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?

Class Objectives
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Where do you go when you daydream?

Make a short list
How does the experience feel and what situations prompt this?
Dissociative experiences are somewhere in between a _____________.

Dissociation is a psychological state that produces a lack of connection from the psyche. 
- thoughts 
- ____________ 
- sensations 
- identity

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. 
- ____________

Why do we dissociate?

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

Two types of Dissociative experiences:
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.

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!!

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” or if the person is faking them for several reasons.

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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.

The power of suggestion?

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

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

- It is thought by some that DID, like hysterical epilepsy, is created by therapists. This previously rare and disputed diagnosis became popular after the appearance of several best-selling books and movies.

Can professionals CREATE this disorder??

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.

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

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