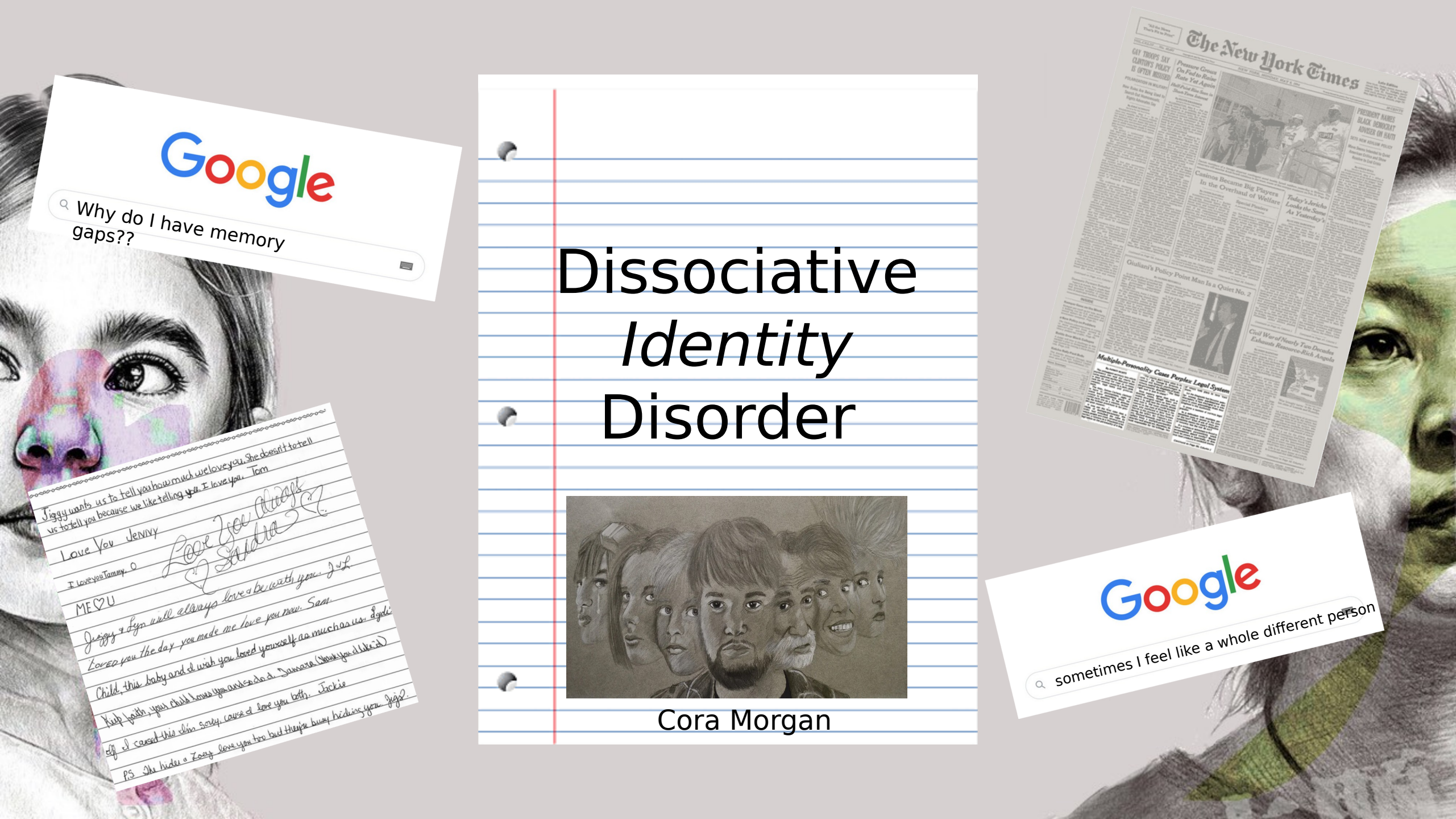
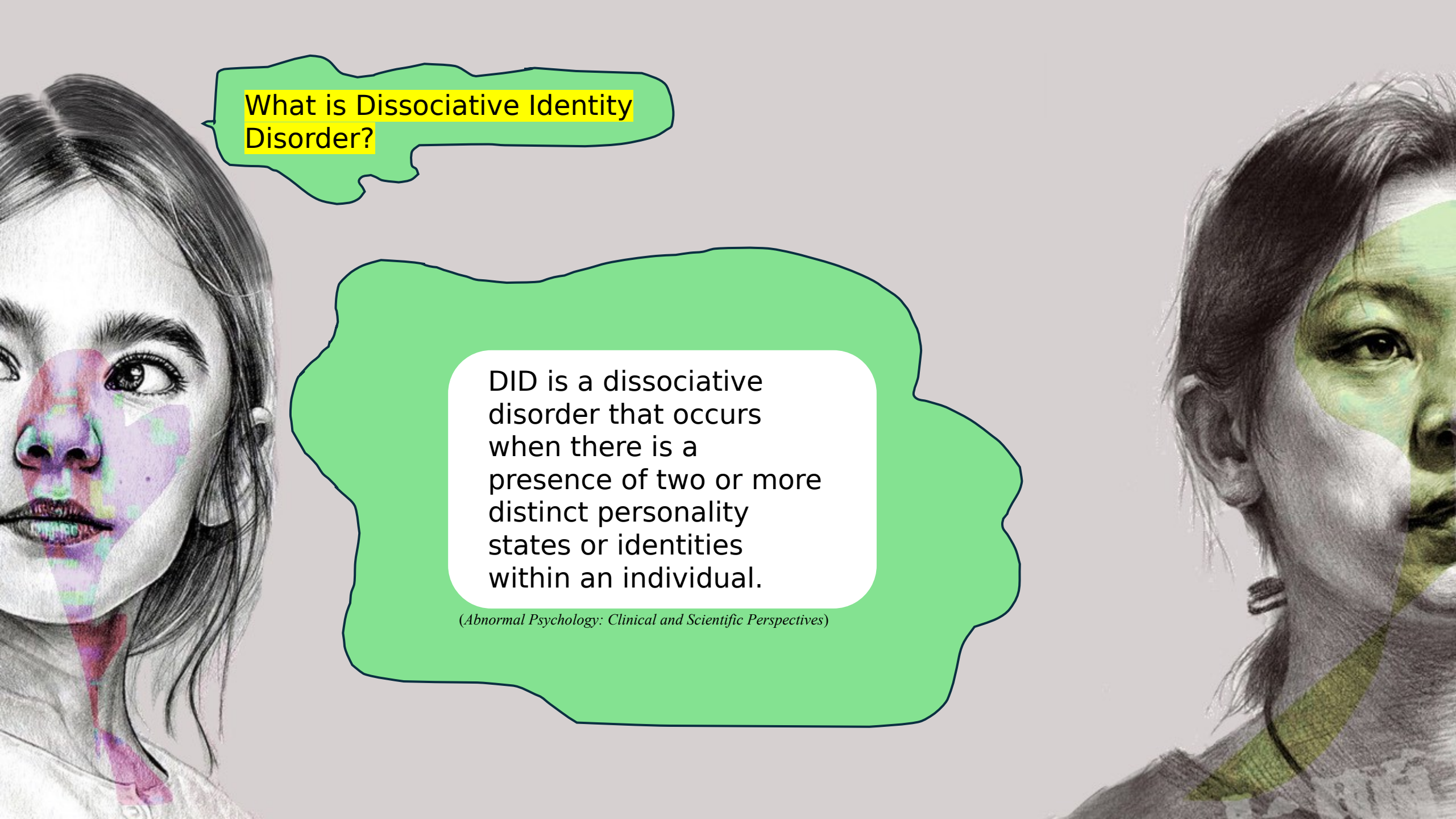
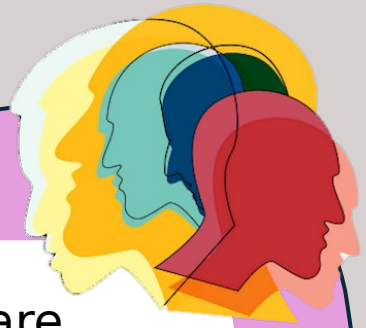


