

# Dissociative Identity Disorder : A Mental Health Guide

- By Gauri Sarvankar

## ● What is Dissociative Identity Disorder?

→ Dissociative Identity Disorder, formerly known as Multiple Personality Disorder is a complex mental health condition characterised by the presence of two or more distinct identity states that affect the individual's behaviour, memory and consciousness. These identity states, often referred to as 'alters' may be extremely different from the affected individual and have their own unique ways of interacting with the world. This disorder involves 'switching' to these different identities. The affected individual might feel there are two or more people or voices inside their head or that these voices decide when to take control and possess them. Each identity state is unique and might even have a personal history, a unique name and other features. These other differences in features may include age, gender, ethnicity, interests, voice, mannerisms and so on. The individual may also experience bouts of amnesia, where they don't have much recollection of what they did when they switched between their identity states. So, DID can lead to gaps in memory and sometimes, even hallucinations. This disorder usually develops as a coping mechanism or reaction to stressful, painful or traumatic experiences and helps provide the individual with an escape from reality. Research has shown that individuals who experience severe physical, emotional or sexual abuse in their childhood are at a greater risk of developing DID later on in life. This act of developing distinct identities simply reflects the individual's attempt to compartmentalise and manage overwhelming experiences.

DID is a type of dissociative disorder. Other dissociative disorders include:

1. **Depersonalization/ Derealization Disorder** - This disorder is characterised by the feeling of detachment from one's actions. One may feel separate from oneself entirely, like simply watching themselves through the window. They may feel detached from their thoughts, feelings, actions and emotions. For e.g. - Emily is an individual experiencing Depersonalization Disorder. Emily often feels like the people and places around her are either very unreal. She feels like she's simply watching herself as a character in a movie, following a predetermined script. She often feels like the world she lives in is just a foggy dream and she keeps wondering about when she's going to wake up.
2. **Dissociative amnesia** - Dissociative amnesia involves encountering difficulties in remembering information about yourself. This disorder is largely characterised by memory loss that goes far beyond simple forgetfulness. The affected individual can't seem to recall information about themselves, other people and/or events in their life, especially from a stressful or painful time in their lives. For e.g.- Mark suffers from dissociative amnesia and often experiences memory loss where he reports he seems to forget about important aspects of his life. He describes experiencing episodes of profound forgetfulness, during which he couldn't remember significant portions of

his life. Mark feels confused and disoriented during these episodes, unable to connect with his own past and memories.

## **Common Signs and Symptoms**

1. DID is largely characterised by a presence of two or more distinct personalities or identity states, which are referred to as 'alters'. These identity states may vary in characteristics such as age, voice, personality traits, etc. and they have their unique ways of interacting with the world.
2. Recurrent gaps in memory that go beyond mere forgetfulness are a hallmark of DID. Individuals may forget significant information about themselves, people they know, everyday events or even periods of time. These episodes of memory loss may be short-lived or they may last for quite a long time. These bouts of amnesia are often associated with the 'switch' between different identity states.
3. Detachment from oneself and a blurred sense of identity is also a very prominent symptom of DID. A consistent sense of confusion about one's identity and a struggle to establish a cohesive sense of self is common in DID.
4. Depersonalization, though a dissociative disorder of its own, can also act as a symptom of DID. Individuals may feel a sense of estrangement from their own body. They may feel detached, like they're watching themselves from outside of their own body.
5. Derealisation is a bit different, characterised by the experience of perceiving the external environment as unreal and distorted. Individuals may feel as if the world around them is foggy, dreamlike and lacking in vividness.
6. Certain situations or stressors may trigger the emergence of specific identity states or exacerbate dissociative symptoms. Stressful events can contribute to the fragmentation of identity and the manifestation of amnesic episodes.
7. DID can significantly impact an individual's ability to function in various aspects of life, including work, relationships, and daily activities. Occupational and social functioning may be compromised due to the challenges associated with managing different identity states.

## **Early Indicators**

1. Early signs may involve unexplained periods of time where individuals cannot recall what happened. These memory gaps can extend beyond normal forgetfulness and might be associated with specific events or situations.
2. Individuals may start to experience a persistent sense of confusion about their identity. They might struggle to establish a coherent and stable sense of self, leading to feelings of disconnection from their own life.
3. The emergence of distinct and unexplained changes in behaviour, preferences, or skills may indicate the presence of different identity states. Individuals might notice shifts in their personality that they find difficult to explain.
4. Early signs could include episodes of depersonalization, where individuals feel detached from their own bodies or experiences. This might be described as feeling like an observer of one's own life rather than an active participant.

