



Dissociative Identity Disorder (DID)

(Formerly multiple personality disorder)

A fact sheet produced by the Mental Health Information Service

What is Dissociation?

Dissociation is a mental process where there is a lack of connection between memories, thoughts, feelings, actions or sense of identity. This disconnection is termed 'splitting' and exists at a sub-conscious level. The process of dissociation exists on a continuum. Mild dissociation experiences are common such as daydreaming or 'highway hypnosis', where a person drives from 'A' to 'B' but does not remember the details of the journey.

What is Dissociative Identity Disorder (DID)?

DID is the severe and chronic experience at the opposite end of the dissociative spectrum. The dissociative process may lead to discrete states that can take on identities of their own. These states are called 'alternate personalities' or 'alters' and are internal members of the 'system'. Changes between these personalities, or states of consciousness, are described as 'switching'. In many cases, each 'alter' performs a particular role for the person, for example, one may emerge to deal with anger, another may emerge when the person feels afraid, etc.

This behaviour was an originally adaptive, healthy reaction to intolerable situations, often described as a creative survival technique. However, in adult life the pattern of defensive dissociative behaviours can be problematic, leading to serious problems in a persons' daily life of work and social interactions. DID is closely related to Post Traumatic Stress Disorder (PTSD), with suggestion that 80-100% of people living with DID have a secondary diagnosis of PTSD.

What Are the Causes?

DID is developed during childhood (pre-age 7) during the sensitive time that the individual's personality is being formed. It is the result of:

- ongoing and severe neglect and abuse (emotional, physical and/or sexual)
- trauma (such as witnessing the; death of a parent, war, accidents or disasters);
- ritual/Satanic abuse (the condition is deliberately induced by cults to produce compliance and amnesia)

Evidence suggests that people living with DID have a biological predisposition for auto-hypnotic phenomena – they can easily be hypnotised.

What are the Symptoms?

Loss of time: 'blackouts' unrelated to drugs, alcohol or neurological disorders	Inability to recall large portions of childhood
Spontaneous trance states: staring and/or talking to oneself	Sudden and obvious changes in mood, behaviour, even appearance
Objects or new clothes appear without the person knowing where they came from	Flashbacks or abreactions in which they seem to be reliving the traumatic experiences.
Alcohol and drug abuse	Auditory and visual hallucinations
Somatic or physical complaints: Headaches, up to severe migraines Abdominal pain Chest pain Vaginal or anal pain Changes in vision Choking sensation	Co-morbid Mental Health Problems: Depression Mood Swings Anxiety Sleep disorders Eating disorders Suicidal ideation and/or self harm (cutting, burning)

How Does DID Affect a Person's Life?

Many people living with DID/MPD can interact and function very normally. People living with DID may dissociate to avoid situations, people places and things, such as smells, music, colours, etc, that are associated or remind them of the childhood trauma that created the disorder. The experience of any intense emotion (anger, fear, joy, sadness) may result in a conscious or sub-conscious decision to avoid and 'switch'. The array of symptoms and co-existing disorders (above) leads to difficulties with diagnosis. Research has documented that people living with DID have been misdiagnosed for up to seven years, treated for a variety of mental health problems before receiving accurate diagnosis and treatment.

What Treatment is Available?

The problems associated with dissociation are often responsive to the appropriate therapeutic treatment. Medications have generally proven ineffective, except with the treatment of additional disorders such as anxiety, depression and post-traumatic stress disorder where the serotonin re-uptake inhibitor (SSRI) anti-depressants such as Prozac, Aropax and Zoloft have provided some relief. Selecting a specialist therapist in seeking treatment is vital.

Therapy is very focused and intense and can continue for several years. Essential to therapy is 'mapping the system', where the various alters, and their purpose is identified. A person living with DID has a number of choices with the goal of therapy and the form of therapy used:

Goals of Therapy

Co-operation within the 'system': The therapist and person work towards a system where dissociation remains, but there is an understanding amongst the various alters as to when and where they may be active. This involves the establishment of the processes of 'co-consciousness', where two or more alters can be present at the same time, and 'co-presence', where the emotional influence of two or more alters are present at the same time.

Integration is the process whereby the disjointed system becomes connected into one functional personality and the individual no longer experiences the hallucinations, switching, loss of time etc. This process is long and arduous, with therapy requiring a working through of the original trauma and purpose of the splitting that created each alter. The individual must learn new 'survival', coping techniques for experiences that they previously would avoid. Integration (pre, during and post) is experienced as a death and can involve physical, mental and emotional difficulties. Counselling and support is essential following integration to avoid regressive splitting and a return to dissociative behaviours.

Partial integration can be an option for people who chose to continue with a dissociative life. The person living with DID may decide that only the dangerous, angry, self-harming alters will be integrated.

Forms of Therapy

Hypnosis is a common treatment during which people relive the traumatic memories in a safe environment, ultimately learning to interrupt and control the dissociation process. Hypnosis is also sometimes used to access the alters for the purpose of joining and integration.

EMDR is an acronym for 'Eye Movement Desensitisation and Reprocessing'. Also known as 'Reprocessing Therapy', EMDR is a complex therapeutic approach that stimulates the brain's information-processing system. The traumatic experiences such as those of people living with DID are described to be stored in the brain without being processed sufficiently. EMDR therapy brings these experiences to mind where the disturbing emotional and physical sensations are re-experienced. Re-processing in a safe environment, assists the person to have insight into their past, cognitively assess the situation and ultimately learn more adaptive behaviours for coping with stressful life experiences.

Where to Get Further Help

- Contact the NSW Mental Health Information Service on 1300 974 991 between 9.30am and 4.30pm, Monday to Friday, except Wednesdays, 12.30pm-4.30pm
- Contact the local Sexual Assault or Mental Health Service in your area.

Further Reading

- *Got Parts?: An Insider's Guide to Managing Life Successfully with Dissociative Identity Disorder* by A.T.W., Loving Healing Press, 2005, ISBN: 1932690034
- *Attachment, Trauma and Multiplicity: Working with Dissociative Identity Disorder*, by Valerie Sinason, Brunner-Routledge, 2002, ISBN: 041519556X
- *Multiple Personality Disorder from the Inside Out* by Barry M Cohen, Esther Giller, and Lynn Wasnsk, Sidran Institute Press, 1991, ISBN: 0962916404

References

- *Dissociative Identity Disorder* by the Dissociative Society of South Australia Inc. (DISSA) 1999
- *What is EMDR?* by L. Dubrow, and S. Dubrow-Eichel, EMDR Institute, Inc., Harvard, 1992
- Sidran Foundation: <http://www.sidran.org/didbr.html>
- Survivors on the Net <http://open-mind.org/Abuse.htm>
- <http://mentalhealth.about.com/od/dissociative/>
- <http://www.issd.org/indexpage/isdguide.htm>

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