


DISSOCIATIVE IDENTITY DISORDER: A NARRATIVE REVIEW

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ABSTRACT

Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder, is a complex psychiatric condition characterized by the presence of two or more distinct identities or personality states that alternate in controlling an individual's behavior.

Keywords: Dissociation. Identity. Trauma. Diagnosis.

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INTRODUCTION

Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder, is a complex psychiatric condition characterized by the presence of two or more distinct identities or personality states that alternate in controlling an individual's behavior.

DID often develops in response to severe trauma, especially during childhood, as a defensive strategy for coping with unbearable events. Its nature makes diagnosis challenging, since symptoms of dissociation, amnesia, and identity changes can overlap with other psychiatric conditions, further complicating the proper identification of the disorder.

This chapter seeks to explore the nature of DID, analyzing its clinical manifestations, the debates about the validity of this condition, and the challenges in diagnosis and treatment. In addition, it will be discussed how traumatic and cultural experiences influence the understanding of this disorder, highlighting the complexity inherent to its structure and therapeutic response.

NATURE OF DISSOCIATIVE IDENTITY DISORDER FROM THE

Dissociative Identity Disorder (DID) is a psychiatric condition marked by the presence of two or more distinct identities or personality states in the same individual. These identities can take control of behavior at different times, resulting in disruptions in memory and self-perception, which makes it difficult to diagnose and understand this complex condition. DID is often associated with traumatic experiences, especially in childhood, which raises questions about its origin, validity, and impact on the various spheres of the patient's life.

Maraldi (2019) highlights that DID is one of the most complex forms of dissociation, often related to traumatic childhood experiences, such as abuse or extremely stressful events. These experiences lead the individual to fragment their identity as a form of psychic protection, generating memory gaps and behaviors that vary between different identities. The discussion about the validity of DID also involves cultural aspects and the recognition of this condition in different contexts, which contributes to the diversity of opinions about the nature and authenticity of the disorder.

According to Dalpont and Spence (2023), DID manifests itself through symptoms such as amnesia, depersonalization, and derealization, which complicate the diagnosis, since these symptoms can overlap with other psychiatric disorders. Dissociation, in the case of DID, can be seen as a defensive strategy in the face of traumatic events, which reinforces the multifaceted character of the disorder. In addition, the difficulties in



recognizing the symptoms make treatment and clinical follow-up challenging, as it is necessary to differentiate DID from other psychiatric conditions.

Gulisz and Vieira (2022) explore dissociation as a defense mechanism that allows the individual to distance themselves from traumatic situations, creating identities to deal with unbearable experiences. These distinct identities can have their own memories, behaviors, and ways of seeing the world, fragmenting the perception of themselves. The complexity of DID lies exactly in the depth of this fragmentation, which affects patients' interpersonal relationships and daily lives, often causing significant suffering and preventing healthy functioning.

The analysis by Almeida, Ribeiro, and Benedetti (2020) highlights that DID has a diversity of symptoms that can vary between individuals, reflecting the multifaceted nature of this condition. The presence of dissociative amnesia and episodes of depersonalization and derealization are common signs, but the manifestations can be very different between patients, which makes the diagnostic process even more difficult. The multiplicity of personal experiences and variable symptoms challenge clinical approaches and suggest the need for personalized treatments.

Kabene, Balkir Neftci, and Papatzikis (2022) emphasize that, in addition to clinical difficulties, the complexity of DID is amplified by the controversy surrounding its validation in the medical and legal spheres. In legal contexts, the liability of individuals diagnosed with DID is often debated, especially in cases where different identities may be involved in illicit behaviors. The lack of consensus on the validity of the disorder contributes to the resistance to accepting diagnoses of DID, both in the medical and legal communities.

Dissociative Identity Disorder, therefore, is a psychiatric phenomenon of a complex and multifaceted nature. It involves a deep fragmentation of identity and memory, often associated with traumatic experiences. The diversity of symptoms, the difficulty in diagnosis, and the cultural and legal controversies about its validity make DID a challenging condition both for the field of psychiatry and for society in general.

DISSOCIATIVE IDENTITY DISORDER: CAUSES AND RISK FACTORS

The causes of DID are strongly related to traumatic experiences and an interplay of genetic, psychological, and social factors. A central point in studies on DID is the experience of intense trauma, such as physical, emotional, or sexual abuse, especially during childhood, which is considered a crucial phase for the development of this disorder (Maraldi, 2019; Almeida; Brook; Benedetti, 2020; Dalpont; Spence, 2023). These



experiences can trigger dissociative responses, allowing the individual to distance themselves from painful memories as a defense mechanism.

In addition to traumatic experiences, genetic predisposition also plays an important role. Studies indicate that certain genetic characteristics may increase vulnerability to the development of DID, especially when combined with early trauma (Dalpont; Spence, 2023). The presence of other mental disorders, such as depression and anxiety, as well as the lack of social support during critical periods of development, are factors that aggravate susceptibility to the disorder and its severity (Gulisz; Vieira, 2022).

