Dissociative Identity Disorder (DID)

Summary: Dissociative identity disorder (known in the past as multiple personality disorder) is a condition where an individual 'blanks out' (dissociates) in order to cope with repeated physical, sexual or emotional abuse, and ends up developing different personality states.

What Is It?

Most of us have experienced some form of dissociation at some point in our lives. For example, you may have dissociated or spaced out during boring situations such as a long, boring drive, and then not really remember how you got somewhere. Or you may have experienced stressful situations where you were numb or spaced out and can’t really recall what happened.

However, when a person is faced with overwhelming stress as may happen with abuse, dissociation is a normal process that can happen to deal with the stress.

For example, a child who experiences sexual abuse may ‘space out’ as a way to protect him or herself from remembering the event. When such stress or trauma happens over and over again, it can lead to dissociative identity disorder.

When dissociative identity disorder does occur, it usually happens when the trauma has occurred in childhood (e.g. before age 7-9). Young children are the most vulnerable because they have not yet had the opportunity to develop a stable sense of self or personality. People who are easily hypnotizable (i.e. prone to go into trance) are also at high risk.

Although dissociation may be a useful coping strategy in the beginning to deal with trauma, dissociation that continues to occur later on in life can cause problems in day-to-day life, and can cause severe problems in a person’s school, work or personal life.

DSM-IV Criteria

Dissociative Identity Disorder is a complex condition, and thus, it can take very long before it is properly diagnosed. Many times, people with DID are diagnosed with other conditions before finally receiving their DID diagnosis.

According to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) of the American Psychiatric Association, the criteria for Dissociative Identity Disorder are:

- The presence of two or more distinct identity or personality states, each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self.
• At least two of these identities or personality states recurrently take control of the person’s behavior.
• Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
• The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (e.g., complex partial seizures). In children, the symptoms are not attributable to imaginary playmates or other fantasy play.

Signs and Symptoms

Key Symptoms

The key symptoms which are unique to Dissociative Identity Disorder are the presence of two or more distinct personality states or “alters” that have control over the person’s behaviour.

Other key symptoms may include:

• Amnesia (loss of time, or ‘blackouts’), whereby the person can’t remember periods of time, or even portions of their childhood.
• Dissociation, which is a mental process where individuals are not fully connected with their thoughts, feelings, behaviours or memories
• Derealization, which is the feeling that the world is not real or in a haze.
• Depersonalization, which is the feeling of being detached from your body, as in an “out of body” experience
• Switching to different alters, which may appear as sudden changes in mood, behaviour or personality

Associated Symptoms

Other symptoms (or conditions) that an individual may have, but are not unique to Dissociative Identity Disorder, include:

• Depression, which is problems with extremely low or sad mood
• Mood swings, which is problems with moods going from one extreme to another
• Anxiety, panic attacks or other anxiety problems
• Thoughts of suicide, due to the high level of stress that people with DID often experience
• Alcohol or drug use, as an attempt at coping with stress
• Post-traumatic stress disorder, a condition that may be seen after individuals experience high stress or even life threatening situations
• Borderline personality disorder, a condition where individuals have severe problems with emotional regulation and controlling their feelings, often seen in those with past trauma

How Common Is It?

According to the International Society for the Study of Trauma and Dissociation, DID occurs in 1-3% of the population.

If You Suspect Dissociative Identity Disorder

Start by seeing your family doctor. Your doctor can help make sure that your symptoms aren’t due to a medical condition such as (traumatic) brain injury, medication, sleep deprivation, or drug use.

And if required, your doctor can help you to connect to mental health services.

Treatment for Dissociative Identity Disorder

Treatment aims to integrate or connect the different alters into one single identity and generally consists of talk therapy (a.k.a. psychotherapy).
Therapy goals include:

- Mapping out the alters, where the therapist and the person try to find out which are the various alters, and their purpose
- Integration, which is helping the alters co-exist with one another as a whole, functional personality. Once integrated, the person no longer experiences switches in alters, nor does the person have loss of time or blackouts.

Types of therapy include:

- Talking therapy
- Hypnosis
- Eye movement desensitization and reprocessing (EMDR).

In some cases, medications may be helpful for specific symptoms such as depression, anxiety which have not responded to non-medication treatment.

References

Treatment Guidelines for Dissociative Identity Disorders in Adults
http://www.isst-d.org/education/treatmentguidelines-index.htm

Treatment Guidelines for Dissociative Identity Disorders in Children
http://www.isst-d.org/education/treatmentguidelines-index.htm

About this Document

Written by the eMentalHealth Team.

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