and some medicines all cause memory loss.

What helps

Treatment works. Most people get better.

Talking therapies

- **Phase-based trauma therapy** is the standard: steadiness first, then careful processing, then rebuilding your life.
- Grounding and calming skills come before any memory work, because rushing at the memories reliably makes things worse.
- **Cognitive processing therapy** and **prolonged exposure** work on what the trauma meant, not on chasing lost detail.
- **EMDR** may be used later at a slowed pace, so that feelings do not flood in faster than you can handle them.
- Nobody should treat what comes back as proof of anything in court. Memory is not a recording of what happened.

Medicines

- No medicine restores memory. Medicine treats what comes with the gap: trauma symptoms, low mood and broken sleep.
- **Antidepressants** such as SSRIs are the usual first choice and work over roughly **4 to 8 weeks**.
- **Prazosin**, a blood pressure medicine, is often added at night when trauma nightmares keep breaking your sleep.
- **Benzodiazepines** taken every day blur new memories and deepen the detachment, so they are avoided here.
- Old drug-assisted interviews are no longer standard, since what surfaces may not be true. Doses stay with your prescriber.

Everyday things that help

- Sleep, food and a predictable week lower the chance of another gap more than any single treatment does.
- Carry identification and emergency contacts, and give one trusted person a copy of your care plan.
- Get practical help with money, work and paperwork missed during the gap, so those problems do not pile up on you.
- Alcohol and drugs blur memory further and make another episode more likely, so cutting back genuinely helps.
- Arrange extra support for the weeks when memory is coming back. That is when people most often get into trouble.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- If a gap follows a head injury, a seizure or new weakness, go to an emergency room the same day.
- As memories return, if you do not feel safe alone, call your team or go to the emergency room.

Questions to ask your care team

- *How do we rule out a physical cause for this memory loss?*
- *What should I do if a gap opens up while I am on my own?*
- *How will we handle the weeks when memories start coming back?*
- *Are you trained in trauma and in dissociative disorders?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.