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Individuals with DID often also suffer from other mental illnesses, including posttraumatic stress disorder (PTSD), borderline and other personality disorders, and conversion disorder. Dissociative identity disorder (DID), formerly called multiple personality disorder (in previous diagnostic manuals, like the DSM-IV), is a mental illness that involves the sufferer experiencing at least two clear identities or personality states, also called alters, each of which has a fairly consistent way of viewing and relating to the world. Some individuals with DID have been found to have alternate personalities that have distinctly different ways of reacting, in terms of emotions, pulse, blood pressure, and even blood flow to the brain. Health care professionals used to call the disorder multiple personality disorder (MPD), and people often colloquially referred to it as split personality disorder. Statistics regarding this disorder indicate that the incidence of DID is about 1% of all adults (general population) in the United States, from 1%-2% of patients in psychiatric hospitals and is described as occurring in girls equally to boys and up to nine times more often in women compared to men. However, this female preponderance may be due to difficulty identifying the disorder in males. Disagreement among mental health professionals about how this illness appears clinically and controversy about whether DID even exists adds to the difficulty of estimating how often it occurs. Some professionals continue to be of the opinion that DID does not exist. The nature of this skepticism is sometimes due to questions about why many more individuals who have endured the stress of terrible abuse as young children do not develop the disorder, why more children are not diagnosed as having DID, and why some DID sufferers have no history of significant trauma. One explanation for what some believe to be these inconsistencies is that given the highly complex and unknown nature of the human brain and psyche, many of those whom one would expect to develop dissociative identity disorder are spared due to their resilience. Another concern about the diagnosis of DID involves having to rely on the traumatic memories of those who suffer from this disorder. That DID is significantly more often assessed in individuals in North America compared to the rest of the world, for the most part, leads some practitioners to believe that DID is a culture-bound reaction rather than a true condition that is as widely among other mental health issues, symptoms of the same disorder in children look very different from symptoms in adults. Studies that verify the presence of DID using multiple resources add credibility to the diagnosis research on individuals with DID that have little to no media exposure to information on the illness lends further credibility to the reliability of this mental health condition. While there is no proven specific cause of DID, the prevailing psychological theory about how the condition usually develops is as a reaction to severe childhood trauma. Specifically, it is thought that one way that some individuals respond to being severely traumatized as a young child is to wall off altered states of consciousness, in other words to dissociate, those memories. When that reaction becomes extreme, DID may be the result. As with other mental disorders, having a family member with DID may be a risk factor, in that it indicates a potential vulnerability to developing the disorder but does not translate into the condition being literally hereditary. Signs and symptoms of dissociative identity disorder include lapses in memory (dissociation), particularly of significant life events, like birthdays, weddings, or birth of a child; experiencing blackouts in time, resulting in finding oneself in places but not recalling how one got there; being frequently accused of lying when they do not believe they are lying (for example, being told of things they did but do not remember, not related to the influence of any drug or medical condition); finding items in one’s possession but not recalling how those things were acquired; encountering people with whom one is unfamiliar but who seem to know them sometimes by another identity; being called names that are completely unlike their own name or nickname; finding items they have clearly written but are in handwriting other than their own; hearing voices inside their head that are not their own; not recognizing themselves in the mirror; feeling unreal (derealization); feeling detached from oneself, like they are watching themselves move through life rather than living their own life (depersonalization); feeling like more than one person. What’s Schizophrenia? Symptoms, Types, Causes, Treatment. See Slideshow There is no specific definitive test, like a blood test, that can accurately assess that a person has Dissociative Identity Disorder. Therefore, mental health practitioners like psychiatrists, psychologists, or clinical psychologists conduct a mental health interview that gathers information, looking for the presence of the signs and symptoms previously described. Using structured interviews like the Structured Clinical Interview for Dissociative Disorders (SCID-D) is thought to be particularly helpful in distinguishing DID from other mental illnesses. The diagnostic criteria described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) for dissociative identity disorder are as follows: The presence of two or more distinct identities or personality states (each with its own relatively persistent pattern of perceiving, relating to, and thinking about him or herself and the world) At least two of the identities or personality states repeatedly take control of the person’s behavior. An inability to recall important personal information that is too severe to be explained by ordinary forgetfulness The illness is not the