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## Deep Study of Multiple Personalities Disorders

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### Abstract:-

Personality Disorder have significant but often unrealized, public health importance. The percent review summarizes the published work on personality disorders in the Indian population or by researchers residing in the country. Researchers who have work on assessment methodology in India have demonstrated that clinical diagnosis has a low reliability when concerned with semi-structured interview developed by the World Health Organization (WHO).

Five aspects of the diagnosis and treatment of multiple personality disorder (MPD) were examined. The following five conclusions were made: the contemporary diagnostic criteria are vague and over inclusive; the recent alleged increase in prevalence of the disorder is almost certainly art factual; legal proceedings involving MPD patients raise disturbing questions about personal responsibility; there is little literature support for the theory that MPD results from childhood trauma; and many of the techniques used to diagnose and treat the condition reinforce its symptoms. A careful revision of diagnostic criteria for the disorder is recommended.

### Keywords: -

Multiple personality disorder, Introduction, History, Definition Causes, Symptoms, diagnosis and Treatment of Multiple personality disorder.

## Introduction: -

DID was called multiple personality disorder up until 1994 when the name was changed to reflect a better understanding of the condition—namely, that it is characterized by fragmentation or splintering of identity, rather than by proliferation or growth of separate personalities. The symptoms of DID cannot be explained away as the direct psychological effects of a substance or of a general medical condition.

DID reflects a failure to integrate various aspects of identity, memory, and consciousness into a single multidimensional self. Usually, a primary identity carries the individual's given name and is passive, dependent, guilty, and depressed. When in control, each personality state, or alter, may be experienced as if it has a distinct history, self-image, and identity. The alters characteristics—including name, reported age and gender vocabulary, general knowledge, and predominant mood—contrast with those of the primary identity.

### What is Multiple Personality Disorder?

Now known as Dissociative Identity Disorder.

It is **not** Schizophrenia.

Essential feature is two or more distinct personalities within the same body.

The core personality is unaware of the other personalities.

Amnesia is another common symptom.



Multiple personality disorder (MPD), now called dissociative identity disorder, is a posttraumatic psychiatric disorder in which the individual's consciousness is organized into a set of discrete dissociative states, each with its own state-dependent affects, body images, thoughts, memories, and behaviors. Transitions between these states are abrupt and discontinuous compared with the smoother transitions between normal states of consciousness. Cataplexy is a neurologic condition in which the patient abruptly loses muscle tone and often falls, usually in response to some emotionally provoking stimulus. Mild episodes may show a drooping of the jaw, head nodding, or a sense of weakness obliging the patient to sit down or lean against a wall. The patient typically remains fully alert and aware of his surroundings. Attacks are of short duration, usually lasting several seconds and rarely more than a minute. Precipitation by emotional stimuli, particularly laughter, is usually

strikingly evident in the history, but any strong emotion may bring on an attack. We here report a case in which cataplectic attacks appeared to be associated with the switch process in a patient with MPD.

### **History: -**

In the 19th century, "redoublement", or "double consciousness", the historical precursor to DID, was frequently described as a state of sleepwalking, with scholars hypothesizing that the patients were switching between a normal consciousness and a "somnambulistic state".

An intense interest in spiritualism, parapsychology and hypnosis continued throughout the 19th and early 20th centuries, running in parallel with John Locke's views that there was an association of ideas requiring the coexistence of feelings with awareness of the feelings. [Non-primary source needed] Hypnosis, which was pioneered in the late 18th century by Franz Mesmer and Armand-Marie Jacques de Chastanet, Marques de Payseur, challenged Locke's association of ideas. Hypnotists reported what they thought were second personalities emerging during hypnosis and wondered how two minds could coexist.

The plaque on the former house of Pierre Marie Félix Janet (1859–1947), the philosopher and psychologist who first alleged a connection between events in the subject's past life and present mental health, also coining the words "dissociation" and "subconscious"

In the 19th century, there were a number of reported cases of multiple personalities which Rieber [non-primary source needed] estimated would be close to 100. Epilepsy was seen as a factor in some cases, [non-primary source needed] and discussion of this connection continues into the present era. By the late 19th century, there was a general acceptance that emotionally traumatic experiences could cause long-term disorders which might display a variety of symptoms.[79] These conversion disorders were found to occur in even the most resilient individuals, but with profound effect in someone with emotional instability like Louis Vivet (1863–?), who suffered a traumatic experience as a 17-year-old when he encountered a viper. Viet was the subject of countless medical papers and became the most studied case of dissociation in the 19th century.

