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Abstract

Dissociative Identity Disorder is a mental health disorder where there are two or more distinct people within one individual. These distinct people or personalities are also called alters. An alter is a fully distinct person, that carries on a whole different personality than the original person. That means that if a person has two distinct people within them one could be very smart and introverted, but the other one may not have as high of IQ and might be extraverted. The personalities of each alter are different and very distinct from one another. The alternative personality or personalities would also have a different name than the original person. This paper will explore how DID forms within an individual, how it is diagnosed, treatment options to help those who have DID, and some myths that people in the general public may have about this disorder.

Keywords: Dissociative Identity Disorder, personality, alters, treatment, diagnose, myth

Dissociative Identity Disorder: An In-Depth Study

Dissociative Identity Disorder is a mental health disorder that is described as "a chronic complex psychiatric condition related to cumulative psychological traumatization in childhood," (Öztürk & Sar, 2016, p 1). Dissociative Identity Disorder is also called Multiple Personality Disorder, but DID is the more technical term. People who are diagnosed with DID have at least two distinct personalities, called alters. Those alters are a full identity that carries a different name and personality than the original person, but they are all in one body essentially. That means that, although the alters look different and have a different personality, it is all occurring within the same body. The other identities will have a different IQ, personality, interests and names. A guy could even have an alter of a female, like in the movie *Split*. As Öztürk and Sar (2016) noted, this dissociative disorder typically forms in people after they have gone through a highly traumatizing event. That traumatizing event could be sexual abuse or another circumstance that traumatized them deeply. Öztürk and Sar (2016) note that there are three different ways that alters can form; those ways are to integrate a new perception about themselves from their previous ones, to try to repair themselves, or forming due to skills that a person has never used before. DID is a complex disorder for people to understand. There are specific criteria that a counselor must look for to diagnose someone with this personality disorder, so that the client can properly be treated and helped. Through the rest of this paper, we will dive into the formation of this disorder, the treatment, and some potential myths that people have come to believe about DID.

Formation of Dissociative Identity Disorder

The formation of Dissociative Identity Disorder is something that most scholars agree—that it typically starts emerging in childhood. Öztürk and Sar (2016, p 2) state, "In fact, emergence of alter personalities starts in childhood. Simply formulated, the child who is faced with an

unbearable event experiences estrangement: i.e. he or she assumes that the subject being exposed to this traumatic condition was not oneself but someone else." Sometimes dissociating does not happen in childhood but rather emerges later in life. Sometimes that emergence of dissociation does not happen until adulthood. The development of dissociating happens because a person has experienced a highly traumatizing event, so instead of themselves experiencing the harmful circumstance, they associate that trauma as happening to another person. That is when dissociation first starts. A person who has been diagnosed with this disorder might start dissociating earlier in life, so that they are able to cope with the trauma. A way that most typically cope with it is by creating an alter, so that they can repair themselves. Öztürk and Sar (2016, p 3) state, "The host's fear of the traumatic experience becomes an urge for persecutory alter personalities to take revenge." Not only is it their way to take revenge because of what they experienced, but it is also their way of forming a new reality. That new reality is not really reality, but, to them, it is. Before looking into the treatment for Dissociative Identity Disorder, let us take a look at the functions of the different personalities.

Functions of the Personalities

There are two broad categories for the different personalities that people with DID have; and they are the host personality and the persecutory alter personality. The host personality is the original person that experienced the traumatizing event. They have become numb and partly forgotten the scarring event that happened to them. Öztürk and Sar (2016, p 4) note that "Integration of alter personalities to the host usually facilitates re-establishment of a continuous autobiographical memory allowing better chronological flow of the personal history." The host personality still remembers some of the event that happened to them, but the alters feel the pain more heavily because the host is typically numb to the pain. The host personality is also carrying

around depression because of the circumstances that he or she had to face in life. The host personality typically keeps in contact and is less isolated from family members and friends than the other personalities. Host personalities also tend to be better at self-reflection and multi-judgment than the alters. The persecutory alter personality or personalities tend to be more single judgement minded, in that they "disconnect the relationship of the host with the perpetrators" (Öztürk and Sar, 2016, p. 4). The alter personalities will also carry more anger-related emotions and are typically thinking about ways that they can get revenge. The alters think of the host personality as submissive and does not focus on the host personality, but rather is self-focused. The persecutory alters typically form from the guilt and shame that the host person experienced earlier in life.