result of the direct physiological effects of a substance (for example, blackouts or other abnormal behavior during alcohol or other drug intoxication) or a general medical condition (for example, seizures). In children, imaginary playmates or other fantasy play do not cause the symptoms. Professionals usually gather information about the individual’s childhood and ask questions to explore whether the symptoms that the client is suffering from are not better accounted for by another mental health condition, dissociative or otherwise. Other types of dissociative disorders include depersonalization/derealization disorder (feeling detached from themselves or surroundings), dissociative amnesia (memory problems associated with a traumatic experience), other dissociative disorder (episodes of dissociation that do not qualify for one of the specific dissociative disorders just described but the professional determining the diagnosis describes the reason why the criteria for a specific dissociative disorder is not met, as in when a person is in a trance), and unspecified dissociative disorder, formerly called dissociative disorder, not otherwise specified (DD,NOS), which is characterized by episodes of dissociation that do not qualify for one of the specific dissociative disorders just described). As part of the assessment, mental health professionals also usually ask about other mental conditions and ensure that the person has received comprehensive physical exams and any appropriate medical tests to that any physical conditions that may mimic symptoms of DID are identified and addressed. A major symptom of DID, occurs a number of other mental illnesses. For example, an individual with this disorder may seek to relieve overwhelming trauma-related memories by engaging in the self-mutilation and other forms of self-harm/self-injurious and self-destructive behaviors found in those with borderline personality disorder. Also, feelings and behaviors that may appear to be caused by dissociation, but are not, make it all the more difficult to distinguish DID from other conditions. Somatic symptom disorder, conversion disorder, and schizophrenia are just a few such disorders. Rape and other adult trauma victims are quite vulnerable to developing dissociative symptoms. The controversy about whether DID exists, as well as the overlap of symptoms it has with a number of other conditions, sometimes results in misdiagnosis. Symptoms of some other mental disorders may be mistaken for dissociation. The apparent impulsivity of bipolar disorder or wide mood swings associated with bipolar disorder, borderline personality disorder, or narcissistic personality disorder when triggered by minor slights are examples. People may also confuse the unstable self-image of borderline personality disorder with dissociation. Blackouts related to substance use disorders (formerly described as substance abuse or dependence) are other instances of an individual being unaware of his or her surroundings that mimic dissociation. DID often co-occurs with other emotional conditions, including

posttraumatic stress disorder (PTSD), borderline personality disorder (BPD), and a number of other personality disorders, as well as conversion disorder. DID is sometimes feigned by individuals who may be seeking attention, as in Munchausen’s syndrome. It has also been appropriately diagnosed as well as feigned in individuals involved in the criminal justice system. The treatment of DID involves a long-term, intensive, and comprehensive approach. The goal is to help people cope with their trauma, as well as people with personality disorders, may legally need to gain from having DID. While social stigma associated with being diagnosed as well as feigned in individuals involved in the criminal justice system remains, there are generally fewer stigmas associated with being diagnosed with DID than with being diagnosed with a personality disorder, such as antisocial personality disorder. Psychotherapy is generally considered the main component of treatment for dissociative identity disorder. In treating individuals with DID, therapists usually use individual, family, and/or group psychotherapy to help clients improve their relationships with others and to experience feelings they have not felt comfortable being in touch with or openly expressing in the past. It is carefully paced in order to prevent the person with DID from becoming overwhelmed by anxiety, risking a figurative repetition of their traumatic past being inflicted by those very strong emotions. Dialectical behavior therapy is a form of cognitive behavior therapy that emphasizes mindfulness and works on helping the DID sufferer soothe him- or herself by decreasing negative responses to stressors. Mental health professionals also often guide clients in finding a way to have each aspect of them coexist, and work together, as well as developing crisis-prevention techniques and finding ways of coping with memory lapses that occur during times of dissociation. The goal of achieving a more peaceful coexistence of the person’s multiple personalities is quite different from the reintegration of all those aspects into just one identity state. While reintegration used to be the goal of psychotherapy, it has frequently been found to leave individuals with DID feeling as if the goal of the practitioner is to get rid of, or “kill,” parts of them. Hypnosis sometimes helps increase the information that the person with DID has about their symptoms/identity states, thereby increasing the control they have over those states when they change from one personality state to another. This occurs by enhancing the communication that each aspect of the person’s identity has with the others. 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Mental health professionals also often guide clients in finding a way to have each aspect of them coexist, and work together, as well as developing crisis-prevention techniques and finding ways of coping with memory lapses that occur during times of dissociation. The goal of achieving a more peaceful coexistence of the person’s multiple personalities is quite different from the reintegration of all those aspects into just one identity state. While reintegration used to be the goal of psychotherapy, it has frequently been found to leave individuals with DID feeling as if the goal of the practitioner is to get rid of, or “kill,” parts of them. Hypnosis sometimes helps increase the information that the person with DID has about their symptoms/identity states, thereby increasing the control they have over those states when they change from one

