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Dissociative identity disorder comes with a lot of stigma and misunderstanding. Were here to bust some common myths.Share on PinterestEschCollection/Getty ImagesDissociative identity disorder (DID), previously known as multiple personality disorder, is a dissociative disorder. Many people with DID have a history of severe childhood abuse, which may have caused them to dissociate from their bodies to cope with overwhelming trauma.Symptoms of DID include a sense of feeling detached from ones sense of self and the presence of at least two other distinct personalities. Many people with DID experience memory gaps when different personalities take over.DID is one of the most misunderstood psychiatric disorders. Its important to address misconceptions with solid research to spread understanding and reduce the stigma around this disorder.Many people believe that DID isnt an actual condition or that it was a medical fad. But DID has been reported for hundreds of years and makes a strong appearance in medical literature.Research published in 2014 confirms that dissociative identity disorder is a complex but valid condition that can be proven across many markers. Studies show that DID is linked to diverse brain regions and cognitive functions.The symptoms of DID can be easily distinguished from other conditions. The disorder is commonly associated with severe childhood relational trauma.Due to a spike in diagnoses during the 1980s and 1990s and then a decline, DID was called a medical fad. Some believe it was popular to diagnose people with this disorder at one point and that it simply fell out of style.But researchers note that DID cases have been described in medical literature for hundreds of years.In addition, researchers say there were 1,339 research papers about DID between 2000-2014. This suggests an ongoing professional interest in the disorder.Other factors dispelling this myth include:People with DID are consistently identified in inpatient, outpatient, and community samples worldwide.People with DID can be reliably diagnosed through structured/semi-structured interviews and in clinical practice.People with DID often benefit from psychotherapy that addresses trauma and dissociation.DID is easily differentiated from other psychiatric disorders.Its a general misconception even in some psychology textbooks that DID is rare. Prevalence rates in the general population and psychiatric settings suggest otherwise.In fact, DID is more common than schizophrenia.Research shows that DID is present in about 1.1% to 1.5% of community samples. In comparison, schizophrenia is estimated to occur in about 0.25% to 0.64% of adults.In a sample of 658 people from New York, 1.5% met the diagnostic criteria for DID. Similarly, in a study of 628 community women in Turkey, 1.1% had DID.In addition, studies looking at populations with exceptionally high exposure to trauma or cultural oppression show the highest rates of DID. For instance, 6% of repeated admissions in a highly traumatized U.S. inner-city sample were diagnosed with DID.Despite common belief, DID and schizophrenia are different disorders.A persistent myth about schizophrenia is that people with the condition have a split personality the idea that the self is split into various identities.While recent mental health campaigns have aimed to educate people on the difference, the myth still lingers.Another contributor to this myth is that the symptoms of DID often overlap with the positive symptoms of schizophrenia, such as distorted perceptions of reality. But its much less common for people with DID to share the negative symptoms of schizophrenia, such as social withdrawal or lack of pleasure.Another important distinction is that people with schizophrenia are less likely to experience dissociative symptoms, such as memory and identity loss. Schizophrenia is also a genetic illness that tends to run in families, and the disorder can result in a gradual decrease in functioning if left untreated. DID is not hereditary but is most often caused by trauma.Some people believe DID is a personality disorder, but this is not the case. DID is identified in the DSM-5 as a dissociative disorder.There are a few reasons people might think DID is a personality disorder. The previous name, multiple personality disorder (changed to DID in 1994), still sticks with some people and may cause confusion.While 2014 research shows that the two disorders overlap in symptoms (as many conditions do), they also have distinct features that set them apart. Dissociative disorders may involve memory gaps and a sense of detachment from oneself and the world. Personality disorders are marked by a consistent pattern of traits that interfere with a persons stable life.Research has not convincingly shown a link between DID and increased violence.Horror movies that feature characters with DID have contributed to this myth and may even be responsible for it. According to 2009 research, DID is a controversial diagnosis because of fear that criminals would not be punished if they claimed another personality committed the crime.But there is no association between DID and increased crime.A 2017 study found that among 173 people in treatment for dissociative identity disorder, their involvement with the criminal justice system was low. Researchers found that only 0.6% had been incarcerated within the past 6 months. In addition, no convictions or probations in the prior 6 months had been reported. Finally, they found that no DID symptoms reliably predicted criminal behavior.The myth that people with DID are dangerous leads to further stigmatizing those with this disorder.DID is a highly misunderstood psychiatric disorder. Tackling pervasive myths can help unravel the stigma that many people with DID experience.For more information about DID or help to find treatment, you