

# 35 - Memory and dissociation

## Memory and dissociation:

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Pathology of familiarity: Déjà vu is the feeling of having seen or experienced an event, which is being experienced for the first time. The most consistent finding in the déjà vu literature is that the incidence with which it is experienced decreases with age. Brown (2003) estimates that 60% of people have experienced it. Déjà vu occurs more frequently under stress and fatigue while it declines with age. Reports of déjà vu are greater in schizophrenics and temporal lobe (TL) epileptics. This suggests that neurophysiological stimulation or dysfunction of the TL may be involved in déjà vu. However, the nature and duration of déjà vu in these populations is different to that experienced by the general population, e.g. lasting for hours in schizophrenia and minutes in TL epilepsy, compared to the typical duration of seconds. Déjà vecu refers to the perception that events happening now have been lived through before. Déjà pensee refers to the pathological familiarity for a thought or idea. Déjà entendu is a pathological familiarity for someone's voice. Jamais vu is an experience that has been experienced before is not associated with feelings of familiarity. Both can occur in normal people, and also can occur in Temporal Lobe Epilepsy\*. Note that some authors (Ellis, Young) include delusional misidentification syndromes with the pathology of familiarity. Memory and dissociation: Confabulation is a falsification of memory occurring in clear consciousness associated with organic states. Suggestibility is a prominent feature of confabulation. It is often described in Korsakov syndrome. There can either be confabulation of embarrassment or of fantastic nature. In pseudologia fantastica, there is fluent plausible lying (falsification of memory), with the statements made extreme and of grandiose nature. Is usually associated with dissocial or histrionic personality disorders. In a dissociative fugue, there is narrowing of consciousness, wandering away from surroundings and subsequent amnesia for the episode. There is marked memory loss and loss of identity, but the patient can carry out complicated patterns of behaviour and is able to look after himself. There is a gross discrepancy between memory loss and intact personality. For some reason, there always seems to be an MCQ on Ganser's syndrome, considered as a hysterical dissociative disorder. Ganser's syndrome includes:  Approximate answers  Clouding of consciousness with disorientation  Psychogenic, physical symptoms - analgesia & hyperaesthesia  Pseudohallucinations - not always present.  Patients with Ganser's syndrome are amnesic for their abnormal behaviour. Couvade syndrome describes a sympathetic pregnancy that affects husbands (rarely other family members) during their wives pregnancies. Most frequent between 3-9 months of pregnancy - it is a

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