Dispelling Myths about Dissociative Identity Disorder

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~ 7 MIN READ

Dissociative identity disorder (DID), known previously as multiple personality disorder, is not a real disorder. At least, that’s what you might’ve heard in the media, and even from some mental health professionals. DID is arguably one of the most misunderstood and controversial diagnoses in the current Diagnostic and Statistical Manual of Mental Disorders (DSM). But it is a real and debilitating disorder that makes it difficult for people to function.

Why the controversy?
According to Bethany Brand, Ph.D, a professor of psychology at Towson University and an expert in treating and researching dissociative disorders, there are several reasons. DID is associated with early severe trauma, such as abuse and neglect.

This raises the concern over false memories. Some people worry that clients may “remember” abuse that didn’t actually happen and innocent people may get blamed for abuse. (“Most people with DID don’t forget all their abuse or trauma,” Brand said; “sufferers may forget episodes or aspects of some of their trauma,” but it’s “fairly rare not to remember any trauma at all and suddenly recover memories of chronic childhood abuse.”) It also “pries into families’ privacy,” and families may be reluctant to reveal information that might put them in a negative light.

In the mental health field, myths persist because of a lack of education and training about DID. These myths create a mystique around the disorder and perpetuate the belief that DID is bizarre. For instance, one prevalent myth is that there are “different people inside someone with DID,” Brand said. Adding to the problem are poorly trained therapists who promote atypical treatments that aren’t supported by the expert clinical community. “Mainstream, well-trained dissociative experts don’t advocate using bizarre treatment interventions. Rather, they use interventions that are similar to common ones used in treating complex trauma,” she said.

What Is DID?

DID typically develops in childhood as a result of severe and sustained trauma. It’s characterized by different identities or “self-states” (there is no integrated sense of self) and an inability to recall information that goes beyond forgetfulness. Prone to amnesia, people with DID sometimes “can’t remember what they’ve done or said,” Brand said. They have a tendency to dissociate or “space out and lose track of minutes or hours.” For instance, it’s “common [for people with DID] to find they’ve hurt themselves [but] don’t remember doing that,” Brand said. The loss of memory isn’t due to drugs or alcohol, but a switch in self-states, she noted. Here’s a list of the DSM criteria for DID.

7 Common DID Myths

It’s safe to say that most of what we know about DID is either exaggerated or flat-out false. Here’s a list of common myths, followed by the facts.

1. **DID is rare.** Studies show that in the general population about 1 to 3 percent meet full criteria for DID. This makes the disorder as common as
bipolar disorder and schizophrenia. The rates in clinical populations are even higher, Brand said. Unfortunately, even though DID is fairly common, research about it is grossly underfunded. Researchers often use their own money to fund studies or volunteer their time. (The National Institute of Mental Health has yet to fund a single treatment study on DID.)

2. It's obvious when someone has DID. Sensationalism sells. So it's not surprising that depictions of DID in movies and TV are exaggerated. The more bizarre the portrayal, the more it fascinates and tempts viewers to tune in. Also, overstated portrayals make it obvious that a person has DID. But “DID is much more subtle than any Hollywood portrayal,” Brand said. In fact, people with DID spend an average of seven years in the mental health system before being diagnosed.

They also have comorbid disorders, making it harder to identify DID. They often struggle with severe treatment-resistant depression, post-traumatic stress disorder (PTSD), eating disorders and substance abuse. Because standard treatment for these disorders doesn’t treat the DID, these individuals don’t get much better, Brand said.

3. People with DID have distinct personalities. Instead of distinct personalities, people with DID have different states. Brand describes it as “having different ways of being themselves, which we all do to some extent, but people with DID cannot always recall what they do or say while in their different states.” And they may act quite differently in different states.

Also, “There are many disorders that involve changes in state.” For instance, people with borderline personality disorder may go “from relatively calm to extremely angry with little provocation.” People with panic disorder may go “from an even emotional state to extremely panicked.” “However, patients with those disorders recall what they do and say in these different states, in contrast to the occasional amnesia that DID patients experience.”

As Brand points out, in the media, there is a great fascination with the self-states. But the self-states are not the biggest focus in treatment. Therapists address clients’ severe depression, dissociation, self-harm, painful memories and overwhelming feelings. They also help individuals “modulate their impulses” in all their states. The “majority [of treatment] is much more mundane than Hollywood would lead us to expect,” Brand said.

4. Treatment makes DID worse. Some critics of DID believe that treatment
exacerbates the disorder. It’s true that misinformed therapists who use outdated or ineffective approaches may do damage. But this can happen with any disorder with any inexperienced and ill-trained therapist. Research-based and consensually established treatments for DID do help.

The International Society for The Study of Trauma and Dissociation, the premier organization that trains therapists to assess and treat dissociative disorders, features the latest adult treatment guidelines on their homepage. These guidelines, which Brand helped co-author, are based on up-to-date research and clinical experience. (The website also offers guidelines for kids and teens with dissociative disorders.)

Brand and colleagues recently conducted a review of treatment studies on dissociative disorders, which was published in the Journal of Nervous Mental Disease. While the reviewed studies have limitations—no control or comparison groups and small sample sizes—results revealed that individuals do get better. Specifically, the authors found improvements in dissociative symptoms, depression, distress, anxiety, PTSD and work and social functioning. More research is needed. Brand along with colleagues from the U.S. and abroad are working on a larger scale study to test treatment outcomes.
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