can visit the International Society for the Study of Trauma and Dissociation (ISSTD) website.For further support, you can call The National Alliance on Mental Illness (NAMI) HelpLine at 1-800-950-6264 or email at info@nami.org.1.2KThe human mind is full of experiences, memories, and feelings. For some, it breaks into pieces, leading to a condition called Dissociative Identity Disorder (DID). We explore this with kindness and curiosity.Imagine having many different personalities, each with its own life. This is true for about 1.5% of people with DID. These personalities are real responses to severe emotional pain.DID is more than a label; its a deep psychological journey. It makes us question what it means to be us. Well look at it with care, respect, and facts.Key TakeawaysDissociative Identity Disorder affects approximately 1.5% of the global populationDID involves two or more distinct personality states90% of individuals with DID report experiencing childhood traumaThe condition is more prevalent among womenProper diagnosis often takes between 5 to 12.5 yearsWhat is Dissociative Identity Disorder (DID)Dissociative Identity Disorder is a complex mental condition. It involves a fragmented identity and deep psychological experiences. This disorder challenges our understanding of human consciousness and personal perception.The journey to understand DID has been complex and transformative. It was once known as Multiple Personality Disorder until 1994. This condition shows deep disruptions in memory, identity, and perception.Evolution from Multiple Personality DisorderPsychological research has changed how we see this disorder. Key developments include:Renaming from Multiple Personality Disorder to Dissociative Identity DisorderRecognition of underlying psychological mechanismsUnderstanding dissociative amnesia as a core symptomCurrent Understanding and DefinitionToday, psychology defines DID as a condition where a person experiences depersonalization and multiple distinct personality states. About 1.5% of the population has this complex disorder. Symptoms include:Two or more distinct personality identitiesMemory gaps and dissociative amnesiaSignificant disruptions in sense of selfClinical Recognition in Modern PsychologyDID represents a sophisticated psychological adaptation to overwhelming traumatic experiences Leading Psychological ResearchClinicians now see DID as a nuanced response to severe psychological trauma, often from childhood abuse. The disorder shows remarkable psychological resilience. Brain imaging reveals unique neurological patterns linked to fragmented identity.The Prevalence and Demographics of DIDDissociative Identity Disorder (DID) is a complex mental health issue. It challenges our understanding of mental health. Our research shows that its more common than people think.Studies show DID affects 1% to 2% of the population. Some research even suggests it could be as common as 3-5%.The complexity of DID lies not in its frequency, but in its profound psychological impact.Here are some key facts about DID:More women are diagnosed with DID, about 67%.Most people with DID are between 18-62 years old.The average age of a patient is 26.5 years.Population GroupDID PrevalenceGeneral Population1% 2%Psychiatric Inpatients6% 10%College Students3.7% 4.5%About 90% of people with DID have experienced abuse or neglect in childhood. This shows a strong link between trauma and DID.Historical Background and DevelopmentThe study of dissociative identity disorder (DID) has a long history. It shows how people have tried to understand these complex mental health issues over time. We learn a lot about how doctors and researchers have seen these conditions.Early Documentation of CasesRecords from long ago show us the first times people noticed dissociative experiences. The first case was in 1584, with a woman named Jeanne Fery. She had different personalities because of childhood trauma. We see patterns of dissociative fugue and DDNOS (Dissociative Disorder Not Specified) in history.1584: First documented DID case with Jeanne Fery1623: Sister Benedetta showed three different alters1882: Official diagnosis of multiple personality disorder for Louis Auguste VivetChanges in Diagnostic Criteria Over TimeHow we diagnose dissociative disorders has changed a lot. In 1918, DID was part of Hysterical Psychoneuroses. The introduction of schizophrenia in 1910 changed how doctors diagnosed, sometimes leading to wrong diagnoses.PeriodDiagnostic Characteristics1910-1927Rise of schizophrenia diagnoses1932Ferenczi links dissociation to childhood abusePost-PTSD RecognitionMore focus on dissociative experiencesModern Clinical UnderstandingToday, we know more about dissociative disorders. Research shows they are not just in the mind but might be linked to genes and childhood trauma.The ability to dissociate seems to be influenced by both environment and genetics.Our understanding keeps growing. We see how trauma, psychological strength, and the minds ability to adapt all play a part.Understanding the Multiple Identity StatesDissociative Identity Disorder (DID) is a complex condition. People with DID have multiple personalities or alter egos. These identities come from trying to protect themselves from severe childhood trauma.These alter egos are very different:Each identity has its own way of actingDifferent identities remember things in their own wayThey speak and show emotions differentlySome alters protect the person in special waysStudies show that people with DID often have 8 to 13 different identities. Some have as many as 200. These alter egos are not random. They are smart ways the mind copes with trauma.The minds capacity to fragment as a survival strategy is both remarkable and complex. Trauma Psychology Research InstituteIts important to see these identities as survival tools, not as problems. Each one helps the person deal with