

Commentary

UNVEILING THE COMPLEXITY OF DISSOCIATIVE IDENTITY DISORDER OF AN ADOLESCENT

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Description

Dissociative Identity Disorder (DID), which was previously named multiple personality disorder, and commonly referred to as split personality disorder or dissociative personality disorder. Dissociative Identity Disorder (DID) is a member of the family of dissociative disorders classified by the DSM-V, DSM-V-TR, ICD 10, ICD 11, and Merck manual for diagnosis. Dissociative identity disorder is characterized by primarily dissociative disorder symptoms, secondary key symptoms are shared with complex PTSD, borderline and schizotypal personality disorders and tertiary key symptoms are shared with fibromyalgia, sleep disturbances, eating disorders, and body dysmorphic symptoms. Personality states alternately show in a person's behaviour; however, presentations of the disorder vary. Dissociative identity disorder is usually caused by excessive and unendurable stress and or trauma, which commonly happens in childhood. The sense of a unified identity develops from a variety of experiences and sources. In a child who is overwhelmed, the factors that should've blended together or become integrated overtime instead remain separate. Childhood adversity and abuse often leads to the development of dissociative identity disorder, but not exclusively.

Dissociative Identity Disorder (DID) is a member of the family of dissociative disorders classified by the DSM-IV, DSM-V-TR, ICD 10, ICD 11, and Merck manual. There are sources claiming DID can't form after childhood, and that Dissociative identity disorder is childhood trauma exclusive but there is disagreement about that.

The DSM, ICD and Merck manual do not state that dissociative identity disorder is trauma exclusive or childhood trauma exclusive. DID does commonly arises due to childhood trauma but not exclusively. "The disorder may begin at

any age, from early childhood to late life." Merck manual.

Dissociative identity disorder can arise from many reasons that are not as common as childhood trauma. Other extreme complex traumas such as combat in wars or attachment disturbance, natural disaster, adversity, cult and occult abuse, loss of a loved one or loved ones, human trafficking, extreme medical diagnoses (e.g. rare brain cancers, arachnoid cysts, temporal lobe epilepsy and geschwind syndrome, traumatic brain injury) or surgeries, extreme family conditions, and a combination of traumas could all cause an already fragile mind to split into multiple personality states. "Some patients have not been abused but have experienced an important early loss (such as death of a parent), serious medical illness, or other overwhelmingly stressful events."- Merck manual

Dissociative identity disorder is more difficult to develop in someone older. It's more likely for adults to develop CPTSD, adjustment disorders, BPD and or STPD because the mind is less fragile, they have a better integrated self-perception and Identity, and their attachment style is more stable, as it is claimed. It's still largely unclear why the brain processes trauma into dissociative disorders, trauma disorders, (adjustment disorders), and personality disorders. People likely develop DID under factors of stressors, attachment disturbance, and trauma, which is why childhood trauma on fragile minds are also more common in developing DID.

DID requires an unintegrated mind to form. Genetic and biological factors are also believed to play a role. The diagnosis should not be made if the person's condition is better accounted for by substance use disorder, seizures, other mental health problems, imaginative play in children, or religious practices.

Dissociative Identity Disorder (DID), formerly known as multiple personality disorder or multiple personality syndrome, is a mental disorder characterized by the presence of at least two distinct and relatively enduring personality states.

The disorder is accompanied by memory gaps more severe than could be explained by ordinary forgetfulness. The personality states alternately show in a person's behaviour; however, presentations of the disorder vary. Other conditions that often occur in people with DID

include post-traumatic stress disorder, personality disorders (especially borderline, schizotypal and avoidant), depression, substance use disorders, conversion disorder, somatic symptom disorder, eating disorders, obsessive compulsive disorder, and sleep disorders self-harm, non-epileptic seizures, flashbacks with amnesia for content of flashbacks, anxiety disorders, are also common.

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