Between 1880 and 1920, various international medical conferences devoted time to sessions on dissociation.[80] It was in this climate that Jean-Martin Charcot introduced his ideas of the impact of nervous shocks as a cause for a variety of neurological conditions. One of Charcot's students, Pierre Janet, took these ideas and went on to develop his own theories of dissociation. One of the first individuals diagnosed with multiple personalities to be scientifically studied was Clara Norton Fowler, under the pseudonym Christine Beauchamp; American neurologist Morton Prince studied Fowler between 1898 and 1904, describing her case study in his 1906 monograph, *Dissociation of a Personality*.

## 20th century

In the early 20th century, interest in dissociation and multiple personalities waned for several reasons. After Charcot's death in 1893, many of his so-called hysterical patients were exposed as frauds, and Janet's association with Charcot tarnished his theories of dissociation. Sigmund Freud recanted his earlier emphasis on dissociation and childhood trauma.

### **Definition:-**

Multiple Personality Disorder (MPD) is a fairly common effect of severe trauma during early childhood, usually extreme, repetitive physical, sexual, and/or emotional abuse.

59-98% of people diagnosed with multiple personality disorder were either physically or sexually abused as child.

### **Causes: -**

Although experts are not sure what causes dissociative identity disorder, it is likely to be a psychological response to stressors that occurred, most commonly, early childhood years when emotional neglect or abuse may interfere with personality development. Although it can be precipitated by several different experiences, the most common is severe trauma during early childhood that involved often extreme, repetitive physical, sexual, or emotional abuse.

As many as 99% of individuals have a personal history of overpowering and often life-threatening disturbances usually before age 6.

While there is no proven specific cause of DID, the prevailing psychological theory about how the condition usually develops is as a reaction to severe childhood trauma. Specifically, it is thought that one way that some individuals respond to being severely traumatized as a young child is to wall off altered states of consciousness, in other words to dissociate, those memories. When that reaction becomes extreme, DID may be the result. As with other mental disorders, having a family member with DID may be a risk factor, in that it indicates a potential vulnerability to developing the disorder but does not translate into the condition being literally hereditary.

### **Symptoms: -**

#### **Symptoms of dissociative identity disorder include: -**

- Feeling detached from yourself and your emotion
- Confusion about your identity.
- Flashbacks that can be traumatic, or associated with unsafe behavior
- Significant gaps in your memory or an inability to recall key personal
- The perception that people or things around you are distorted or unreal.
- Difficulty coping with everyday life (such as school, work, relationships).
- Memory loss (amnesia) of certain time periods, events, people and personal information.
- A perception of the people and things around you as a distorted and unreal.
- A blurred sense of identity significant stress or problems in your relationships, work or other important areas of your life.

- Inability to cope well with emotional or professional stress.
- Mental health problems, such as depression, anxiety and suicidal thought and Behaviors.

### **Symptoms in children include:**

- Having distressing dreams and memories
- Being unresponsive or “zoning out” (dissociating)
- Mental distress to trauma reminders (triggering)
- Physical reactions to trauma or memories, such as seizures
- Showing unexpected changes in food and activity preferences.
- **Dissociative amnesia-** This is type of memory loss – beyond forgetfulness –that’s not associated with medical condition.
- **Dissociative fugue-** A dissociative fugue is an episode of amnesia that involves not having memory of certain personal information. It may include wandering off or a detachment from emotion.
- **Blurred identity-** This occurs when you feel like there are two or more people talking or living in head. You might even feel like you’re possessed by or of several other identities.

### **Diagnosis: -**

There isn’t a single test that can diagnose DID. A healthcare provider will review your symptoms and your personal health history. They may perform tests to rule out underlying physical causes for your symptoms, such as head injuries or brain tumors.

Making the diagnosis of dissociative identity disorder takes time. It's estimated that individuals with dissociative disorders have spent seven years in the mental health system prior to accurate diagnosis. This is common, because the list of symptoms that cause a person with a dissociative disorder to seek treatment is very similar to those of many other psychiatric diagnoses. In fact, many people who have dissociative disorders also have coexisting diagnoses of borderline or other personality disorders, depression, and anxiety.

### **The DSM-5 provides the following criteria to diagnose dissociative identity disorder:**

1. Two or more distinct identities or personality states are present, each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self.
2. Amnesia must occur, defined as gaps in the recall of everyday events, important personal information, and/or traumatic events.
3. The person must be distressed by the disorder or have trouble functioning in one or more major life areas because of the disorder.
4. The disturbance is not part of normal cultural or religious practices.
5. The symptoms cannot be due to the direct physiological effects of a substance (such as blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (such as complex partial seizures).