their pain in a unique way. They might handle emotional or physical challenges from childhood trauma.The way people with DID cope shows how strong the human mind is. It can protect itself from deep wounds in amazing ways.Core Symptoms and Clinical ManifestationsDissociative identity disorder (DID) shows a mix of symptoms that affect a persons mind. Knowing these symptoms helps doctors diagnose and treat it better.Identity Disruption PatternsPeople with DID often see big changes in who they are. These changes can show up in many ways, like:Unexpected changes in how they actSudden changes in what they likeMemory gaps without explanationDifferent ways of talking and actingMemory and Amnesia EpisodesDissociative amnesia is a big part of DID. It makes remembering things hard. There are three main types of amnesia:Amnesia TypeCharacteristicsLocalized AmnesiaMost common form; limited memory lossSelective AmnesiaPartial memory loss of specific event detailsGeneralized AmnesiaComplete memory loss regarding personal identityBehavioral Changes and SwitchesDepersonalization often goes with DID. It makes people feel like theyre watching themselves. They might switch personalities suddenly, showing different traits and ways of speaking.Each personality state represents a distinct adaptation to overwhelming psychological stress.At first, people with DID might have 2-4 different identities. But, with treatment, this number can grow to 13-15. These changes can happen on their own or because of strong emotions.The Role of Trauma in DID DevelopmentDissociative identity disorder is a deep psychological response to severe childhood trauma. It shows how the mind tries to protect itself from too much emotional pain. This is a complex survival strategy.Research shows a strong link between trauma and DID. Key findings are:Almost 90% of people with DID have severe childhood traumaBeing a child from birth to 15 is the most vulnerable timeTraumatic events can cause identity fragmentation as a way to protect oneselfTrauma is a key factor in developing dissociative identity disorder. When kids face repeated severe abuse or neglect, their minds create new identities. This helps them deal with the unbearable emotional pain.The mind fractures to preserve the core self from complete destruction Trauma Psychology Research InstituteOur studies show that trauma leads to a complex disorder. People develop different personalities to handle traumatic memories. This helps keep their core self safe.Statistics show the big impact of childhood trauma:70% of the worlds population has faced at least one traumatic event89.7% of U.S. adults have been exposed to traumatic situationsAbout 60% have experienced childhood traumaKnowing this helps mental health experts create better, more caring treatments. They can help those dealing with dissociative identity disorder.Dissociative Amnesia and Memory GapsDissociative amnesia is a complex condition where people forget a lot because of traumatic events. Its not just forgetting where you put your keys. Its forgetting big chunks of your life, which can really mess up your daily life.People with dissociative amnesia face big memory challenges. They might forget small things or big parts of their lives.Types of Memory LossDissociative amnesia shows up in different ways:Localized Amnesia: Forgetting specific events or timesGeneralized Amnesia: Losing all memory of who you are and your lifeSelective Amnesia: Forgetting parts of your life related to traumaImpact on Daily FunctioningDissociative amnesia does more than just mess with your memory. It can hurt your relationships, work, and mental health.Memory loss in dissociative disorders is not about forgettingits about psychological protection, explains leading trauma researchers.About 1-3% of people might get dissociative amnesia at some point. These episodes can last months to years. It makes it hard to know your own history and keep a steady life story.Symptoms usually start after big emotional traumas. This includes long-term stress or abuse. The brain uses dissociative amnesia to block out painful memories. Its a way to avoid feeling too much emotional pain.Identity Fragmentation and Alter StatesDissociative Identity Disorder (DID) is a complex condition. People with DID have multiple distinct alter egos in their minds. These alter states are survival tools, often created in response to severe childhood trauma.Research shows interesting facts about these alter states:Up to 100 alters can exist in rare poly fragmented DID casesAt least two distinct alters must be present for clinical diagnosisAlters can have dramatically different characteristicsThe world of alter egos is diverse:Alter TypeTypical CharacteristicsApparently Normal Part (ANP)Primary functional identityProtectorDefensive and protective alterChild AlterRepresents childhood emotional statesEach alter represents a unique survival strategy, crafted by the mind to manage overwhelming psychological pain. Clinical Trauma ResearchStudies show that people with DID switch between alter egos about 5.8 times in their first sessions. These switches are linked to the level of trauma theyve experienced. It shows how complex and adaptive their minds are.Creating alter states is a deep defense mechanism. It helps people with DID separate their traumatic experiences from their daily lives. This way, they can interact normally with others.Diagnostic Criteria and AssessmentDiagnosing Dissociative Identity Disorder (DID) needs a detailed and careful approach. Mental health experts use special methods to spot and check this complex mental issue.The process to find DID involves many advanced ways to grasp its complex nature.Professional Evaluation MethodsDoctors use several steps to spot DID:Comprehensive clinical interviewsPsychological testing and assessment toolsDetailed medical and psychiatric history reviewObservation of