blinking or rollingChanges in postureAppearing to be in a tranceA person with DID typically has no memory of being in an altered state. These gaps in memory can cause distress and affect mobility, leading to the inability to recall important day-to-day information. Additionally, someone with DID might have large gaps in their childhood memories or have limited memory of the trauma they experienced. Aside from the hallmark symptoms of multiple alters, difficulty functioning, and memory troubles, people with DID can also experience:AnxietyDepressionSymptoms associated with trauma (e.g., hypervigilance, flashbacks)Somatic symptoms (e.g., headaches, seizures, or gastrointestinal issues)Self-harmSuicidal ideation or attempts DID is often the result of severe and repetitive early childhood trauma, including reoccurring physical and sexual abuse. While dissociation (or, the disconnection between ones body, thoughts, and sense of self) is a common experience for trauma survivors, researchers believe that in people who develop DID, extreme and frequent dissociation causes a breakdown of memory and sense of self. For example, while someone might feel disconnected from their body during a traumatic event to make the experience more tolerable, a child who develops DID takes this survival mechanism a step further, dissociating into different identities (alters) to make their abuse more bearable. It's worth noting that not every person who experiences severe childhood trauma develops DID. According to one theory, these four factors need to be present for someone to develop DID: An ability to dissociateOverwhelming traumatic experiences that distort realityCreation of alters with specific names and identitiesLack of external stability, leading the child to rely on self-soothing Other factors that may increase one's risk of developing DID include:Early onset of trauma (before the age of 5)Abuse at the hands of attachment figures (e.g., parents or guardians)Disorganized attachment styleSocial isolationChronic stress On average, people wait five to 12 years before receiving a proper diagnosis. This is partially because diagnosing DID often requires multiple assessments over a long period of time, a detailed personal history from multiple sources (such as friends and family), and medical exams that rule out other possible explanations for the symptoms. Due to gaps in memory, people with DID might have trouble accurately self-reporting their symptoms or recalling their full trauma histories. People with DID often receive a misdiagnosis for other psychiatric conditions like borderline personality disorder and may encounter healthcare providers who are skeptical or ignorant of their condition. To diagnosis DID, there are also several assessment tools a healthcare provider might use, including: Dissociative Experiences Scale (DES)The Dissociation Questionnaire (DIS-Q)The Multidimensional Inventory of Dissociation Dissociative Disorders Schedule (DDIS)Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) The goals of DID treatment can vary from person to person. For some, the purpose of treatment is to integrate their identities and reduce or eliminate the number of alters they're experiencing. For others, the primary treatment goals are to increase cooperation between the alters and improve the persons overall quality of life. Most mental health professionals who treat DID use a three-phase treatment approach:Establishing safety and stabilization: This phase focuses on managing life-threatening behaviors, like substance use, self-harm, or suicidal behaviors. Mental health providers help a person with DID learn emotional regulation and grounding techniques to aid them in establishing more immediate safety.Confronting and working through traumatic memories: In this phase, a person might work with a provider to process past traumas. This can look like safely accessing traumatic memories by engaging with different alters.Identity integration/cooperation: During this phase, providers focus on a persons relationship with their whole self. The goals of this phase are individualized and depend on the person's needs and interests for healing and recovery. Mental health providers can also use psychotherapy (or, talk therapy) to help someone living with DID manage their symptoms and process traumatic memories. These therapies include:Trauma-focused cognitive behavioral therapy (TF-CBT)Dialectical behavioral therapy (DBT)Eye movement desensitization and reprocessing (EMDR) Most people with DID have experienced repetitive and severe childhood trauma, including physical and sexual abuse, emotional neglect, and a dysfunctional home environment. Considering this, protecting children from child abuse is one way to prevent the development of DID. Early intervention and community support for children whove experienced early childhood trauma can also mitigate (or, reduce) the risk of developing DID and other trauma-related disorders. While the causes of child abuse are complicated, some ways to prevent child abuse include: Strengthening economic support for familiesAffordable, high-quality childcareMentoring programs and after-school programsAwareness campaigns about the signs of child abuse DID is a complicated disorder that frequently