Diagnosing Dissociative Identity Disorder

Now that we have a definition of DID and the different types of personalities that patients can have, we can now look at how a counselor diagnoses someone with this personality disorder. The Diagnostic Statistical Manual for Mental Health Disorders, DSM V, is a handbook that counselors and mental health professionals use as the criteria for which they diagnose people with different mental health disorders. The DSM V will give the mental health professionals a diagnostic code for different mental health disorders. For example, a person diagnosed with Dissociative Identity Disorder would have a diagnostic code of 300.14. The criteria that this handbook lays out for a person to be diagnosed with DID are a "disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs

and symptoms may be observed by others or reported by the individual. Recurrent gaps in the recall of everyday events, important personal information, and/ or traumatic events that are inconsistent with ordinary forgetting. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The disturbance is not a normal part of a broadly accepted cultural or religious practice. Note: In children, the symptoms are not better explained by imaginary playmates or other fantasy play. The symptoms are not attributable to the physiological effects of a substance (e.g., blackouts or chaotic behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures)" (DSM V, 2013, p 292). The distinct personalities of two or more people are the defining feature of this personality disorder. It is crucial for mental health professionals to have a DSM V on hand and be very familiar with it because some of the personality disorders have similar features but some distinct criteria that distinguish those disorders from one another.

Treatment of Dissociative Identity Disorder

Before going into treatment methods for people with DID, there is a huge disclaimer that people must be aware of. With Dissociative Identity Disorder, there is no specific length of time for treatment that will help people live with their DID and work through the situations that led them to forming this disorder. Rather, it depends on each individual person because each person is different and deals with life differently. Some clients may be more open to working through life's hurts than other clients will be, and that all plays into the treatment process. Pais (2009, p 76) talks about the typical time that DID clients are in treatment by saying, "most often DID clients undergo predominantly individual psychotherapy to help them integrate their fragmented parts or personalities usually taking an average of 5 to 7 years." That does not mean that every person dealing with Dissociative Identity will be in treatment for 5 to 7 years, but that is the

typical time it takes. There are different forms of therapy that people with DID may be suggested to try, so that they can learn how to better cope with life. Those different types of treatment are individual psychotherapy, clinical hypnosis, and sometimes even hospital treatment. Hospital treatment is rarely used. It is only used if the disorder is very severe. Two other forms of treatment that have been used in treating DID are group therapy and art therapy, but there has not been much research on the effectiveness of those two forms of treatment.

Clinical Hypnosis

Hypnosis is a state of consciousness where a person loses their ability to complete actions on his or her own but rather is highly open to suggestions and commands. Kuft (2012, p 146) notes that "Hypnosis played a prominent role in the first successful treatment of the condition now known as dissociative identity disorder (DID) by Antoine Despine in the 1830s, and continues to be employed in its treatment in the twenty-first century." The biggest downfall of using this treatment approach is that it forces the clients to relive and remember the traumatizing event. It is good for them to come to the realization of the pain behind their actions, but sometimes hypnosis can be harmful. Although it was one of the first successful treatments of DID, it is still a highly controversial treatment method, so the opinions of mental health professionals will be varied on this topic. Kuft (2012, p 146) notes, "Every choice and consideration must respect the realities of the therapeutic encounter." Therapists must always respect the therapeutic relationship with their client. Hypnosis can be an effective way to treat a client with Dissociative Identity Disorder, but it should not be the first route because the therapist should try to see the willingness that the client has to work through their struggles.

Individual Psychotherapy

The International Society for the Study of Trauma and Dissociation (2011, p 32) states that "the primary treatment modality for DID is individual outpatient psychotherapy." There is no set number of times a week or length of time that these individual sessions go; rather, it depends on different factors. The factors that could contribute to the length and frequency of the individual sessions may depend on the client's readiness to work through their traumatizing life events, insurance, severity of the client's disorder, therapist availability, and the goals of the treatment. Clients who are highly able to function throughout life may only need one session a week, but clients who are struggling with functioning will probably be seen more often than once a week. Typical sessions are 45 minutes to an hour, but some therapists may choose to have a longer session because it allows the client and the therapist to work through the traumatizing events more in-depth. People can hold up a front for a short period of time, but, when people are in counseling sessions for a longer period of time, they will be more prone to break down their walls and open up with the deep stuff that they are dealing with. The International Society for the Study of Trauma and Dissociation (2011, p 146) states that "Therapists must attempt to help patients reorient themselves to the external reality well before the scheduled end of each session so patients do not leave sessions in a decompensated or dissociated state." Therapists must always leave time for the clients to compose themselves, so that the clients are not leaving in a dissociated state.