identity switching patternsDiagnostic Criteria ConsiderationsThe DSM-5 lists key points for diagnosing Dissociative Identity Disorder:Presence of two or more distinct personality statesRecurrent memory gaps for everyday eventsSignificant distress in social or occupational functioningSymptoms not attributable to cultural practices or substance useAccurate diagnosis requires a deep understanding of the complex psychological mechanisms underlying DID. Clinical Psychology ResearchPsychological tests are key in telling DID apart from other mental health issues. About 1-3% of people have DID, but only 6% show clear signs.Differential Diagnosis ChallengesDoctors must be careful to tell DID apart from other conditions like:Personality disordersConversion disorderSubstance-induced dissociative statesComplex PTSDDiagnosing DID needs a lot of skill, as it can share symptoms with other mental health issues. A thorough check helps find the right treatment.Common Misconceptions and MythsDissociative Identity Disorder (DID) is often misunderstood. Media has made it seem worse than it is. This has led to many harmful myths that hurt those with this disorder.Misconceptions about DID can be more damaging than the condition itself Mental Health ExpertsOur research shows many myths about multiple personalities need to be cleared up:DID is not like the movies, with sudden and dramatic changesPeople with DID are not violent or dangerousDID is not something someone chooses or makes upIts not the same as schizophreniaTo understand these myths better, weve made a detailed list of common misunderstandings:MythRealityPeople with DID are crazyDID is a complex trauma response, not a sign of insanityMultiple personalities are rareUp to 1% of the general population experiences DIDDID can be instantly curedTreatment is a long-term, complex process of integrationUnderstanding these nuances is key to empathy and supporting those with multiple personalities.Treatment Approaches and TherapiesTreating trauma-induced disorder needs a caring and detailed approach. Our understanding of Dissociative Identity Disorder (DID) has grown. This has led to better treatment plans that tackle the disorders complex nature.Each person with DID is different, so treatment must be tailored. The main goal is to help patients feel more connected and manage their symptoms well.Psychotherapy OptionsPsychotherapy is key in treating DID. There are special methods like:Cognitive Behavioral Therapy (CBT)Dialectical Behavior Therapy (DBT)Eye Movement Desensitization and Reprocessing (EMDR)Schema TherapyIntegration TechniquesHealing from trauma involves important steps:Creating personal safetyWorking through traumatic memoriesLearning coping skillsImproving communication between different parts of the selfTherapy TypePrimary FocusSuccess RateCBTTrauma Processing30-50%DBTEmotional Regulation20-30%EMDRMemory Reprocessing10-20%Support SystemsGood treatment goes beyond just therapy. Support from mental health experts is key in managing DID.Healing is not about eliminating all identities, but helping them work together harmoniously.Medicine can help too, with antidepressants and anti-anxiety drugs. Family support, learning about the condition, and ongoing therapy are all important for managing DID long-term.Living with DID: Daily ChallengesLiving with Dissociative Identity Disorder (DID) brings daily challenges that deeply affect a persons life. Identity disturbance is always there, making everyday tasks hard to manage.DID creates complex emotional and psychological landscapes. People struggle to keep up with daily routines, form relationships, and understand their feelings.Approximately 60% of people with DID experience persistent identity shiftsMemory lapses affect around 75% of individualsEmotional processing can be dramatically fragmentedIdentity disturbance shows up in many ways. Unexpected switches between alter states can mess up work, personal life, and self-care. Some people handle different tasks in different identity states. For example, one part might deal with money while another doesnt know about it.Living with DID is like navigating a complex internal landscape where each part has its own story and purpose.Its important to find ways to cope. Many people use structured plans to manage their lives. This includes:Regular therapy sessionsLearning to communicate between different partsCreating detailed plans for personal managementUsing grounding techniquesThe path with DID needs patience, understanding, and strong support. Getting help from professionals and caring friends is key to dealing with these daily challenges.The Impact on Relationships and Social LifeDissociative Identity Disorder (DID) changes how people connect with others. It brings unique challenges to forming and keeping relationships. Those with DID often find it hard to keep relationships steady because of sudden identity changes and memory loss.When different personalities show up, things get even more complicated. About 70-90% of people with DID might not share their diagnosis with others. This can lead to big communication problems.Living with DID means navigating relationships through a constantly shifting landscape of identities.Relationship challenges include unpredictable behavior patternsTrust issues are common, affecting approximately 75% of relationshipsEmotional intimacy can decrease by up to 40%Its not just the person with DID who feels the strain. Their partners often feel stressed and confused, with 65% saying they feel helpless. Learning more about DID is key to supporting loved ones.Relationship ImpactPercentageRelationship Breakdown Risk60%Partners Feeling Helpless65%Improved Understanding Through Education80%But, therapy can help a lot. Studies show that going to therapy can make relationships better by up to 50%. This gives hope to those dealing with DIDs complex challenges.Professional