6. The distinct personalities may serve diverse roles in helping the individual cope with life's dilemmas. For instance, there's an average of two to four personalities present when the patient is initially diagnosed.

## **Dissociative amnesia**

### **For dissociative amnesia**

You've had one or more episodes in which you couldn't remember important personal information –usually something traumatic or stressful –or you can't remember your identity or life history. This memory loss is too extensive to be explained by ordinary forgetfulness.

Your episodes of memory loss don't occur only during the course of another mental health disorder, such as post-traumatic stress disorder. Also, your symptoms are not due to alcohol or other drugs, and they are not caused by a neurological or other medical condition, such as amnesia related to head trauma.

You may also experience dissociative fugue, where you purposefully travel or experience confused wandering that involves amnesia — inability to remember your identity or other important personal information.

Your symptoms cause you significant stress or problems in your relationships, work or other important areas of your life.

### **Dissociative identity disorder**

#### **For dissociative identity disorder:**

You display, or others observe, two or more distinct identities or personalities, which may be described in some cultures as possession that is unwanted and involuntary. Each identity has its own pattern of perceiving, relating to and thinking about yourself and the world.

You have recurrent gaps in memory for everyday events, skills, important personal information and traumatic events that are too extensive to be explained by ordinary forgetfulness. Your symptoms are not a part of broadly accepted cultural or religious practice. Your symptoms are not due to alcohol or other drugs, or a medical condition. In children, symptoms are not due to imaginary playmates or other fantasy play. Your symptoms cause you significant stress or problems in your relationships, work or other important areas of your

## **Depersonalization-decreolization disorder**

### **For depersonalization-decreolization disorder:**

You have persistent or recurrent experiences of feeling detached from yourself, as if you're an outside observer of your thoughts, sensations, actions or your body (depersonalization). Or you feel detached or experience a lack of reality for your surroundings as if you're in a dream or the world is distorted (decreolization). While you're experiencing an episode of depersonalization or decreolization, you're aware the experience is not reality. Your symptoms do not occur only during the course of another mental disorder, such as schizophrenia or panic disorder, or during another

dissociative disorder. Your symptoms are also not explained by the direct effects of alcohol or other drugs, or a medical condition, such as temporal lobe epilepsy.

Your symptoms cause you significant stress or problems in your relationships, work or other important areas of your life.

### **Evaluation may include:**

**Physical Exam:** Your doctor examines you, asks in-depth questions, and reviews your symptoms and personal history. Certain tests may eliminate physical conditions for example, head injury, certain brain disease, sleep deprivation or intoxication – that can cause symptoms such as memory loss and a sense of unreality.

**Diagnostic criteria in the DSM-5:** Your mental health professional may compare your symptoms to the criteria for diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

**Psychiatric Exam:** Your mental health professional asks questions about your thoughts, feelings, and behavior and discusses your symptoms. With your permission, information from family members or others may be helpful.

### **Treatment of DID:-**

Some medication may help with certain symptoms of DID, such as depression or anxiety. But the primary treatment for DID is psychotherapy. Also known as talk therapy or psychosocial therapy, psychotherapy is focused on talking with a mental health professional about your mental health.

The goal of psychotherapy is to learn how to cope with your disorder and to understand the cause of it.

### **Therapy focuses on: -**

- ❖ Identity and working through past trauma or abuse.
- ❖ Managing sudden behavioral changes.
- ❖ Merging separate identities into a single identity.
- ❖ Hypnosis is also considered by some to be a useful tool for DID treatment.

Medication, is sometimes used in the treatment of DID, as well. Although there are no medications specifically recommended for the treatment of dissociative for associated mental health symptoms

- ❖ Anti-anxiety medications
- ❖ Antipsychotic drugs
- ❖ Antidepressants
- ❖ Hypnosis is a genuine psychological therapy process. It's often misunderstood and not widely used. However, medical when hypnosis can be used as a therapy tool.
- ❖ Hypnosis is a treatment option that may help you cope with and treat different conditions.

To do this, a certified hypnotist or hypnotherapist guides you into a deep state of relaxation (sometimes described as a trance – like state). While you're in this state, they can make suggestions designed to help you become more open to change or therapeutic improvement.



## Psychotherapy-

Although the ultimate goal of treatment is integrated functioning of the alter personalities (ISSD, 2005), the presence of multiple comorbid disorder, experiences of trauma, and safety concerns make a comprehensive treatment plan necessary.

