Dissociative Identity Disorder: Case Report

In Europe, early cases only showed ‘bipolar disorders’, with mostly just 2 personalities. For example, case of Mary Reynolds, Estelle, Skae. Their personalities varied only between two extremes. Azam, in the 1870s, observed Felida for 32 years, who had convulsions and was hysterical. He denied the existence of a dual personality, and instead focused on the doubling of consciousness (H. Merskey, 1992)

Dissociative Identity Disorder, as the studies show, is usually characterized by visual and auditory hallucinations, thought disorder, aggression, anxiety, self-mutilation, and catatonia.

In a study conducted on adolescents suffering from Multi Personality Disorder, it was observed that the first symptoms of the disorder were mostly depression, amnesia, aggression, drug abuse, violence, phobias, dangerous behaviours, physical pain and eating disorders.

The case study presented has been taken from a study done by Paul H. Davis and Adele Osherson on the Concurrent Treatment of a Multi-Personality Woman, 2018. The study explains the case of a mother and her son, who had a very detrimental relationship. The son behaved aggressively when with his mother and at school, but comparatively was a fun person when taken to the therapist. Therapy was provided to both the son and his mother. However, the mother complained of headache and depression as the treatment was going on. The focus of psychotherapy was shifted to her own self than the mother-son relationship. In one of the sessions, she mentioned about ‘introducing’ someone else. She revealed three personalities – ‘Jennie’, the original personality, ‘Jerrie’, formed at the age 3, and ‘Julie’, at the age of eight. These personalities were to cope with complicated situations in the house. Jenny rarely ever ‘came out’ in 20 years. She was a frightened and shy person, and was very vulnerable to situations. Her personality was described as innocent and childlike. She was never exposed to social situations; and thus created two other personalities to deal with them. Julie was the most mature of them. She was feminine and tried her best to make a good relationship with her son. She was the one who took responsibility for all the problems and didn’t prefer worldly pleasures. Julie took to smoking whenever under stress. She was also observed to have extra-sensory perception, as she could predict future events. She too, was afraid of Jerrie’s personality and feared her coming ‘out’. Jerrie was homosexual and had sophisticated tastes. She usually avoided incidents that led to negative feelings. She saw herself as the only self and refused to acknowledge Jenny and Julie. There were also conflicts between the personalities during ‘switching’. Jenny could observe her own personalities having conflicts with one another. The mother, though subjected to continuous therapy, was not ready to let go of her personalities. These differences in personalities also affected the ego formation and behaviour of her son, Adam.

Biological Indicators - Biological perspective of Dissociative Identity Disorder mentions the existence of a “Conscious control system” that unites the multiple modes in an understanding of self. Dissociative Identity Disorder occurs when these modes start separating themselves and exist in smaller and isolated units. In other words, a person’s normal routine based on schemas and priming gets disrupted. This leads to the brain forming multiple conscious control systems associated with each mode that represent the self in relation to that particular trait. This leads to

a difference in first-person perspectives and having a separate sense of all the parts representing the mode.(Paris, J. Social factors in the personality disorders: A biopsychosocial approach to etiology and treatment, 1996)

Studies have shown an increase in cerebral blood flow, in frontal areasin the amygdala, insular cortex, somatosensory areas in the parietal cortex, and the basal ganglia, as well as in the occipital and frontal regions and anterior cingulate, when the patient goes through an ‘emotional’ dissociation. In an fMRI study (Tsai et al., 1999) is was noticed that

The bilateral hippocampal inhibition, right parahippocampal and medialtemporal inhibition, and inhibition in small regions of the substantia nigra and globus pallidus were seen during the switch into another identity, with right hippocampal activation when the participant was returning to the original identity. This shows the involvement and activation of a wide range of neurological indicators in a person suffering from DID.

While the role of the child’s biological capacity to dissociate to an extreme level is unclear yet, there is evidence demonstrating the neurobiological impact of developmental stress. The neurobiological perspective of this disorder also mentions discontinuity and impairment in the central nervous system, which leads to the growth dissociative identity disorder.(Vedat ?ar,1 Martin J Dorahy,2 and Christa Krüger, Revisiting the etiological aspects of dissociative identity disorder: a biopsychosocial perspective.)

Studies have also demonstrated and increase in activity in areas that mediate the mental construction of past and future episodic events. (Yolanda R. Schlumpf, Dissociative part-dependent biopsychosocial reactions to backward masked angry and neutral faces: an fMRI study of dissociative identity disorder, 2013). In the case study presented, this cognitive indicator could be seen in Julie’s personality – her ability to sense events in the future. Heart palpitations related to anxiety were found in30 percent (Putnam et aI., 1986) of MPD patients. Bahnson and Smith (1985)reported that their patient also showed both bradycardia and tachycardia during the switching process.

Social Indicators - According to the social perspective, Dissociative Identity Disorder develops when a child is exposed extreme physical pressure or sexual abuse, a lack of attachment, and negative communication styles.(Yolanda R. Schlumpf, Antje A. T. S. Reinders, Ellert R. S. Nijenhuis, 4 Roger Luechinger, Matthias J. P. van Osch, and Lutz Jäncke, Dissociative part-dependent biopsychosocial reactions to backward masked angry and neutral faces: an fMRI study of dissociative identity disorder, 2013)

In the case study, Jenny was subject to problems and disturbances in her house at a very young age.

In many cases, for example, the study of a 55-year-old Caucasian woman, it has been observed that DID can also be triggered due to the use of health deteriorating habits such as consumption of drugs and smoking, especially when going through stress. (Rehan et al. Cureus 10(7), A Strange Case of Dissociative IdentityDisorder: Are There Any Triggers, 2018)

In a lot of cases pertaining to adolescents, childhood events or trauma resurface. This leads to the person becomes prone to the interplay of historical events, fantasy, post-event information along with external influences. (Kluft, 1995) They play an important role in developing

dissociation.

Psychological Indicators - Dissociative Identity Disorder is set to develop mostly due to psychological influences over the years. It has been observed that patients suffering from DID allow themselves to separate their memories or cognition related to trauma, and feelings of betrayal, shame, fear and hatred. They are effectively able to dissociate during times of stress. However, to reach the point of depersonalization, the trigger that leads them to this point must be critical. There are also chances that the stress might reach to that point where it changes the structure of the symptoms. (Dr. Christopher L. Williams, Psychophysiological and Psychological Correlates of Dissociation in a Case of Dissociative Identity Disorder, 2003).

In multiple case studies, trauma suffered during the childhood years has been accounted for as the main reason for the occurrence of this disorder. Several secondary factors, such as stress, depression, grief and anxiety contribute to increase in the frequency of disassociation.

In the case study reviewed, it is observed that sexual abuse was a continuous trigger, which led to trauma and later, dissociation as a form of coping mechanism. She also suffered from depression and suicidal thoughts after giving birth to the baby. Most of the cases related to DID identify with childhood trauma and experiences. Multiple personalities are formed as a way to ‘protect’ the individual.