co-occurs with other health conditions. In general, childhood trauma has been tied to numerous poor health outcomes including substance use, depression, and heart disease. People who develop DID are at risk for developing other conditions related to trauma, including: The prognosis (or, outlook) for people with DID is considered poor without receiving proper treatment. That being said, once someone receives an accurate diagnosis and adequate treatment, they can live fulfilling lives. With the help of a mental health provider, people with DID can attempt to integrate their alters into one, primary identity, or work to create systems that help them safely navigate their shifting alters. For example, this can include strategies for coping with amnesia, like utilizing support systems and writing things down to remember them when their identity switches. Treatment can be intensive and difficult and often involves processing new trauma memories and ongoing safety planning if self-harm or suicidal behaviors are involved. Becoming more familiar with their alters and gaining new information about their past can help people with DID put the pieces of their lives togetherand improve their overall functioning and quality of life. Frequently Asked Questions Yes, with proper treatment and support, someone with DID can live a normal life. Unfortunately, it can take 5 to 12 years for someone with DID to receive a proper diagnosis, and treatment is often intensive and long-term.While DID is considered to be a dissociative disorder, borderline personality disorder (BPD) is a personality disorder. Childhood trauma is a contributing factor for both conditions, but people with BPD do not have alters, or personality states* that act independently of each other. Thanks for your feedback! Reviewed by Psychology Today Staff Dissociative identity disorder, formerly referred to as multiple personality disorder, is characterized by a person's identity fragmenting into two or more distinct personality states. People with this condition are often victims of severe abuse. Dissociative identity disorder (DID) is a rare condition in which two or more distinct identities, or personality states, are present inand alternately take control ofan individual. Some people describe this as an experience of possession. The person also experiences memory loss that is too extensive to be explained by ordinary forgetfulness.DID was called multiple personality disorder up until 1994 when the name was changed to reflect a better understanding of the conditionnamely, that it is characterized by fragmentation or splintering of identity, rather than by proliferation or growth of separate personalities. The symptoms of DID cannot be explained away as the direct psychological effects of a substance or of a general medical condition.DID reflects a failure to integrate various aspects of identity, memory, and consciousness into a single multidimensional self. Usually, a primary identity carries the individual's given name and is passive, dependent, guilty, and depressed. When in control, each personality state, or alter, may be experienced as if it has a distinct history, self-image, and identity. The alters' characteristicsincluding name, reported age and gender, vocabulary, general knowledge, and predominant moodcontrast with those of the primary identity. Certain circumstances or stressors can cause a particular alter to emerge. The various identities may deny knowledge of one another, be critical of one another, or appear to be in open conflict. article continues after advertisement According to the DSM-5, the following criteria must be met for an individual to be diagnosed with dissociative identity disorder:The individual experiences two or more distinct identities or personality states (each with its own enduring pattern of perceiving, relating to, and thinking about the environment and self). Some cultures describe this as an experience of possession.The disruption in identity involves a change in sense of self, sense of agency, and changes in behavior, consciousness, memory, perception, cognition, and motor function.Frequent gaps are found in the individuals memories of personal history, including people, places, and events, for both the distant and recent past. These recurrent gaps are not consistent with ordinary forgetting.The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. Particular identities may emerge in specific circumstances. Transitions from one identity to another are often triggered by emotional stress. In the possession-form of dissociative identity disorder, alternate identities are visibly obvious to people around the individual. In non-possession-form cases, most individuals do not overtly display their change in identity for long periods of time. People with DID may describe the feeling that they have suddenly become depersonalized observers of their own speech and actions. They might report hearing voices (a child's voice or the voice of a spiritual power), and in some cases, the voices accompany multiple streams of thought that the individual has no control over. The individual might also experience sudden impulses or strong emotions that they don't feel control or a sense of ownership over. People may also report that their bodies suddenly feel different (like that of a small child or someone huge and muscular) or that they experience a sudden change in attitudes or personal preferences before shifting back. Sometimes people with DID experience dissociative fugue in which they discover, for example, that they have traveled, but have no recollection of the experience. They vary in their awareness of their amnesia, and it is common for people with DID to minimize their amnesic symptoms, even when the lapses in memory are obvious and distressing to others. Are dissociative states seen differently in other cultures? In many parts of the world, possession states are a normal part of cultural or