

Forgotten Devils, the Loss of Memory in Borderline Personality Disorder During Dissociative Amnesia - Case Study

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ABSTRACT

Dissociative amnesia is a quite common presentation in psychiatry outpatient clinic with a prevalence of 1.8% [1], but dissociative fugue is rare with a prevalence of 0.2% [2]. As per DSM 5, dissociative amnesia with dissociative fugue is the “purposeful travel or bewildered wandering that is associated with amnesia for identity or for other important autobiographical information [3]. The condition usually results from a psychological trauma wherein the patient tries to run away from the overwhelming situation [4]. Psychiatrists must be aware of this rare phenomenon where early intervention can cure the illness. We are presenting three cases where three young girls presented with dissociative amnesia for their self-inflicted injuries and two of them had multiple episodes of fugue. All the three patients regained memories with psychological support, pharmacotherapy and in one patient we used benzodiazepine assisted interview.

Keywords: Dissociative Amnesia, Dissociative fugue, Borderline Personality Disorder, Benzodiazepine Assisted Interview

INTRODUCTION

Dissociative disorders involve disruption in various mental functions such as memory, identity, perception, consciousness, or motor behavior. It can be sudden or gradual [4]. The disorder usually results from psychological trauma or conflicts over unacceptable urges or impulses, such as intense sexual, suicidal, or violent compulsions [4]. Dissociative disorders include dissociative amnesia, fugue, depersonalization disorder, dissociative identity disorder and dissociative disorder not otherwise specified [3]. Dissociative amnesia is characterized by an inability to recall important personal information usually of a traumatic or stressful nature. The non-classic presentation may come to family’s attention by self-mutilation and violent behaviors. These are usually followed by amnesia for such events [4]. People with dissociative fugue temporarily lose their sense of personal identity and impulsively wander away from their homes or places of work [5]. Dissociative fugue may last from minutes to months. After the termination of fugue patient may be perplexed or experience depersonalization, de-realization or have an episode of dissociative amnesia. Treatment rests on trying to regain the memories through psychological support. Benzodiazepine

facilitated interviews may be necessary in few cases to assist with memory recovery.

Case Report 1

A 20-year-old girl was brought by her father to Psychiatry OPD with complaints of two episodes of running away from home and injuries over her body. On detailed history, the father reported that the girl was apparently well 2 years ago, when she joined a college for her graduation. Few months after joining the college, she was missing from the hostel for a period of 1 month. After 1 month the girl came back home, but she had no memory of where she had gone. She again joined her college. After few months her roommate noticed blood spills on her bed. On asking the patient was unaware from the blood came. On checking she noticed cut marks over her body. She again had an episode of missing away from the hostel for a period of 2 months. Parents searched her in all the relative's locality but was not traced. She again returned home by self in 2 months. The father reported that the patient complains of seeing some images at night, was no one was seen by family members. The father also complained that the girl has multiple injuries over her body, for which they don't know the cause. On some occasions, her hair was cut in the night by unknown agents. The girl had no recollection or any idea of the cause of these events. The father believed it to be due to some black-magic and took her to MAZAR (a religious institution among Muslim community). There was no history of psychiatric treatment in the past and no family history of psychiatric illness was present. The girl did not have any history of epilepsy, substance abuse and she did not complain of any suicidal ideation or any history of child abuse. She however, reported having issues with anger control and mood swings. She was stubborn since childhood and was demanding in nature. On physical examination, multiple cut marks were present in her body and her hairs were cut short. Blood investigations were within

normal limits and her EEG and CT Brain did not reveal any abnormality. Patient was encouraged to talk to yield any psychological stressors but she was not able to list any such events. A trial of Tab Sertraline 25 mg OD, Tab Risperidone 2mg HS and Tab Lorazepam 2mg BD was tried for a period of 2 weeks. On next visit the father reported improvement in her sleep and psychotic symptoms. There was no fresh injury over her body, but she still could not remember about her whereabouts in the past for 2 months. It was decided to retrieve her lost memory through benzodiazepine facilitated interview. All the vitals including Pulse, BP and Respiratory rate was checked before and after the procedure. We infused her with 4mg of Lorazepam in 100 ml of Normal Saline and assisted her in remembering the past by simple questions. In next few minutes she regained her memories and told about where she had gone. She also admitted that she cut her forearm and other parts of her body with blade and cut her hairs when she could not control her impulse to do so. She also said, she had plans to marry with a guy whom she met in her destination. We finally reached our diagnosis as- Dissociative Fugue with Borderline Personality Disorder. The girl is maintaining well on psychotherapy, Tab Risperidone 2mg HS, Tab Sertraline 50 mg OD.