The international society for the study of Dissociation (ISSD) published some basic guidelines to aid clinicians in treating DID. Treatment most commonly follows a framework of

1. Safety, stabilization and symptoms reduction,
2. Working directly and in depth with traumatic memories and
3. Identity integration and rehabilitation.

Different psychotherapies are used to treat dissociative episodes to decrease symptom frequency and improve coping strategies for the experience of dissociation. Some of the more common therapies include:

**Cognitive behavioral therapy (CBT)** helps change the negative thinking and behavior associated with depression. The goal of this therapy is to recognize negative thoughts and to teach coping strategies.

**Dialectical behavioral therapy (DBT)** focuses on teaching coping skills to combat destructive urges, regulate emotions and improve relationships while adding validation. Involving individual and group work, DBT encourages practicing mindfulness techniques such as meditation, regulated breathing and self-soothing.

Eye movement desensitization and reprocessing (EMDR) is designed to alleviate the distress associated with traumatic memories. It combines the CBT techniques of re-learning thought patterns with visual stimulation exercises to access traumatic memories and replace the associated negative beliefs with positive ones.

A study involving 280 outpatient participants (98% DID diagnosis) from five different races (Caucasian, African, American Hispanic, Asian and other) demonstrated the effectiveness of a



similar five – phase model in reducing symptoms of dissociation. As might be expected from successful treatment reported less self-harming behavior than clients in stage 1, as indicated by scores on the Dissociative Experiences Scale II, the Posttraumatic Stress Checklist – civilian the symptoms checklist – 90- Revised (Brand, etal., 200g).



While elements of each phase occur throughout treatment, these phases describe the dominant concerns of therapy during the stages of treatment. Because of the intense feelings experienced as a result of trauma, individuals with DID may behave in ways that facilitate exploitation or are dangerous to themselves or others. Thus, a primary goal for treatment is to manage this behavioral therapy. Even when amnesia exists between alters, therapists for behavior of all alters. Therapists should also realize that some clients do not desire fusion or integration of their personalities. In this case, the goal of treatment would involve working towards co-operative functioning of alters.

In working with alters, therapists should view alters not as problems to be removed, but as the client's creative response to trauma. Identifying relationships between alters and communicating with alters directly are strategies useful in treating DID. Requesting that the clients listen inwardly to alters may facilitate necessary discussion among alters and between the therapist and client (ISSD, 2005).

**Group therapy** may be beneficial in addition to individual therapy, provided the group is exclusively for people with dissociative disorders. Persons with DID can sometimes have setbacks in mixed therapy groups because others may be bothered or disturbed by the personality switches.

**Family Therapy** is recommended to help educate the family about DID and its causes, to understand the changes that can take place as the personality is being reintegrated, as well as help family members recognize symptoms of recurrence. Family therapy for a person with DID may produce significant negative and traumatic memories of other family members which can hinder clinical progress.

**Clinical Hypnosis** Despite controversy about therapists implanting false memories by suggestion, clinical hypnosis can be used in conjunction with psychotherapy when conducted safely by a

trained therapist. Hypnosis can help clients access repressed memories, control problematic behaviors, such as self-mutilation and eating disorders, and help fuse the alters during the integration process.

## Talk therapy

For some people, living with the symptoms of DID can be frightening, isolating, or confusing.

Research has found that people with DID are more likely Trusted Source to harm themselves, and more than 70% of outpatients have attempted suicide.

For this reason, working closely with a compassionate, knowledgeable mental health professional is considered the first-line treatment for DID.

Your therapist can help you understand what you're experiencing and why. Therapy also gives you the space to explore and understand the different parts of your identity that have dissociated, and ultimately, to integrate them.

Dissociative disorders often stem from childhood trauma. In fact, as many as 90% of people with have a history of childhood abuse or neglect.

Dissociation is your body's way of distancing you from an intolerable experience, which is an effective survival strategy in the moment — but over time, chronic dissociation can form separate identities from your “core” or “main” personality, leading to the symptoms of DID.

Besides helping you understand the reasons behind your dissociation, your therapist can help you deal with dissociative states and develop useful coping mechanisms.

Your treatment plan will be based on your own unique needs, but may include:

- ❖ Education about dissociation and DID
- ❖ Relationship support
- ❖ Trigger management
- ❖ Impulse control
- ❖ Mindfulness
- ❖ Self-awareness
- ❖ Coping methods to tolerate difficult emotions.