Dissociation, which characterizes DID, can be seen as an adaptive response to situations of extreme stress, allowing the individual to deal with unbearable traumas. However, this mechanism can lead to the development of fragmented identities, each with its own memories, behaviors, and even personality traits, as a way of coping with suffering (Kabene; Balkir Neftci; Papatzikis, 2022). However, in addition to trauma, other factors, such as psychological predisposition and the absence of support networks during childhood, seem to potentiate the emergence and persistence of DID (Almeida; Brook; Benedetti, 2020).

In summary, DID results from a complex interplay between biological, psychological, and social factors. Severe childhood trauma, combined with genetic and psychological vulnerability, form the core causes of the disorder. These factors not only influence the manifestation of DID, but also affect its course and the severity of symptoms, evidencing the need for therapeutic approaches that consider this etiological complexity (Gulisz; Vieira, 2022; Kabene; Balkir Neftci; Papatzikis, 2022).

TREATMENT AND INTERVENTIONS FOR DISSOCIATIVE IDENTITY DISORDER

The treatment of DID involves multiple psychotherapeutic approaches that seek to integrate different identities and promote the emotional well-being of patients. Among these approaches, cognitive-behavioral therapy (CBT) stands out as one of the main techniques used, as it helps patients process past traumas, deal with dissociative symptoms, and develop coping skills. Maraldi (2019) points out that, in addition to addressing emotional regulation, CBT aims to promote the integration of different identities, enabling a significant improvement in the patient's quality of life. He also emphasizes the importance of an individualized approach and collaboration among mental health professionals, ensuring effective treatment that is sensitive to the specific needs of each case.

In addition to CBT, the use of other trauma-focused therapies is also common. According to Dalpont and Spence (2023), integration therapy is one of these approaches, to



assist patients in resolving trauma and integrating their identities. To guide treatment, the authors recommend the use of diagnostic tools, such as the Rorschach Test and the Dissociative Experience Scale, which help to more accurately assess the level of dissociation and personalize interventions. Through these evaluations, it is possible to structure a more assertive therapeutic plan, ensuring advances in treatment.

Another approach that has been shown to be effective in the treatment of DID is dialectical-behavioral therapy (BDT), as pointed out by Gulisz and Vieira (2022). BDT, along with therapy focused on compassion, aims at emotional stabilization, an essential aspect for patients to be able to deal more effectively with dissociative symptoms. In addition to focusing on the integration of identities, these therapies provide the patient with a space to develop coping skills, which contributes to a continuous improvement in quality of life. These authors reinforce the need for a therapeutic approach that prioritizes the construction of these skills, aiming at emotional strengthening and resolution of underlying traumas.

In turn, Almeida, Ribeiro, and Benedetti (2020) suggest that social support and education about the disorder should be included in treatment, complementing traditional psychotherapeutic approaches. They point out that, in addition to techniques such as cognitive-behavioral therapy and therapy focused on the integration of identities, offering educational support to patients and their families facilitates symptom management. In this way, the intervention becomes more complete, and the patient is better able to manage dissociative crises. These authors also emphasize the need for a treatment that, although it has a psychotherapeutic basis, takes into account external factors that influence the patient's well-being, thus promoting an individualized approach.

Kabene, Balkir Neftci, and Papatzikis (2022) explore the use of techniques such as hypnosis in the treatment of DID. They claim that this technique can facilitate communication between different identities, allowing the patient to work more actively on integrating these parts. Although hypnosis is not suitable for all cases, it can be an effective complement in certain patients, especially when conventional methods of therapy face limitations. The authors reinforce that, regardless of the technique chosen, it is essential to develop an individualized treatment plan, given that each case of DID has unique characteristics and requires a personalized approach.

The treatment of DID involves a combination of therapies aimed at integrating identities, resolving trauma, and developing coping skills. Interdisciplinary collaboration, accurate diagnostic assessment, and social support are essential for the success of treatment, which must be adjusted according to the individual needs of each patient.



FINAL CONSIDERATIONS

With this study, it was concluded that Dissociative Identity Disorder has a deeply complex and multifaceted nature, marked by a fragmentation of identity, often related to severe trauma.

The diversity of symptoms, which can range from amnesia and depersonalization to multiple identities with distinct memories and behaviors, reflects the complexity of its diagnosis and treatment. In addition, the cultural and legal controversies surrounding the validity of DID, added to the difficulty of distinguishing its symptoms from other psychiatric conditions, reinforce the need for individualized therapeutic approaches and a greater understanding of this condition.

The study of DID requires a close look at both the biological and psychosocial nuances that shape the experience of this disorder, emphasizing the importance of treatments that consider the uniqueness of each patient and the depth of the underlying traumatic experiences.



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