Case Report 2

A 15-Year-old girl was brought to Psychiatry OPD by her cousin brother with the complaints of history of multiple suicide attempts and multiple cut marks over the body of the patient. On detailed history, the brother reported that the girl was apparently all right 6 months ago, after which they started noticing multiple cut marks over the body of the patient. On asking the patient had no idea as to how it had happened. On many occasions, the family members found bricks thrown in the house but they could never catch the offender. Once the mother of the patient noticed gush of blood in the washroom when the patient came after a

bath but the girl had no idea of it. The family members gave history of 2-3 attempts of hanging by the patient but she was rescued. On asking, she was unable to say as to why she was doing so. The family members strongly believed it to be an act of some deity or black-magic and she was taken to various faith-healers but of no use. There was no past and family history of psychiatric illness. There was no history of head injury or epilepsy in the patient. The family members reported that the girl is sensitive to critical comments and gets frustrated when her demands are not met. The girl however, denied having any suicidal ideation or having inflicted the injuries by herself. We started treating her with Tab Risperidone 2mg HS, Tab Lorazepam 2mg BD, and Tab Sertraline 25 mg OD. In next follow up, there were no fresh complaints of injuries or bricks fallen into the house. We however could not retrieve her memories due to loss to follow-up. The diagnosis till now was kept as – Dissociative Amnesia.

Case Report 3

An 18-year-old girl came to Psychiatry OPD with illness duration of more than 5 years. She complained that she is not able to enjoy her life and mostly lives sad. She reported that there were frequent quarrels at home and no one was ready to understand her feelings. Five years ago, illness started with hearing voices asking her to go away from home and also on occasions to commit suicide. She gave history of multiple suicide attempts by hanging and many non-suicidal self-injuries. There were few episodes where she purposelessly wandered away from her home but then she forgot as to where she was going and the identity of self. In August 2023, she once had an appointment for a tumor. Her father, however, framed it as dubious and scolded her saying she doesn't have any illness. She reported having amnesia for 2 days following that incident and she missed the appointment with the surgeon. She complained that she sometimes feels like

being an observer of the self and can't feel the environment. On some occasions, she felt as if the current events have occurred in the past as well. There was history of previous consultations with psychiatrist for the same illness. There was no history of seizure episode and no family history of psychiatric illness. On physical examination, multiple straight cut marks were present over her left forearm. Her blood investigations were within normal limits. Her EEG and CT Brain did not reveal any abnormality. We reached the diagnosis as- Dissociative Neurological Symptom Disorder with derealization, depersonalization, déjà vu, and dissociative fugue and amnesia with borderline personality disorder. We started treating her with Tab Sertraline 50 mg OD, Tab Lorazepam 2mg BD, Tab Aripiprazole 5mg HS, Tab Lithium 400 mg HS, Tab Etizolam+Propranolol (0.5+20 mg) OD. She is currently maintaining well, with no suicidal thoughts. She has been taught to control her anger and ventilate her emotions and share feelings with friends.

DISCUSSIONS

In two of our patients, personality was likely a predisposing factor. In second patient, due to age less than eighteen we cannot comment on her personality as such. Borderline personality disorder is a risk factor for self-mutilating behavior and suicide. Up to 80% of patients with BPD report transient dissociative symptoms, such as derealization, depersonalization, numbing, and analgesia [6]. Dissociation in BPD is linked to emotional dysregulation, distorted image of the self, and relationship issues. Patients with BPD often take impulsive decision and use maladaptive strategies to regulate their emotions, eg., non-suicidal self-injury (NSSI) [7]. NSSI may be an attempt to terminate a dissociative spell [8]. Sometimes, patients in dissociative amnesia may forget their self-inflicted injuries. We propose that our patients exhibited classic symptoms of borderline personality disorder and they

self-inflicted injuries over their body in an impulse. Subsequently, they had amnesia for such events. Psychiatrists should keep in mind other differentials which may mimic dissociative fugue such as manic phase of bipolar disorder, PTSD. Sometimes patients with Complex Partial Seizure may have epileptoid personality and they may wander away during or after seizure episode. Early intervention is necessary to prevent death due to suicide, self-harm or formation of a completely new personality, where regaining memory might be difficult. Not much is known in the neurobiological and social aspects as to the cause of these disorders and further study is warranted.

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Declaration by Authors

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