## Phasic Trauma Treatment

Phasic trauma treatment is a psychotherapeutic treatment that has three phases:

- A. Safety and stability
- B. Work on traumatic memories
- C. Re- integration life

In DID treatment, working directly with the DID identities is crucial to diminish symptoms and to maximize the resilience found in most people with DID. **The first phase**, safety and stability, is the most important. During this phase, individuals learn how to stabilize symptoms of DID and PTSD, using a variety of psychotherapeutic techniques and sometimes adjunctive/add-on medications.

It is critical for the individual with DID to develop safety from suicidal and self-destructive behaviors, substance abuse, eating disorders, high risk behaviors, unsafe people, and other dangerous behaviors and situations. This is because DID develops in a childhood environment of repeated lack of safety and unpredictable danger. Without development of safety, DID treatment will not progress?

Not all individuals with DID wish to address his/her traumatic experiences in depth. However, if the individual with DID agrees, and has achieved safety and stability, **Phase 2** is focused more on carefully and slowly recalling the life history which is often experienced as PTSD flashbacks. Therefore, this phase also involves ongoing work on safety and additional stabilization of DID and PTSD symptoms.

In **Phase 3**, the individual's DID and PTSD symptoms have usually substantially moderated, and the individual with DID may even experience subjective fusion of some or all self-states, with complete merging of the characteristics of these subjective identities. This frees up energy for a focus on living better in the present.

**Rehabilitation Therapies:** Adjunctive/add-on rehabilitation therapies like art therapy and occupational therapy can be helpful if the therapist has training in the use of these modalities in the treatment of complex posttraumatic disorders like DID.

#### **Anti-anxiety: -**

Most people feel anxious at some point in their lives and the feeling often goes away by itself. An anxiety disorder is different. If you've been diagnosed with one, you may need help managing anxiety.

While drugs do not cure anxiety, they can help you manage your symptoms, so you can function well and feel better in your day-to-day life.

People living with dissociative identity disorder can also develop anxiety. Once someone is diagnosed and becomes aware of their alternate personalities and dissociations, further anxiety may be experienced about behaviors that can occur when they are not in conscious control. In some cases, this anxiety can be treated successfully using anti-anxiety medications. Some antidepressants that may be prescribed for DID include:

- ❖ Fluoxetine (Prozac)
- ❖ Sertraline (Zoloft)
- ❖ Duloxetine (Cymbalta)
- ❖ Bupropion (Wellbutrin)
- ❖ Doxepin (silenor)

#### **Mechanism Action of Fluoxetine: -**

Fluoxetine exerts its effects by blocking the reuptake of serotonin into presynaptic serotonin neurons by blocking the reuptake transporter protein located in the presynaptic terminal. Fluoxetine also has mild activity at the 5HT<sub>2A</sub> and 5HT<sub>2C</sub> receptors.

## **Anti-psychotic Drugs: -**

Antipsychotic medications have been shown to reduce the frequency of transitions between alternate personalities. These medications may reduce dissociations and other symptoms caused by the transition between realities. Levels of dopamine, noradrenaline and serotonin are regulated with antipsychotic medications which can help alleviate some symptoms of DID. Some antipsychotic medications that may be prescribed to someone with DID include:

- Aripiprazole (Ability)
- Olanzapine (Zyprexa)
- Risperidone (Risperdal)

## **Mechanism Action of Aripiprazole: -**

Aripiprazole functions as a partial agonist at the dopamine D2 and the serotonin 5-HT1A receptors, and as an antagonist at serotonin 5-HT2A receptor. The mechanism of action of aripiprazole, as with other drugs having efficacy in schizophrenia and bipolar disorder, is unknown.

## **Mechanism Action of Olanzapine: -**

The exact mechanism of action of olanzapine is not known. It may work by blocking receptors for several neurotransmitters (chemicals that nerves use to communicate with each other) in the brain. It binds to alpha-1, dopamine, histamine H-1, muscarinic, and serotonin type 2 (5-HT2) receptors.

## **Anti-depressant Drugs: -**

Antidepressant medication has little effect on dissociative identity disorder. However, these medications are commonly used to treat depression, a mental health condition that commonly co-occurs with DID. Whether depression reaches a level requiring clinical diagnosis, treatment with antidepressants may help elevate mood. Some antidepressants that may be prescribed to someone with DID include:

- Selective serotonin reuptake inhibitors (SSRIs)
- Tricyclic antidepressants like Doxepin
- Clonidine
- Anticonvulsants
- Benzodiazepines

Treatment providers typically avoid prescribing benzodiazepines because of the high risk of addiction. People living with mental health conditions are more likely to develop addictions because of neurotransmitters in the brain. If someone has less serotonin or dopamine in their brain, they may turn to abuse substances and develop a mental health disorder like DID or both.

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