Laura K Kerr, PhD

Definition: Dissociative Identity Disorder

Encyclopedia of Critical Psychology, Edited by Thomas Teo

DOI: 10.1007/SpringerReference_306881
URL: http://www.springerreference.com/index/chapterdbid/306881

Introduction

After nearly seventy years of virtually no mention in the medical literature, Multiple Personality Disorder resurfaced in the latter part of the twentieth century, receiving a new name, Dissociative Identity Disorder, and reaching almost epidemic proportions. Between 1922 and 1972, fewer than 50 cases of Multiple Personality Disorder were recorded in the medical literature. By 1990, almost 20,000 cases of Dissociative Identity Disorder had been identified (Showalter, 1997). Historian and philosopher of science Ian Hacking associated the emergence of Dissociative Identity Disorder with changing interpretations of childhood abuse (Hacking, 1991). In the 1960s "cruelty to children" was reinterpreted as a pathology requiring medical intervention. During this time, Multiple Personality Disorder became linked to childhood abuse. Pierre Janet's work on dissociation was also rekindled and joined with psychosocial theories of child development to explain the presence of "alter" identities. Psychiatrist Richard Kluft was the first to theorize that over-reliance on dissociative defenses to ward off the psychological impact of abuse led to dissociated aspects of the self becoming split off from the "normal" development processes that would otherwise lead to an integrated and unitary self (Hacking, 1995; Showalter, 1997; Kluft, 1985). Philosopher Stephen E. Braude (1991) described the emergence of Dissociative Identity Disorder as the outcome of a gradual sea change in psychiatric practice. Like Hacking (1991), Braude associated the return of multiple personality disorder with connections to childhood abuse, and also cited the popularity of the made-for-television movie, Sybil, which first aired in 1973. Yet, Braude also speculated that, at least in the US, disenchantment with Freudian psychoanalysis and psychological behaviorism, as well as the likely misdiagnosis of many individuals with Schizophrenia, led to a greater acceptance of multiple personalities and Dissociative Identity Disorder as a psychiatric diagnosis.

Definition

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) describes Dissociative Disorders as "disruption[s] in the usually integrated functions of consciousness, memory, identity, or perception" (2000, p. 519). Disruption in integrative functions can lead to amnesia (Dissociative Amnesia), loss of sense of place (Dissociative Fugue), loss of sense of self (Depersonalization), or the proliferation of multiple identities (loss of integrated identity), which characterizes Dissociative Identity Disorder. The etiology of Dissociative Identity Disorder is believed to be a childhood history of severe physical and sexual abuse. Dissociative Identity Disorder is thought to develop when the body's natural traumatic stress response is repeatedly activated by conditions of extreme threat, which over time leads to the emergence of a coherent identity capable of organizing split off, trauma-related memories in ways that allow the child to

survive conditions of chronic victimization (Van Der Hart, Nijenhuis, & Steele, 2006). Similar to Posttraumatic Stress Disorder (PTSD), Dissociative Identity Disorder is described as the outcome of exposure to life-threatening or terrifying events. However, in the case of Dissociative Identity Disorder, repeated activation of traumatic stress responses (e.g., fight, flight, flee, submit) has led to the chronic, albeit integrated, compartmentalization of trauma-related memories, similar to how a single episode of trauma leads to the failure to integrate memories of a traumatic event with otherwise normal mental functioning.

Keywords

childhood abuse, depersonalization, dissociation, Dissociative Amnesia, Dissociative Fugue, Multiple Personality Disorder, physical abuse, PTSD, sexual abuse, traumatic stress responses

Traditional Debates

Perhaps more than any other mental disorder, Dissociative Identity Disorder—and its precursor, Multiple Personality Disorder—has been accused of being iatrogenic in origin, which is to say so-called alter identities or personalities arise as a result of the psychiatrist's or psychologist's search for their existence in highly suggestible patients. This argument has been part of a larger debate in the US against the veracity of recalled memories of childhood sexual abuse—what has been called "Repressed Memory Syndrome"— in which psychotherapists have been accused of manipulating their patients into believing current symptoms of emotional distress have their origins in childhood experiences of sexual exploitation (Hacking, 1995). Related to accusations of iatrogenic influences have been perceptions of Dissociative Identity Disorder as the outcome of the feminist movement rather than scientific studies. The Second Wave of feminism fueled concerns for the prevalence of violence against women, including a focus in the mental health community on the treatment and eradication of domestic violence. This included exposing the frequency of incest between a daughter and a father, or father figure, which is thought to be common in histories of women diagnosed with Dissociate Identity Disorder. The diagnosis is overwhelmingly given to women (9 out of 10 diagnoses). Some argue Dissociative Identity Disorder is the outcome of a patriarchal society that historically has given men control over the members of a dependent, and potentially isolated, family (Herman, 1981). Today, research in the neurobiology of trauma and the model of structural dissociation supports a view of dissociated identities arising as the result of suppressed attempts at activating the body's natural response to traumatic threats. When the body must repeatedly submit to threat rather than fight back or flee, the physiological tendency to split-off traumatic memories can lead to different aspects of the self organizing around defense responses, which, over time, can begin to function as alter personalities. With this description of dissociated identities, alter personalities are seen as activated defense and survival responses that have gained complex organization as a result of repeated activation (Van Der Hart, Nijenhuis, & Steele, 2006).

Critical Debates

Psychiatrist Horacio Fabrega associated the modern Western conception of dissociation with notions of trance and possession that have dominated throughout human history. According to Fabrega, trance and possession are ritualized forms of dissociation that communicate a person's

social-related distress (2002). Fabrega's hypothesis suggests dissociation is more than just a defense against trauma and overwhelming stress; it is also a way for members of a social group to identify when a person has become too overwhelmed by stress without threat of social alienation. Possession, however, seems to work differently, and like Dissociative Identity Disorder, may be a way to communicate the victimhood engendered by social inequalities that have become ingrained aspects of society, such as gender oppression. Dissociative Identity Disorder, like spirit possession, may be a way for the subjugated and oppressed to voice their realities without fear of retribution. However, rather than religious institutions, those diagnosed with Dissociative Identity Disorders, like hysterics before them, retreat to the mental health system to speak of experiences of hurt and humiliation. Fabrega witnessed how trance and possession became aligned with different social institutions, including medical practices: "Ritualized forms of dissociation like trance and possession are found in association with religious and medical practices across the world and are thus institutionalized in the society. Indeed, one can classify societies in terms of whether institutionalized forms of dissociation are predominantly trance, possession, or a combination of the two" (2002, p. 298).

References

Braude, S. E. (1991). *First Person Plural: multiple personality and the philosophy of mind*. New York, NY: Routledge.

Hacking, I. (1995). *Rewriting the soul: Multiple personality and the sciences of memory*. Princeton, NJ: Princeton University Press.

Hacking, I. (1991). The making and molding of child abuse. *Critical Inquiry*, 17(Winter), 253-288.

Herman, J. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press.

Kluft, R. P. (Ed.). (1985). *Childhood antecedents of multiple personality*. Washington, D.C.: American Psychiatric Press.

Showalter, E. (1997). *Hystories: Hysterical epidemics and modern culture*. New York, NY: Columbia University Press.

Van Der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York, NY: WW Norton & Company.

Online Resources

What is a dissociative disorder? (2010). Retrieved October 25, 2012, from http://www.sidran.org/sub.cfm?contentID=75&sectionid=4

Treating dissociative disorders "101". Retrieved October 25, 2012, from http://www.isst-d.org/education/dissociation-101.htm