5. Individuals might begin to perceive the external world as unreal or distorted. The surroundings may seem dreamlike, foggy, or lacking in the usual vividness, contributing to a sense of disconnection.
6. Early indicators may involve the presence of intrusive thoughts or inner voices that seem to belong to different aspects of the self. These internal experiences can contribute to a fragmented sense of identity.
7. The early stages of DID may be marked by unpredictable mood swings or emotional fluctuations that seem out of proportion to the current situation. Individuals may struggle to understand the source of these emotional changes.
8. Individuals may begin to notice instances where they feel like time has passed without a clear recollection of what occurred during that period. This can be accompanied by confusion or distress about the unaccounted time.
9. Friends, family members, or colleagues may express concern about inconsistencies in the individual's behaviour or memory. Others may observe shifts in personality that the individual is not aware of.
10. Early signs may manifest in challenges with interpersonal relationships. Individuals might find it difficult to maintain stable and consistent connections with others due to the impact of dissociative experiences.

## Relevant Stats

- DID affects about 1.5 % of the global population.
- DID is one of the rarer disorders, with fewer than 10 lakh cases per year in India.
- In the United States, 1.5-2% is estimated to have been affected by and diagnosed with DID.

## Preventative Measures

Preventing Dissociative Identity Disorder (DID) primarily involves addressing and mitigating risk factors associated with trauma, particularly during childhood. While it's not always possible to prevent trauma, certain measures can contribute to resilience and support mental well-being:

1. Timely and appropriate intervention in the face of traumatic events, especially during childhood, can be crucial. Providing support, counselling, or therapeutic interventions soon after a traumatic experience may help mitigate the long-term impact.
2. Creating and maintaining safe, stable, and nurturing environments, particularly for children, can reduce the likelihood of traumatic experiences. Supportive family structures, positive role models, and secure living conditions contribute to a sense of safety.
3. Education about the impact of trauma and the early signs of mental health issues can empower caregivers, educators, and healthcare professionals to recognize and address potential concerns promptly. Awareness of the importance of emotional support is essential.

4. Ensuring easy access to mental health services and support systems is critical. Early identification of mental health challenges and timely interventions can prevent the escalation of symptoms and the development of more complex disorders.
5. Implementing trauma-informed approaches in various settings, such as schools, workplaces, and healthcare facilities, can contribute to creating supportive environments. This involves recognizing the prevalence of trauma and responding with sensitivity and understanding
6. Identifying and addressing risk factors, such as a history of abuse, neglect, or exposure to violence, through systematic screening in healthcare and educational settings can guide early intervention strategies.

## **Ice-Breakers**

1. Being empathetic and letting that empathy be seen is the fundamental component when it comes to approaching or initiating a conversation about mental disorder. By letting the affected individual know that we offer our complete empathy and understanding, communication and the bond between oneself and the individual can be improved.
2. Respecting their boundaries is also an important piece of advice to keep in mind. It is important to let the individual know that we are completely fine approaching and discussing the topic at their pace and comfort level.
3. Validating their feelings is the bare minimum and yet it is this component which often gets overlooked when it comes to conversations about mental health. We must give the individual our undivided attention and unwavering support and let them know that we have absolutely no intention of minimising or dismissing their feelings.
4. An important piece of information to keep in mind is that we should frame any questions and statements in a non-confrontational manner. Asking rude or intrusive questions, making statements that can be perceived as judgemental can make the individual feel insecure or uncomfortable which can hinder effective communication.
5. Another way to make an individual feel more comfortable in talking to you about their disorder can be to educate oneself on it. By making an effort to actually understand and grasp the gravity of their struggle and giving the affected individual an opportunity to notice that, an atmosphere of trust and complete freedom from judgement can be brought about.
6. Discussing shared interests is always a great way to go, since it can help in establishing a connection and make discussions feel natural.
7. Being patient with the affected individual is not just limited to approaching the topic of DID with a person suffering from the same, but this piece of advice goes for starting a conversation with any person experiencing any kind of mental health struggle. We need to be patient and recognize that DID can be challenging and that the person might need time to open up. The best course of action we can take is simply being patient and allowing them to share at their own pace.