spiritual practice. Possession-like identities often manifest as behaviors under the control of a spirit or other supernatural being. Possession states become a disorder only when they are unwanted, cause distress or impairment, and are not accepted as part of cultural or religious practice. Are suicidal thoughts common in dissociative identity disorder? According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,more than 70 percent of people with DID have attempted suicide at least once, and self-injurious behavior is common among this group. Treatment is crucial to improving quality of life and preventing suicide attempts for those with DID. Why some people develop dissociative identity disorder is not entirely understood, but they frequently report having experienced severe physical and sexual abuse during childhood.The disorder may first manifest at any age. Individuals with DID may have post-traumatic symptoms (nightmares, flashbacks, or startle responses) or post-traumatic stress disorder. Several studies suggest that DID is more common among close biological relatives of persons who also have the disorder than in the general population.Once a rarely reported disorder, the diagnosis has grown more commonand controversial. Some experts contend that because DID patients are highly suggestible, their symptoms are at least partly iatrogenicthat is, prompted by their therapists' probing. Brain imaging studies, however, have corroborated identity transitions. What other dissociative disorders are there? There are other dissociative disorders, all of which concern an individual's disconnection with reality. The person who suffersdissociative amnesia, for example, has difficulty remembering who they are, where they live, and other important personal information. And the person who suffersdepersonalized or derealization disorder is detached from their actions. The primary treatment for dissociative identity disorder is long-term psychotherapy with the goal of deconstructing the different personalities and integrating them into one. Other treatments include cognitive and creative therapies. Although there are no medications that specifically treat this disorder, antidepressants, anti-anxiety drugs, or tranquilizers may be prescribed to help control the psychological symptoms associated with it. With proper treatment, many people who are impaired by DID experience improvement in their ability to function in their work and personal lives. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. National Institute of Mental Health Find a Dissociative Disorders (DID) Therapist Get the help you need from a therapist near youa FREE service from Psychology Today. Atlanta, GA Austin, TX Baltimore, MD Boston, MA Brooklyn, NY Charlotte, NC Chicago, IL Columbus, OH Dallas, TX Denver, CO Detroit, MI Houston, TX Indianapolis, IN Jacksonville, FL Las Vegas, NV Los Angeles, CA Louisville, KY Memphis, TN Miami, FL Milwaukee, WI Minneapolis, MN Nashville, TN New York, NY Oakland, CA Omaha, NE Philadelphia, PA Phoenix, AZ Pittsburgh, PA Portland, OR Raleigh, NC Sacramento, CA Saint Louis, MO San Antonio, TX San Diego, CA San Francisco, CA San Jose, CA Seattle, WA Tucson, AZ Washington, DC The symptoms of DID include:Having at least two identities (personality states). These affect your behavior, memory, self-perception and ways of thinking.Amnesia or gaps in memory regarding daily activities, personal information and traumatic events.Different identities affect your ability to function in social situations or at work, home or school.Other mental health symptoms that can (but not always) be found along with DID include:Anxiety.Delusions.Depression.Self-harm.Substance use disorder.Thoughts about suicide (suicidal ideation).What does a person with DID feel like?If you have DID, you might feel or experience the following:Detached from reality, your emotions and your sense of self.Confused by what others may tell you about your behavior.Frustrated about gaps in your memory.Stressed about not being in control.Like a bystander, watching yourself from the outside.It doesnt feel like youre you with DID. This can look and feel different for each person who experiences it. If something doesnt feel right or your experiences and memories arent lining up, reach out to a healthcare provider for an evaluation.Can someone have DID without knowing?Yes, its possible that someone can have DID without knowing.While some people are aware of their identities, many people dont know when a new identity takes over. When a new identity steps in, you may not remember some events because another personality experienced them. This causes gaps in memory, called amnesia.What causes dissociative identity disorder?DID causes may include:Stressful experiences.Trauma.Abuse.These events typically happen during childhood. DID is a way for you to distance or detach yourself from the trauma.DID symptoms may trigger (happen suddenly) after:Removing yourself from a stressful or traumatic environment (like moving homes).Close relatives or your children reaching the age at which you experienced trauma.A recent traumatic or stressful experience (like a vehicle accident).An abuser passing away or experiencing a life-threatening illness.What are the risk factors for dissociative identity disorder?You may be more at risk of developing DID if you experienced:Physical or sexual abuse.Neglect.Multiple medical procedures during childhood.War or terrorism.What are the complications of dissociative identity disorder?Youre at an increased risk of suicide with DID. More than 70% of people diagnosed with DID attempt suicide or practice self-injury behaviors.If youre thinking about hurting yourself, call or text 988, the Suicide & Crisis Lifeline (U.S.). You dont have to be in a crisis to dial 988. Someone is available to talk, no matter your situation, so you can feel better in your time of need.

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