Dissociative Identity Disorder (DID)

Dissociative Identity Disorder is a condition in which a person has at least two or more separate identities. The identities are known as:

- Alters.
- Personality states.

Each alter is like another individual who seems to take over the person with DID. This is referred to as "splitting". The switch from one alter to the next usually occurs suddenly and without warning. Usually the switch happens spontaneously and is likely triggered by objects or events in the present but are related to objects or events from the past. The alters seem to work independently of each other. Each has its own unique way of relating, thinking and remembering life. Although each alter is aware of its own life, it lacks awareness of the other personality states. This separation of certain memories or thoughts is called "dissociation". Dissociation hides memories or thoughts from normal awareness. As a result, the DID person does not have a complete picture of his or her own life. Instead the disjointed segments cause significant interference in the person's general functioning, including:

- Social relationships.
- Employment.

People attempting to relate to someone with DID often feel frustrated and confused by the illogical shifts in thoughts and moods resulting from the switching of alters. In the past this disorder was referred to as Multiple Personality Disorder (MPD).

Dissociation

Dissociation is a mechanism that allows the mind to separate certain memories or thoughts from a persons normal awareness. The split off mental content is not forgotten or erased. It is simply hidden. It may resurface at any time if triggered. The degree of dissociation occurs along a spectrum from mild to severe.

Everyone has experienced mild episodes of dissociation. Two common examples would be daydreaming or "getting lost" in a book. Another occurs when you take a long car trip and for periods of time you lose tack of driving. Possibly you "come to" when the car ahead begins to brake. You draw a blank when trying to recall those lost periods. This is mild dissociation.

People with DID experience moderate to severe forms of dissociation. The dissociation serve as an internal protective barrier against overwhelming pain or terror often resulting from severe physical or sexual abuse, especially abuse suffered during childhood. People with DID are generally quite bright and creative. In order to survive severe trauma and to carry on in life, their ingenious minds develop protective barriers to help them escape or "split off" from:

- The overwhelming fear and pain of ongoing trauma.
- The troubling memories of past trauma.

These protective barriers take the form of altered states. With time these altered states develop personalities with separate:

- Names.
- Gestures.
- Temperaments.
- Vocabularies.

This is severe dissociation.

SIGNS AND SYMPTOMS

Individuals diagnosed with DID can demonstrate a variety of symptoms with wide swings across time. Functioning can vary from severe impairment in daily life to normal or high abilities.

- Multiple mannerisms, attitudes and beliefs that are not similar. For instance, one might see the person being boisterous and proud one moment and shy and withdrawn the next.
- Headaches and other body pains. Frequent switching of alters can result in headaches, fatigue, and body aches. Also, if a given alter is careless or is injured while in the lead, the person may later find unexplained cuts and bruises on his or her body.
- Loss of time. The person is unable to account for large amounts of time, ranging from hours to days.
- Depersonalization. The person does not have a clear sense of self or have a personal identity.
- Memory loss. Each alter has separate and distinct memories that are not shared with each other. An alter can not recall an event if he or she was present our at the time of the event.
- Depression. Experiences low mood and feelings of hopelessness when life is so confusing.

Individuals with DID experience an extremely broad array of symptoms that can resemble:

- Epilepsy.
- Schizophrenia.
- Anxiety disorders.
- Mood disorders.
- Post traumatic stress disorders.
- Personality disorder.
- Eating disorder.

For this reason it is not uncommon for individuals with DID to be misdiagnosed with one or more of the above problems before accurately being identified with DID.

CAUSES

The causes of DID are not clearly defined but have been linked to:

- Overwhelming stress.
- Traumatic experiences.
- Limited childhood nurturing.
- A high percentage of individuals with the disorder report childhood abuse.

TREATMENT

- **Psychotherapy**: It is the treatment of choice for individuals suffering from DID. Approaches can vary widely but generally the talk therapy focuses on the individual rather than on families, groups or couples. The goal is to bring together all the altered states into one coordinated whole.
- **Medication**: The use of medication is not generally recommended. Maintenance and effective use of prescriptions given the different personality states is difficult to attain. If prescribed it has to be very carefully monitored.
- **Self Help**: There is a growing trend for people with the disorder to come together to form mutual self help groups within larger communities and virtually, through online communities.
- **Support groups**: Groups such as the National Association for Mental Illness (NAMI) provides support, education and advocacy for those affected by mental illness. This includes both patients and families.

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