



## What is Dissociative Identity Disorder?

Ch. 5-Somatoform and Dissociative disorders

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### Class Objectives

- ◆ What are Dissociative Disorders?
- ◆ What is Dissociative Identity Disorder (DID)?
  - What are the features of DID?
- ◆ What is the etiology of DID?
- ◆ How can DID be treated?

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Stop and reflect.  
Have you ever spaced out?  
Where do you go when you  
daydream?




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### Dissociation

- ◆ Dissociative experiences are somewhere in between a dream state and reality.
- ◆ Dissociation is a psychological state that produces a lack of connection from the psyche.
  - Thoughts/feelings
  - Memories
  - Sensations
  - Identity




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### Why do we dissociate?

- ◆ Even when daydreaming, these dissociative moments result in a temporary mental escape.
- ◆ In situations involving trauma, this provides a break from the fear and pain of the trauma.
  - This, in some cases, produces a memory gap surrounding the experience

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### Two Types of Dissociative experiences:

- ◆ If you have an episode of Depersonalization, your perception becomes altered so that you temporarily feel unreal or removed from your self, at times you can lose sense of your own identity.



The person feels like an observer of his life and may actually feel as if he were watching a movie.

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- ◆ During an episode of Derealization your sense of the reality of the external world is lost.
- ◆ This refers to experiencing familiar persons and surroundings as if they were strange or unreal.

- Things may seem to change shape or size, people may seem dead or mechanical.

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### I can't remember...

- ◆ What if we can't remember who we are or how we got to a certain place?? (non-alcohol-related!)
- ◆ *Dissociative amnesia* is characterized by a blocking out of critical personal information, usually of a traumatic or stressful nature.

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**THINK**

Review and reflect while watching the following video clip

What did you think about Dissociative Amnesia?

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Test your Knowledge about Dissociative Identity Disorder!  
True or False?

Dissociative Identity Disorder is the same as Schizophrenia.

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Test your Knowledge!  
True or False?

DID is a VERY controversial psychological disorder.

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Test your Knowledge!  
True or False?

Four times as many women are diagnosed as men.

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Test your Knowledge!  
True or False?

DID is the result of genetics and biology.

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Dissociative Identity Disorder (DID)

- ◆ This is one of the most controversial disorders, formerly called Multiple Personality Disorder.
- ◆ This dissociation disorder involves the creation of "alters", which are *partially* independent identities that exist within one body and mind.

- For DID to be diagnosed 2 or more distinct identities must be present.

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### Who's Affected?

- ◆ The estimated prevalence of DID in the U.S. population is from 1 in 500 - 1 in 5,000
  - Between 250,000 and 2,500,000 people.
  - Women are 4 times more likely to be diagnosed
  - Research suggests that 3-4% of people hospitalized for psychiatric and drug treatment are affected.

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### Separate People?

- ◆ People with DID may adopt as many as 100 new identities, all simultaneously coexisting.
  - The average is 10
- ◆ When under the control of one alter, they may exhibit different behaviors, mannerisms, personalities, gender orientation, and physical properties
  - such as handedness, allergies and eyesight

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### Switch!!

- ◆ The transition from one alter to another is called a "switch".
- ◆ The alter takes control of the host identity and controls their behavior. Due to this, amnesia is required for diagnosis, because sections of time are missing once the alter takes over.

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Review and reflect...  
 Watch the following video  
 on DID

What features of DID were displayed  
 by the patient? Also, take note of the  
 role of the therapist.

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What changes did you see?

- ◆ When the switch occurs, physical changes are evident, such as posture, facial expressions, personality, handwriting, even physical disabilities emerge.
- In one study, changes in handedness occurred in 37% of the cases (Putnam et al., 1986).

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- ◆ The person who usually becomes the patient and seeks treatment is the “host” identity. They usually become overwhelmed trying to hold the fragmented identity together.
- ◆ The alters are usually character-like, often serving specific roles:
  - “The Protector”
    - Handles conflict situations
  - “The Whore”
    - Handles sexuality, sometimes generating income as a prostitute.
  - “The child”
    - Usually represents the age when the child’s psyche became fragmented.

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It is important to recognize that these identities are not usually fully formed

While we see movies and characters with DID portrayed as completely different individuals they are often fragments of the host person

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### Can this disorder be faked?

- ◆ This is a very controversial disorder and is difficult to determine whether or not the identities are “real” or if the person is faking them for several reasons.
- ◆ Research supports that persons with DID are highly suggestible (Bliss, 1984).

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### The power of suggestion?

- ◆ There has been a lot of evidence to suggest that many alters can be created in response to leading questions from therapists during psychotherapy or while under hypnosis (Spanos, 1996).
- In extreme cases, unethical therapists have encouraged the creation of additional alters by coercion and suggesting false memories.



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Can professionals CREATE this disorder??

- ◆ Some psychologists believe that MPD is an *iatrogenic* (physician-induced) behavioral syndrome, promoted by suggestion.
- It is thought by some that MPD, like hystero-epilepsy, is created by therapists. This previously rare and disputed diagnosis became popular after the appearance of several best-selling books and movies.

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Just faking??

- ◆ Although the high suggestibility of these clients is a factor in the development of alters, research suggests that many people with fragmented identities are not consciously and voluntarily faking these alters.
- Miller (1989) confirmed that DID patients display changes in visual acuity, manifest retraction, and eye muscle balance would be difficult to fake.

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Changes in brain function have also been detected by using MRIs to observe brain changes during the time of the switch. Research has shown specific changes in hippocampal and medial temporal areas after the switch (Tsai et. Al, 1999)

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The escape into a fantasy world is done to escape the physical and/or emotional pain to survive.



Most surveys report a very high rate of childhood trauma in cases of DID.

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Causes

- ◆ Putnam et al., (1986) found that 97-98% of patients had experienced significant trauma, including sexual or physical abuse.
  - 68% reported a history of incest
- ◆ Ross et al., (1990) that 95% of patients reports sexual abuse with a tendency towards extreme, sadistic and often bizarre accounts.
  - This research reported documented incidences children being buried alive, tortured with matches, steam irons, razor blades or glass.

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Is this like PTSD?

There is a suggested “window of vulnerability” that leads to DID. This theory suggests that trauma prior to age 9 may help explain the development of DID in those with a early history of trauma (Putnam, 1997).




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### What Else Contributes?

- ◆ What seems to be most commonly agreed upon in the development of DID is the lack of social support during or after the abuse.
- ◆ Research has found a high correlation between chaotic, non-supportive family environments and the development of DID after trauma (Waller & Ross, 1997).

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### Treatment

- ◆ Symptoms of DID may come and go, but the disorder will not clear up on its own. The process for treatment of DID is not easy or agreed upon by professionals.
- ◆ The goal of treatment is to integrate the identities into a single identity through long-term psychotherapy, which is usually long and emotionally painful (Ellason et al., 1997).

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The prognosis is somewhat unclear. Coon (1986) found that only 5 out of 20 patients achieved full integration of their identities.

Further research showed a 22.2% success for reintegration 2 years after treatment (Ellason, 1997).

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New strategies for treatment

- ◆ Strategies clinicians are using today are based on successful treatments for PTSD, due to commonalities between DID and PTSD (Maladono, 1998).
- The goal for treatment is to identify triggers that provoke memories of trauma/dissociation and neutralize them.
- Most importantly, patients must confront and relive the early trauma so they can gain control (in their mind) over the events (Kuft, 1996).

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