Myths About Dissociative Identity Disorder

Today, there are many different messages that the world tells people, specifically people that work in the mental health fields or have a mental health disorder. Dissociative Identity Disorder is a personality disorder that has some misconceptions that come with it because it is such a complicated disorder, and the world, specifically the entertainment world, has not done a

great job at portraying this disorder. Movies and entertainment have not done a very good job at truly explaining what Dissociative Identity Disorder is and looks like, so it helps to conduct research. For example, the movie *Split* was not a bad movie, but it failed to explain how Dissociative Identity Disorder forms and left people with more questions about it than answers. The media industry clouded people's view of what Dissociative Identity Disorder looks like in everyday life and how counselors help the treatment process. That does not mean that *Split* or other movies like that are bad, but people cannot take their view on personality disorders solely from movies and the media. The faulty view that the media has portrayed with this disorder and other mental health disorders is an obstacle that mental health advocates and therapists face today. Before people believe information about mental disorders, especially complicated ones like DID, is to conduct a little research on their own to see if what they are hearing is true or to learn more detail about that disorder. For example, *Split* was not meant to be a movie that explains the disorder but rather a movie that is a thriller, but it can set forth a misconception in people's minds about this disorder.

Myth 1: DID is a "Fad"

Some people in years past would have said that dissociative identity disorder is just a fad, so, once the fad has passed, this disorder would not exist anyone. The problem with this myth is that people can still come across people with Dissociative Identity Disorder. Brand et al. (2016, p 259) stated that, "Since the 1980 publication of DSM-III, DID has been described, accepted, and included in four different editions of the DSM. Formal recognition as a disorder over three decades contradict the notion of DID as a fad." This is not a myth that people would gain from movies but rather a myth that can be passed down from families. Families and other influential friends will and can influence the way that people think about mental health disorders. Some

people could consider this disorder a fad because it is not diagnosed that heavily, but this disorder is still around today. People should recognize this disorder as a real mental health disorder and concern, especially when the American Psychological Association has recognized this as a disorder in the DSM.

Myth 2: DID is an Iatrogenic Disorder Rather Than Trauma Based

People with the iatrogenic disorder approach would view DID as an illness caused by a medical treatment rather than being trauma based. Brand et al. (2016, p 261) notes that "One of the most frequently repeated myths are that DID is iatrogenically created." This myth is one that could potentially be seen in movies because the entertainment industry does not go into much description about this disorder. There are so many times that they show the disorder, but they fail to explain that this disorder forms in some people after experiencing a highly traumatizing circumstance. An example of this can be seen in *Split*. In the movie, they do note that Kevin experienced sexual abuse and other forms of abuse in his childhood, but it does not go into the details that those events played a crucial role in him forming DID. Kevin coped with his traumatic experience of abuse by fragmenting into twenty-three and then twenty-four different personalities. This view would conclude that DID is not a real disorder but that there were social factors that made people believed they had this disorder.

Myth 3: DID is the Same as Borderline Personality Disorder

Brand et al (2016) talk about how some researchers and writers note that Dissociative Identity Disorder is the same as Borderline Personality Disorder, but DID is the overly dramatic and imaginative representative. However, that is not true because DID is recognized as a separate dissociative disorder from Borderline Personality Disorder. The two personality disorders do have very similar signs and criteria for diagnosis, but they are two distinct disorders. Laddis,

Dell, and Korzewa (2016) discuss the research that shows the DID patients tended to have higher self-reflective and introspection skills than those that have Borderline Personality Disorder. Their research also noted that DID patients tend to have "more frequent dissociative symptoms" (Laddis, Dell, & Korzewa, 2016, p. 141). People with Borderline Personality Disorder tend to be characterized by unstable moods in their behavior and relationships with others, whereas Dissociative Identity Disorder consists of two or more distinct personalities. These are not all of the myths around when it comes to Dissociative Identity Disorder, but these three myths are ones that are more well-known and researched.

Conclusion

Dissociative Identity Disorder is a complex disorder that can only be truly diagnosed by a mental health professional. It can even be difficult for a mental health professional to diagnose this rightly the very first time, but the defining feature of this disorder is the presence of two or more distinct personalities. Mental health professionals must take the time to properly identify the signs of DID in their clients before diagnosing them with this disorder. Once the diagnosis has been made, the client and the therapist should take the next steps to figure out the appropriate form of treatment. Treatment for this disorder may differ from client to client and should always be centered on what will work best for the client. For example, if the client is at a low level of functioning within society, then treatment should be more than once a week. Outside of therapists, people should be aware of the myths that they are subject to believing about this disorder from movies. Instead of believing everything about mental health from the entertainment world, people should take more time to research DID on their own, so that they can be well-educated.

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