Dissociative *Identity* Disorder

Cora Morgan


What is Dissociative Identity Disorder?
DID is a dissociative disorder that occurs when there is a presence of two or more distinct personality states or identities within an individual.
(Abnormal Psychology: Clinical and Scientific Perspectives)

What exactly are the identities?



The ‘alters’ of the individual are usually diverse and will have their own qualities and features. They may wear glasses, have different physical features, be of various ages and genders, and talk and think differently. Each has their own name and history. They take control of the body when triggered by certain stimuli.

(Mayo Clinic)

What are the causes of DID?

DID is believed to be caused by repetitive and severe childhood trauma and/or abuse. By dissociating, the child emotionally detaches from the abuse and, in doing so, is unable to develop a full sense of self.

(Cleveland Clinic)

What are the symptoms?

- Inner voices
- Loss of time/memory
- Handwriting differentiation
- Nightmares
- Flashbacks
- Panic attacks
- Depression, anxiety
- Self-harm
- Eating disorders
- Chemical dependency
- Severe headaches
- Appearance/mannerism differentiation

(Abnormal Psychology: Clinical and Scientific Perspectives)

What does the DSM-5 say?

DSM-5 Diagnostic Criteria for Dissociative Identity Disorder

300.14 (F44.81) Dissociative Identity Disorder

A. Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.

B. Recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The disturbance is not a normal part of a broadly accepted cultural or religious practice.

Note: In children, the symptoms are not better explained by imaginary playmates or other fantasy play.

E. The symptoms are not attributable to the physiological effects of a substance (e.g., blackouts or chaotic behavior during alcohol intoxication) or another medical condition (complex partial seizures).

Source: Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, (Copyright 2013). American Psychiatric Association.

(Abnormal Psychology: Clinical and Scientific Perspectives)

How prevalent is this disorder?

- 0.1 to 2% percent of the population
- 9 times more common in women

(Katherine Reubine, DID-Research)

What treatment options are there?

Psychotherapy:

- **This therapy is the most effective for treating DID. It involves facing buried childhood trauma and bringing unconscious thoughts and feelings to the surface to unite the separate identities into a functional person.**
- **This therapy also helps the individual process bad memories, develop coping skills, and manage changes in behavior.**
- **Hypnosis**

(Aubrey Bailey – Verywell Health)

What treatment options are there?

Medication:

- There is no medicine that directly treats DID. However, there are some that can help alleviate symptoms.
- Antidepressants and antianxiety medications alter neurotransmitter signals to help cope with the disorder.
- Antipsychotic medications can reduce other symptoms.

(Aubrey Bailey – Verywell Health)

What are some coping strategies for the disorder?

- Exercise and Eating Healthy helps manage the depression and anxiety that often comes with DID.
- Getting a Healthy Amount of Sleep.
- Identifying Triggers will help the individual know what to avoid and when to expect a switch.

(Aubrey Bailey – Verywell Health)

Understanding the Disorder

It is a common misconception for people to automatically label a person with Dissociative Identity Disorder as delusional or a fraud. Many people lack empathy regarding the disorder and the trauma that corresponds with it. Media portrayal is very often incorrect regarding the intricate differentiations of this disorder. It is easy to label DID as a fad; however, this disorder has been recognized formally for decades, back in a time when it was taboo to have a mental illness.

(Bethany Brand - NCBI)

Works Cited

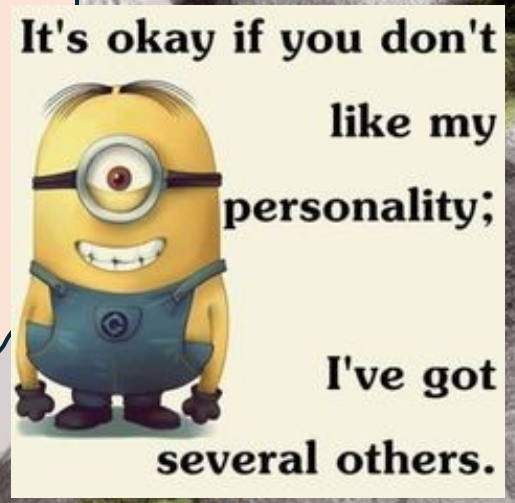
Bailey, Aubrey. “How to Treat Dissociative Identity Disorder.” *Verywell Health*, (2003), www.verywellhealth.com/how-to-treat-dissociative-disorder-5211865#toc-medications-for-dissociative-identity-disorder

.

Brand, Bethany L et al. “Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder.” *Harvard review of psychiatry* vol. 24,4 (2016): 257-70. doi:10.1097/HRP.0000000000000100 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959824/

Cleveland Clinic. “Dissociative Identity Disorder (Multiple Personality Disorder).” *Cleveland Clinic*, my.clevelandclinic.org/health/diseases/9792-dissociative-identity-disorder-multiple-personality-disorder.

Lyons and Martin. *“*Abnormal Psychology: Clinical and Scientific Perspectives - Fifth Edition” *BVT Publishing*, (2014).

Mayo Clinic. “Dissociative Disorders - Symptoms and Causes”. *Mayo Clinic*, (2023), www.mayoclinic.org/diseases-conditions/dissociative-disorders/symptoms-causes/syc-20355215#:~:text=You%20may%20feel%20like%20you,as%20the%20need%20for%20eyeglasses.

Reuben, Katherine. “Dissociative Identity Disorder Prevalence.” *DID-Research.org*, did-research.org/did/basics/prevalence.