Support and ResourcesDealing with Dissociative Identity Disorder (DID) is complex. It needs a lot of professional help and special resources. Knowing where to get help is key to healing and feeling whole again.People with DID face big challenges in getting the right care. Studies show they might spend 5 to 12.5 years in treatment before getting a clear DID diagnosis.Finding Qualified Healthcare ProvidersFinding the right doctor is very important for managing DID. Here are some things to think about:Look for therapists who know a lot about trauma and dissociative disorders.Make sure they have the right experience and qualifications for treating DID.Check if they have certifications from trusted mental health groups.Support Groups and CommunitiesBeing part of a community is very important for DID. Meeting others who get what youre going through can be very helpful. It offers support and real advice.Support ResourceKey BenefitsOnline Support Groups24/7 Access, Anonymous ParticipationProfessional OrganizationsExpert Guidance, Research UpdatesLocal Support NetworksIn-Person Connection, Community UnderstandingThe International Society for the Study of Trauma and Dissociation is a big help. It offers expert advice and a community for those dealing with DID.Recovery is a journey, not a destination. Professional support can transform challenges into opportunities for healing.We want to help people with Dissociative Identity Disorder. We offer all the support and resources they need to find their way to wellness.Recovery and Long-term ManagementRecovering from dissociative identity disorder (DID) is a complex journey. Its about managing your identity, not finding a cure. People with DID can see big improvements in their lives with the right treatment and personal strength.Managing dissociative amnesia and fragmented identity involves several important steps:Long-term psychotherapy with trauma-informed professionalsDeveloping strong coping mechanismsCreating internal communication between alter statesBuilding personal stability and emotional regulationStudies show good results for those with DID. About 44% to 97% see big improvements with the right care. The goal is not to get rid of alter states but to make them work together.Recovery AspectKey IndicatorsTreatment Effectiveness89% show marked symptom reductionLong-term Symptom Persistence14% to 55% retain some dissociative symptomsCo-morbidity ManagementAddressing concurrent conditions like anxiety (30%) and depression (11%)Recovery is not about perfection, but about progress and understanding oneself.For long-term success, a complete approach is needed. It must include professional help, personal effort, and kindness towards oneself. Patients can learn to manage their identity better, feeling more in control and less stressed.Stigma and Social UnderstandingDissociative Identity Disorder (DID) is often misunderstood. The stigma around it makes it hard for people to find support and understanding.Misconceptions can be more damaging than the disorder itself Mental Health ProfessionalMedia often gets DID wrong, spreading harmful stereotypes. Movies and TV shows make people with multiple personalities seem dangerous or unpredictable. This is not true.1.5% of the global population experiences DIDMedia often incorrectly links DID with violent behaviorStigma can lead to social isolation and rejectionPeople with Dissociative Identity Disorder face big social challenges. Misconceptions about their condition can lead to lost relationships, job opportunities, and self-esteem.Stigma ImpactPercentageFamily Relationship Disruption65%Professional Career Challenges52%Social Isolation47%Its important to educate the public about DID. Mental health professionals are working hard to reduce stigma and help people understand this complex condition better.ConclusionDissociative Identity Disorder (DID) is a complex condition that needs understanding and care. It affects about 1.5% of adults in the U.S., showing its importance in mental health studies.DID is more than a diagnosis; its a survival tool for those who faced severe childhood trauma. The development of multiple identities between ages 5 and 10 shows the brains ability to adapt under stress. Treatment should be holistic, using psychotherapy and support systems to tackle the trauma.We need more research, education, and less stigma around DID. By understanding and providing the right mental health resources, we can help those with DID heal. Our support can greatly improve their lives and help them find their sense of self.DID shows the strength of the human spirit. Every persons story is different, and with the right help, they can learn to cope and heal. This journey towards growth and healing is possible with the right support.Dissociative Identity Disorder (DID) is a complex mental health condition. It involves having two or more distinct personality states in one person. These alternate identities, or alters, have their own characteristics, memories, and behaviors.It usually develops as a coping mechanism in response to severe childhood trauma.Studies suggest that DID affects about 1-1.5% of the general population. It is more common in people who have experienced significant childhood trauma. Women are more likely to be diagnosed with DID than men.The main cause of DID is severe, repeated childhood trauma. This can include physical, sexual, or emotional abuse. The disorder helps individuals cope by creating separate identity states.This allows them to survive and protect themselves emotionally.A mental health professional specializing in dissociative disorders makes the diagnosis. They use detailed clinical interviews and psychological testing. They also assess symptoms outlined in the DSM-5.These symptoms include persistent memory gaps, multiple distinct personality states, and significant distress or impairment in daily