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## Educational Page



### Dissociative Identity Disorder

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#### STATISTICS

1-3% of our population meets the criteria for DID

Women are more likely to be diagnosed than men, with a ratio of 9:1

Average age of diagnosis is 30, even though diagnosis is usually made 5-10 years after the onset of symptoms

Dissociative symptoms usually appear between the ages of 5 and 10 while alters usually appear around the age of 6.

Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder, is a condition in which a person has more than one identity/personality which can emerge at different times, altering their behavioral patterns and memory. It is common for those with DID to have experienced abusive and/or traumatic events in their lives (about 90%), leading them to form various identities as a mechanism for coping and regaining control of one's body and environment. However, these identities become complex and separate from one another rather than connected to create a whole single functional system to interact with the world around them.

As mentioned previously, a history of trauma and/or abuse plays a key role in the development of DID. During these experiences, one may dissociate (as the name suggests) as a way to separate him/herself from the outside world and the situation at hand to become unaware of what is happening. This serves to unconsciously protect the person from the physical and emotional pain that usually comes with these experiences. Since emotions aid in the formation and encoding of memory, this also blocks the memory from forming, which is why some people may not recall experiencing any trauma or abuse. Eventually, people may stop recalling repetitive traumatic events because this response is conditioned and automatic. In addition, new identities begin to develop and "take over" during stressful events as a way to cope, thus forming a dependence on these identities and, ultimately, developing DID.

*The criteria for Dissociative Identity Disorder (DID), according to the DSM-V are as follows:*

1. Two or more distinct identities or personality states are present, each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self.
2. Amnesia must occur, defined as gaps in the recall of everyday events, important personal information and/or traumatic events.
3. The person must be distressed by the disorder or have trouble functioning in one or more major life areas because of the disorder.
4. The disturbance is not part of normal cultural or religious practices.
5. The symptoms are not due to the direct physiological effects of a substance (such as blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (such as complex partial seizures).

To elaborate on these criteria, a person with DID usually has a core, or main, personality as well as alternative personalities, or alters. One can have over a hundred alters, but the typical adult with DID has 16 and the typical adolescent has 24. These alters embrace their own thoughts, feelings, behaviors, and backgrounds, and may be very different from the core personality, even in terms of age, gender, and race. For example, a woman with DID may have an alter who is a child as well as one who is a man. If you take a look at the video on the right, you will see an example of the differences in physiological and behavioral patterns when one switches from one identity to another (note: it is important to understand that changing states is not always very obvious to see). Often, alters may be aware of each other and because they have their own individual thoughts and feelings, conflict may arise between them. Additionally, one may experience periods of amnesia when switching between identities because of this failure to integrate all of these identities into one whole.



Other symptoms of DID include:

- Changes in functioning; being fine one minute, then disturbed the next
  - Physical pain and headaches
- Disconnection from their own thoughts, feelings, or body
  - Disconnection from their environment
  - Depression, anxiety, and/or mood swings
  - Disturbances with eating and/or sleeping
- Sexual promiscuity and/or problems with functioning sexuality
  - Substance abuse
  - Hallucinations
  - Self-injury
- Suicidal tendencies



A modern treatment approach known as Cognitive Behavioral Therapy (CBT) is usually used with patients with DID. Because switching to alters is an automatic way for those with DID to cope with stressful situations, the strategy is to find and utilize healthier alternative coping methods and help the individual to gain control of himself/herself and the world. Once these new coping methods are used, alters tend to disappear or be used less frequently since they are no longer needed to assist this person in stressful situations.

Other treatments may be used such as psychotherapy, dialectic-behavior therapy, family therapy, creative therapies (e.g. art and music), meditation and relaxation techniques, and clinical hypnosis. The main idea is for these individuals to express their thoughts, feelings, and experiences, make sense of themselves and the world around them, and develop healthy coping skills.

In addition, medication may be used, depending on the nature of the disorder in the individual and whether or not they also have other disorders such as anxiety or depression. Medication is usually given to treat symptoms of those disorders rather than DID itself (e.g. Zoloft, an anti-depressant, may be prescribed to someone with DID and depression as a way to treat the symptoms of the latter). However, there is no medication that will relieve an individual of the main symptoms of DID.

Although there are options out there for treating those with DID, more research is needed to understand the specific cognitive components of this disorder as well as the risk, social, genetic, environmental, and

sociocultural factors that contribute to it. Also, from a clinical standpoint, there is a need for more effective medications and treatment options grounded in adequate research.

To learn more about those affected by DID, read this article (<http://listverse.com/2015/03/16/10-famous-cases-of-dissociative-identity-disorder/>) about some famous case studies and apply this information to them.

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<http://psychcentral.com/lib/dispelling-myths-about-dissociative-identity-disorder/>

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