

“Who am I?” The Hidden Aspects of Dissociative Identity Disorder

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Dissociative identity disorder (DID) is a persistent post-traumatic condition marked by impaired memory and self-identity functions resulting from childhood trauma. It is a severe chronic psychiatric illness characterized by neurobiological, cognitive, and interpersonal disintegration in reaction to intolerable stress. Dissociative Identity Disorder (DID) remains inadequately researched; nevertheless, more investigation may elucidate neurobiological and cognitive characteristics, as well as the interplay between individuals and environmental stressors. Comparing people with Dissociative Identity Disorder to non-dissociative individuals with other psychiatric diseases could further clarify the disorder's characteristics.¹ Research on dissociative identity disorder (DID) from 2011 to 2021 identified 1,354 new cases, predominantly from Western nations, especially the United States. The bulk of instances utilized validated metrics, with 74% of new cases originating from six research organizations.² A 49-year-old gentleman with a history of alcohol use disorder and psychosis requests outpatient treatment for medication management. He possesses a familial predisposition to bipolar disease and schizophrenia and has endured considerable physical abuse. The patient delineates 11 distinct personality types, although only two are elaborated upon. Dimensional Identity Disorder (DID) is a psychological illness defined by the presence of two or more distinct personality states and recurrent memory deficits. Symptoms of Dissociative Identity Disorder (DID) result in distress or impairment and are not ascribed to cultural or religious practices, substance use, or other medical problems. The similarities between BPD and DID indicate a possible connection via common traumatic experiences. Dissociative Identity Disorder (DID) is frequently linked to childhood trauma and abuse, and is regarded as the most severe manifestation of childhood-onset Post-Traumatic Stress Disorder (PTSD). Evidence-based treatment for Dissociative Identity Disorder (DID) often employs a tripartite strategy, encompassing trauma-focused therapies and psychopharmacological interventions.³ Another study on dissociative identity disorder (DID) found that inaccurate media portrayals of DID perpetuate misconceptions and contribute to delays in seeking treatment, accurate diagnosis,

and increased shame and self-loathing among individuals with DID. The study involved 377 individuals with DID who completed an anonymous online survey about the impact of media portrayals. The results showed that 309 participants felt these portrayals impacted their treatment, while 153 reported no impact and 151 reported an impact. The study also found that participants self-reported their DID diagnosis, which may be further biased due to their greater awareness of their dissociation.⁴ The research examined 28 interviews with 15 patients regarding their Dissociative Identity Disorder (DID) and identified two primary themes: divergent worldviews and conflicts among dissociative identities. Patients possess diverse comprehensions of the origins of their DID, and disagreement is both prevalent and complex. The research underscores the significance of inter-identity awareness in resolving these conflicts.⁵

In conclusion, Dissociative Identity Disorder (DID) is a multifaceted psychiatric disorder associated with childhood trauma, resulting in disturbances in memory, identity, and personality. Notwithstanding advancements, a considerable disparity persists in studies. Treatment modalities frequently emphasise trauma-informed therapies; nevertheless, media portrayal complicates the diagnostic process. Inter-identity awareness is essential for resolving conflicts. Enhanced research and public awareness could elevate the quality of life for individuals with Dissociative Identity Disorder (DID).

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