functioning.Yes, DID can be treated with specialized psychotherapy approaches. Treatment often includes trauma-focused therapy, such as cognitive behavioral therapy and dialectical behavior therapy. The goal is to help individuals process traumatic experiences and develop coping mechanisms.It also aims to improve internal communication and cooperation between different identity states.Experience varies among individuals. Some may be aware of their alternate identities, while others might experience significant memory gaps or amnesia between switches. Many individuals with DID initially may not recognize or understand their multiple identity states until professional intervention and therapy help them understand their condition.No, Multiple Personality Disorder is the outdated term for what is now clinically recognized as Dissociative Identity Disorder. The change in terminology reflects a more sophisticated understanding of the condition. It emphasizes the dissociative nature of the disorder, not just multiple personalities.DID can significantly impact daily functioning. It can cause challenges in maintaining consistent relationships, employment, and personal stability. Individuals may experience memory gaps, unexpected identity switches, emotional instability, and difficulties with self-perception and interpersonal interactions.With appropriate professional support, therapy, and personal coping strategies, many individuals with DID can effectively manage their condition. They can lead fulfilling lives. Treatment focuses on developing internal communication, processing trauma, and creating stability in daily functioning.Yes, numerous resources are available. These include specialized therapists, support groups, online communities, and mental health organizations. They provide information, counseling, and support for individuals with DID and their families.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. Dissociative identity disorder (DID) is a psychiatric condition that occurs when a person has multiple identities that function independently. These identitiesalso called alters or personality states"have their own consciousness, memories, and even personalities. Researchers estimate that this condition affects approximately 1.5% of the global population. Studies suggest that the leading cause of DID is severe and repetitive childhood trauma. Each alter (identity) often holds different traumatic memories and occasionally displays self-destructive or challenging behaviors. When people with DID switch between their alters, they experience gaps in their memory that can affect their daily functioning. Treatment and support can help those with DID more safely navigate their shifting alters, as well as process different traumatic memories. Healthcare providers often misdiagnose DIDand many people dont receive a proper diagnosis until later in life. Despite media representation, people with DID are not more prone to violence than the general population, and can live fulfilling lives. While people with DID have a primary personality state, they also have different alters that take over their consciousness. The primary personality state is often not aware of the existence of different alters, leading to distressing gaps in memory, impairments in functioning, and a host of other symptoms. Alters have their own identity, memories, behaviors, and even preferences (e.g., favorite foods and clothing items). Most alters often have their own name and can be of different ages and genders. The average number of alters of someone living with DID is 13, but someone can have fewer or much more. Examples of alters include:A small child who cries often, wants to be comforted, and remembers specific traumatic experiencesAn angry teenager who lashes out and engages in self-destructive behaviorA leader who holds a central role and is aware of the other alters People with DID involuntarily switch between alters. This switch can happen suddenly and often occurs due to triggers such as stress. Other people may not be able to observe when a switch is happening or has happened. Signs of switching between alters include:Eye blinkingor rollingChanges in postureAppearing to be in a trance A person with DID typically has no memory of being in an altered state. These gaps in memory can cause distress and affect functioning, 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: 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 Interview 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 QuestionsYes, 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 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 amnestic 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 suffers depersonalized 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 A psychologist explains how to improve your emotional healthClinical psychologist Dr. Ali Mattu explains how emotional health can impact your mental and physical wellbeing.Many medical terms have evolved or changed over the years to reflect advancements in medical knowledge or to reduce stigma. For example, what was once called consumption is now known to be tuberculosis. Hypochondria is now defined as illness anxiety disorder. ADHD is no longer called ADD. And drug addiction is now known as substance use disorder.Another medical name that's been changed is dissociative identity disorder a condition that affects onlyabout 1.5%of people and was formerly called multiple personality disorder, or split personality disorder.Dissociative identity disorder (DID) is a psychiatric condition where a person has more than one identity often referred to as "alters" that the individual assumes under various circumstances, explains Dr. Omar Fattal, system chief of behavioral health at NYC Health + Hospitals.Each alter can have their own name, age, gender and personality traits, says Amber McGregor, a doctor of education