



DISSOCIATIVE IDENTITY DISORDER

Dissociation is some sort of disruption or disconnection in a person's consciousness, sense of identity, or awareness. It's a common response to trauma or other difficult experiences

Dissociative identity disorder or DID means that people experience two or more distinct parts that make up their whole identity. It's part of a group of mental illnesses called dissociative disorders.

What is dissociation?

Dissociation is some sort of disruption or disconnection in a person's consciousness, sense of identity, or awareness. People feel disconnected from their thoughts, emotions, physical presence, memories or actions, for a period of time. Everyone experiences dissociation from time to time—it's a normal process. If you've ever been so engaged in a book or movie that you've lost track of time, arrived at home and realized you don't remember driving or how you got there, or been lost in a daydream, you've experienced dissociation.

Dissociation is a common response to trauma or other difficult experiences. For example, many people who experience accidents feel numb or feel like it isn't real. Dissociation can be a way to protect ourselves from very strong emotions. Dissociation can be helpful in some situations, but it can start to cause problems when it comes up often or is the only way someone copes with trauma or difficult experiences.

Many people understand dissociative identity disorder as a way to cope with trauma or difficult experiences. Dissociation may be the only way a person can cope with ongoing or past trauma while they try to live their life as best they can.

WHAT DOES IT LOOK LIKE?

People with DID have two or more distinct identities or parts: one "host" or main part and at least one other part. (People use many different terms, such as alters, alternate identities, or states, but we will use parts in this info sheet.) The main host



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COULD I HAVE DISSOCIATIVE IDENTITY DISORDER?

- I experience two or more distinct parts, each with their own sense of self
- The different parts have their own behaviours, moods, thoughts, memories, and way of understanding the world
- I lose my sense of identity—sometimes I don't recognize myself
- I feel disconnected, like I'm not real or everything around me isn't real
- Sometimes it feels like someone else is controlling my body
- I hear voices or notice sensations, thoughts, or feelings that don't seem to belong to me
- I often have significant gaps in my memories, ranging from experiences in childhood to what happened during my day
- I often find evidence of things I don't remember doing, like purchases, receipts, or notes

If you agree with most of these statements, talk to your doctor. Some of these symptoms may come up as a result of other mental illnesses, physical illnesses, injuries, substance use, or experiences like trauma, so it's important to work with a health professional.

and other parts are not complete identities on their own. Together, they are one system.

Parts are distinct and may have their own personalities, preferences, opinions, mannerisms, or roles. Parts may understand themselves to be a different gender or age than the person's biological sex or age. Parts may communicate with each other and the host, or they may be unknown to all other parts, some other parts, or the host. While there are a few cases of people who report hundreds of parts, most people with DID report only a few parts.

People with DID also often experience memory problems. They may have a hard time recalling personal information, learned knowledge, or important parts of their childhood. Some memories may only be recalled by a specific part. People with DID may not be able to recall something that just happened or explain things that happened during the day. Sometimes other people see this as dishonesty or deception, but memory gaps are part of DID.

WHO DOES IT AFFECT?

Dissociative identity disorder is thought to affect from around 0.4% up to around 1.5% of people.

Dissociative identity disorder is most closely linked to trauma, particularly trauma in childhood. In some studies, up to 90% of people diagnosed with DID reported repeated trauma in childhood. For this reason, some people consider DID to be under the same umbrella as post-traumatic stress disorder (PTSD).

WHAT CAN I DO ABOUT IT?

Dissociative identity disorder doesn't usually resolve itself on its own, though symptoms may change or change in severity over time.

For treatment, long-term individual psychodynamic psychotherapy is most common. This may include components or strategies from cognitive-behavioural therapy (CBT), dialectical behaviour therapy (DBT), eye movement desensitization and reprocessing (EMDR), and sensorimotor psychotherapy. People with DID also experience high rates of self-injury and suicide attempts, so early goals in treatment may focus on building safety and reducing distress.

Merging all parts may not be the goal of treatment. Instead, treatment goals might include learning new strategies to cope with trauma, manage strong emotions, and help the host and parts work together. For example, treatment might help parts negotiate tasks and work cooperatively so the whole system can go to school, work or volunteer, and build relationships.



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IS DISSOCIATIVE IDENTITY DISORDER CONTROVERSIAL?

Dissociative identity disorder is still a controversial diagnosis to some. Some people argue that symptoms of DID are created during treatment, and it's a product of suggestion rather than a mental illness. While dissociation has been described for a long time, there are also significant gaps in DID research, and some feel that we just don't know enough about DID, the number of people affected, or the most effective treatments. We just don't know as much about DID as we do other illnesses.

Ultimately, people who experience DID are looking for support and understanding. Even if their experiences don't perfectly fit into someone's diagnostic criteria or aren't reflected well in research, their distress and other difficult thoughts and feelings are still real.

WHERE CAN I GO FROM HERE?

The best first step is always to talk to your doctor. They can help you decide what to do next. They can also rule out any physical explanations for your symptoms. In addition to talking to your family doctor, check out the resources below for more information.

International Society for the Study of Trauma and Dissociation

Visit www.isst-d.org for the International Society for the Study of Trauma and Dissociation. You'll find information on complex trauma, dissociation and dissociative disorders for health professionals, teachers and school staff, and the general public. The International Society for the Study of Trauma and Dissociation is based in the US.

An Infinite Mind

Visit www.aninfinitemind.com for the US-based An Infinite Mind, a non-profit organization that supports survivors of trauma-related dissociation. They have a substantial list of recommended books and other resource materials for people who experience DID and clinicians who treat DID.

Sidran Institute

Visit www.sidran.org for information about trauma, post-traumatic stress disorder, dissociative disorders, and co-occurring problems. You'll find resources for individuals, loved ones, professionals, students, and more. The Sidran Institute is based in the US.

BC Psychological Association

To find a Registered Psychologist in your area who specializes in the treatment of dissociative disorders, visit www.psychologists.bc.ca/find_psychologist_full.

BC Partners for Mental Health and Substance Use Information

Visit www.heretohelp.bc.ca for info sheets and personal stories about mental illnesses. You'll also find more information, tips and self-tests to help you understand many different mental health problems.

Resources available in many languages:

*For the service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

HealthLink BC

Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk with a pharmacist about medication questions.

BC Mental Health Support Line

If you are in distress, or for information on local services or if you just need someone to talk to, call 310-6789 (no area code) 24 hours a day to connect to a BC distress line, without a wait or busy signal.



Canadian Mental Health Association
British Columbia
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Provincial Health Services Authority
Province-wide solutions.
Better health.

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in hundreds of neighbourhoods across every province, CMHA provides advocacy and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.

Visit the CMHA BC website at www.cmha.bc.ca.

CMHA BC is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Substance Use Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners are funded by the Provincial Health Services Authority.

For more information, visit www.heretohelp.bc.ca

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