



What is Dissociative Identity Disorder?

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?



Where do you go when you daydream?



Make a short list

How does the experience feel and what situations prompt this?



THINK

Dissociation



☞ Dissociative experiences are somewhere in between a _____

☞ Dissociation is a psychological state that produces a lack of connection from the psyche.

- thoughts
- _____
- _____
- sensations
- identity



Why do we dissociate?



☞ Even when daydreaming, these dissociative moments result in a _____

☞ In situations involving trauma, this provides a break from the fear and pain of the trauma.

- _____

Two types of Dissociative experiences:



☞ During episodes of *Depersonalization*, your perception becomes altered so that you temporarily _____

- _____

☞ During an episode of *Derealization* your sense of the reality of the external world is lost.

☞ _____

- Things may seem to change shape or size, people may seem dead or mechanical.
- As if they are living in a dream

I can't remember...



What if we can't remember who we are or how we got to a certain place?? (non-alcohol-related!)

- Amnesia is not just associated with a head trauma, people can have the inability to recall information due to dissociation.

What if we can't remember who we are or how we got to a certain place?? (non-alcohol-related!)

There are several Dissociative Disorders which can afflict a person



The following video presents a man with Dissociative Fugue, which is a form of dissociative amnesia where, _____

Dissociative Identity Disorder is the same as Schizophrenia.



DID is a VERY
controversial
psychological disorder.



DID is caused by faulty
genetics and biological
predispositions



Test your Knowledge!
True or False?



Four times as many women are
diagnosed with DID as men.

Men are more likely to be diagnosed with DID than women



False!

This is a disorder that affects women more often than men. In fact, women are four times more likely to be diagnosed with DID than men. However, there are many variables we will discuss to make sense of this statistic

Dissociative Identity Disorder (DID)



☞ This is one of the most controversial disorders, formerly called _____

☞ This dissociation disorder involves the creation _____

- For DID to be diagnosed _____

Separate Identities



☞ People with DID may adopt as many as 100 new identities, all simultaneously coexisting.

- _____

☞ When under the control of one alter, they may exhibit different behaviors, mannerisms,

- such as _____

Switch!!



_____ is called a "switch".

✎ The alter takes control of the host identity and controls their behavior. Due to this, amnesia is

- Some people with DID display "Co-Consciousness" or shared awareness, which varies from person to person.

Who's Effected?



✎ The estimated prevalence of DID in the U.S. population is from _____

- 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.

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).



The person who usually becomes the patient and seeks treatment is the "host" identity.



The alters are usually character-like, often serving specific roles (for example):

- "The Protector" -Handles conflict situations
- "The Whore" -Handles sexuality
- "The child" -Usually represents the age when the child's psyche became fragmented.

It is important to recognize that these identities



While we see movies and characters with DID portrayed as completely



Can this disorder be faked?



This is a very controversial disorder and is difficult to determine whether or not the identities are "real" of if the person is faking them for several reasons.

- _____
- _____
- _____

The power of suggestion?



☞ There has been a lot of evidence to suggest that

- In extreme cases, unethical therapists have encouraged the creation of additional alters by coercion and suggesting false memories.



Can professionals CREATE this disorder??



-Some psychologists believe that DID is an iatrogenic (physician-induced)


-It is thought by some that DID, 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.

Are Clients Just Faking??



☞ Although the high suggestibility of these clients is a factor in the development of alters, research suggests that many

- Miller (1989) confirmed that DID patients display changes in visual acuity, manifest retraction, and eye muscle balance would be
- 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



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


Causes

Research has found that 97-98% of patients had

- 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.



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

DID can be associated with events such as exposure to combat/war. There is a supported belief that DID is an extreme subtype of PTSD



But the symptoms vary based on this "window"

What Else Contributes DID?



☞ What seems to be most commonly agreed upon in the development of DID is the lack of

☞ Research has found a high correlation between chaotic, non-supportive family

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).

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).

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).

What's Next?



Body Dysmorphic Disorder