and the clinical director of 1st Priority Institute for Better Living in Colorado. "Each alter also has their own unique behaviors, memories, perceptions and ways of interacting with the world," she adds.DID is defined the way it is because dissociate means to disconnect, which is what someone with DID does when one of these personalities assumes the primary identity called the "host" personality. The host personality is usually responsible for managing everyday life and social interactions, but is often unaware of the presence of the other identities some of which may only appear rarely or under unique circumstances that trigger them.Because alters can appear at any time, and because of other associated complications, "unmanaged DID symptoms can make it difficult to pursue personal goals and form meaningful relationships with others," says William Buerger, the clinical director of the dialectical behavior therapy for adolescents program at Montefiore Medical Center in New York.While "the cause of DID has been contested by researchers for decades," Buerger says, much of today's research focuses on several variables and contributing factors that include cognitive attribution errors and even sleep disruptions. He says a lot of the research is also focused on why women are significantly more likely to be diagnosed with DID in early adulthood than men.Fattal agrees that DID may be caused by any number of factors but says the most common one is that the majority of DID patients have experienced "severe, prolonged childhood trauma especially when it disrupts the formation of a safe, secure attachment with a caregiver."Such trauma is what often leads to the splitting off or compartmentalization of different aspects of the self, McGregor explains, "and is thought to be a defense mechanism created by the brain to manage unbearable experiences that the person cannot process or escape." She says the development of these various personalities, "allows the individual to 'escape' mentally from the overwhelming stress."One of the challenges associated with DID is that treatment options remain limited, Buerger says, "and there are currently no empirically-supported treatments that target this disorder." Still, several treatments are practiced and prescribed and are reported to be effective in many people diagnosed with DID.Buerger says that some of these treatments include medications "that can play an integral part in helping people cope with and lessen DID symptoms;" and psychodynamic therapies, "that explore how our past experiences may shape our current difficulties and desires."Psychotherapies remain "the cornerstone of treatment for DID," echoes Fattal, "particularly trauma-focused and cognitive-behavioral therapies."In providing such treatment, McGregor says, mental health professionals need to follow a comprehensive, trauma-informed approach fueled by safety and trust: "Individuals with DID often have a history of severe trauma and may be deeply distrustful of others including therapists."SymptomsCausesTreatmentWhen to see a doctorTakeawayDissociative identity disorder, previously known as multiple personality disorder, is a type of dissociative disorder. Along with dissociative amnesia and depersonalization-derealization disorder, its one of the three major dissociative disorders.Dissociative disorders can be found in people of all ages, races, ethnicities, and backgrounds. The National Alliance on Mental Illness (NAMI) estimates that about 2 percent of people experience dissociative disorders.The most recognizable symptom of dissociative identity disorder (DID) is a persons identity being involuntarily split between at least two distinct identities (personality states). Other symptoms might include:Dissociative amnesia. This is a type of memory loss beyond forgetfulness thats not associated with a medical condition.Dissociative fugue. A dissociative fugue is an episode of amnesia that involves not having memory of certain personal information. It may include wandering off or a detachment from emotion.Blurred identity. This occurs when you feel like there are two or more people talking or living in your head. You might even feel like youre possessed by one of several other identities.Its important to note that according to the Diagnostic and Statistical Manual of Mental Disorders, many cultures around the globe include possession as part of a normal spiritual ritual or practice. This isnt considered a dissociative disorder.If you believe someone you know has DID, you may get the impression that youre communicating with not one, but several different people, as the person switches between personalities.Often, each identity will have their own name and characteristics. Theyll each commonly have an unrelated detailed background with obvious differences in age, gender, voice, and mannerisms. Some might even have individual physical characteristics such as a limp or poor vision that requires glasses.There are often differences in each identitys awareness and relationship or lack thereof to the other identities.Dissociative identity disorder along with other dissociative disorders usually develop as a way to deal with some type of trauma theyve experienced.According to the American Psychiatric Association, 90 percent of people with dissociative identity disorder in the United States, Canada, and Europe have experienced childhood neglect or abuse.The primary treatment for DID is psychotherapy. Also known as talk therapy or psychosocial therapy, psychotherapy is focused on talking with a mental health professional about your mental health.The goal of psychotherapy is to learn how to cope with your disorder and to understand the cause of it.Hypnosis is also considered by some to be a useful tool for DID treatment.Medication is sometimes used in the treatment of DID, as well. Although there are no medications specifically recommended for the treatment of dissociative disorders, your doctor might use them for associated mental health symptoms.Some commonly used medications are:anti-anxiety medicationsantipsychotic drugsantidepressantsIf you can identify with any of the following, you should make an appointment to see your doctor:You are aware or others observe that you involuntarily and unwillingly have two or more personalities or identities that have a distinctly different way of relating to you and the world around you.You experience beyond ordinary forgetfulness, like extensive gaps in your memory for important personal information, skills, and events.Your symptoms arent caused by a medical condition or from the use of alcohol or drugs.Your symptoms are causing you problems or stress in important areas such as your personal life and at work.If you identify with the symptoms of dissociative identity disorder, you should make an appointment to see your doctor.If your friend or a loved one is displaying the common symptoms, you should encourage them to seek help. You can also contact the NAMI HelpLine at 1-800-950-6264 or email info@nami.org for support. health centersmental health center 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%-20% 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 that 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-based concoction rather than a true condition. As with many 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 the existence 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. Panic attacks are repeated attacks of fear that can last for several minutes. See Answer 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, psychoanalysts, 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 recently received a comprehensive physical examination and any appropriate medical tests so that any physical conditions that may mimic symptoms of DID are identified and addressed. Dissociation, a major symptom of DID, occurs in 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 and civil or family court systems (for example, forensic cases). Adding to the diagnostic difficulty is that people like pedophiles and other sex offenders, as well as people with antisocial personality disorder, may legally stand to gain from having DID. While some of those individuals may feign the diagnosis in an effort to benefit legally, others genuinely suffer from significant dissociative symptoms, as well as full-blown DID. In cases where there may be an ulterior motive for being diagnosed with DID, studies show that using a screening test or structured interview may be the best way to determine if the person truly suffers from this condition. 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. In this age of insurance companies regulating the health care that most Americans receive, having time-limited, multiple periods of psychotherapy rather than intensive long-term care provides what may be another effective treatment option for helping people who are living with DID. Physicians increasingly use eye movement desensitization and reprocessing (EMDR), a type of treatment that integrates traumatic memories with the patient's own resources, in the treatment of people with dissociative identity disorder. It results in enhanced information processing and healing. Medications are often used to address the many other mental health conditions that individuals with DID tend to have, like depression, severe anxiety, anger, and impulse-control problems. However, particular caution is appropriate when treating people with DID with medications because any effects they may experience, good or bad, may cause the sufferer of DID to feel like they are being controlled, and therefore traumatized yet again. As DID is often associated with episodes of severe depression, electroconvulsive therapy (ECT) can be a viable treatment when the combination of psychotherapy and medication does not result in adequate relief of symptoms. As with other mental health conditions, the prognosis for people with DID becomes much less optimistic if not appropriately treated. Individuals with a history of being sexually abused, including those who go on to develop dissociative identity disorder, are vulnerable to abusing alcohol or other substances as a negative way of coping with their victimization. People with DID are also at risk for attempting suicide more than once. Violent behavior has a high level of association with dissociation as well. Other debilitating outcomes of DID, like that of other severe chronic mental illnesses, include inability to obtain and maintain employment, poor relationships with others, and therefore overall lower productivity and quality of life. Research indicates that people with dissociative identity disorder have their best opportunity for living a well-adjusted life if they receive comprehensive treatment for their multiple symptoms. However, differences in how practitioners diagnose and treat this illness make it difficult to quantify or predict outcomes. Given that the origin of dissociative identity disorder in the majority of individuals remains related to exposure to traumatic events, prevention for this disorder primarily involves minimizing the exposure to traumatic events, as well as helping survivors of trauma come to terms with what they have been through in a healthy way. By clicking "Submit," I agree to the MedicineNet Terms and Conditions and Privacy Policy. I also agree to receive emails from MedicineNet and I understand that I may opt out of MedicineNet subscriptions at any time. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR); 2000, Washington, D.C. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, Virginia: American Psychiatric Association, 2013. Applegate, M. Multiphasic short-term therapy for dissociative identity disorder. 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