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Recent reports on dissociative identity disorder

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Abstract:

Psychiatric disorders occur more and more frequently nowadays as the result of non-capability of the human mind to keep up with the pace of today's living models. One of

the most unusual way of escaping from the most traumatic experiences in one's life is the dissociation mechanism, in the most severe cases resulting in dissociative identity disorder.

The aim of this study is to present current state of art on the issue of DID and future courses of diagnostics and possible treatment.

Within the study, out of 210 articles related to the dissociative identity disorder, multiple personality disorder, 12 significant articles were used in the analysis.

Dissociative identity disorder is becoming more and more frequent diagnosis in modern psychiatry. For the diagnostic purposes, broad differential diagnostics process has to be applied as DID is related to many other psychiatric conditions, such as schizophrenia or PTSD. Apart from that, DID patients and their personalities suffer from many psychiatric comorbidities, such as depression, anxiety, OCD disorders.

Unfortunately, due to the length of the treatment processes, which last for the whole life of the patient, it's hard to identify the cases with full integration of identity and full recovery.

As a conclusion, authors define DID as an important issue in modern psychiatry which should be further addressed in neurobiological and pharmacological studies.

Keywords MeSH: Dissociative Disorders, Multiple Personality Disorder, Stress Disorder, Post-Traumatic

Background

More and more frequently in the modern world, human minds do not keep up with the ubiquitous pursuit of success, falling into the trap of mental disorders. According to the World Health Organization, mental disorders count for 13% of all diseases in the general population, with the largest group being depressive disorders (4.3% of the general population),

posttraumatic stress disorder - 3%, obsessive-compulsive disorder - 2.5%. Depression is also one of the biggest causes of disability in the world of 11% of all disabilities. [1] Psychiatric disorders increase the risk of premature death to more than 40%, and more than one million people who suffer from depression take away their own lives each year.

Another way to escape traumatic events in life is the dissociative identity disorder which accounts for 1-3% of mental illness in some populations. [2] With the "split of the self" coexists numerous social and legal dilemmas, which we should also pay considerable attention to while facing the increased morbidity of DID .

Objectives

The aim of this paper is to present the state of the art of DID diagnosis and treatment.

Methods

Significant articles on multiple personality disorder and dissociated identity disorder from 2000-2016 were analyzed. Of the 210 articles 12 significant articles were selected for analysis.

Results

Dissociative defense mechanism - mechanism of formation

Personality is an internal control system that allows for adaptation and internal integration of thoughts, feelings and behavior into a given time in the environment (so called the sense of stability). Personality can be defined as a set of relatively constant attributes or dispositions,

the mental properties of an individual, differentiating it from other individuals, and coherence of its behavior. Identity is the internal vision of one's self: appearance, psyche, and behavior. [3] DSM-IV dissociative mechanisms are described as: "disconnection of functions that are normally integrated, eg. consciousness, memory, identity or perception," and are one of the strongest defense mechanisms of known psychology. [4] Dissociation is the separation of the subject from one's self, the environment, also the lack of integration between the various mental processes, and the lack of memory - variable degrees of amnesia (total or partial). [5] Among the mechanisms of dissociation in sensory reactions can participate all senses, the most common forms are:

Anesthesia - loss of sensibility,

Hypesthesia - partial loss of sensitivity,

Hyperesthesia - hypersensitivity,

Analgesia - loss of sensitivity to pain,

Paresthesia - unusual sensations (tickling, feeling heat).

Dissociation takes place in response to the experiences of individuals in which they are unable to cope within the natural mechanisms of psychic defense. In severe cases, the individual experiences traumatic events that break the fragments of his mind into different selves. Psyche creates a separate consciousness, or identity, which absorbs overwhelming trauma and stores painful information.

The most severe type of dissociative disorder is DID (Dissociated Identity Disorder)

Dissociative identity disorder - state of art

Dissociative identity disorder (DID), multiple personality disorder, personality split, is one of the most serious dissociative disorders, involving at least two identity traits in one person. [6]

The first case described in medical literature is attributed to Paracelsus, the Father of Modern Medicine in 1646. At the turn of the twentieth century, Jean Charcot and Paul Janet

suggested the existence of dissociative mechanisms. It was not until the 1970s that the first intensive development of psychiatry began with the first serious research on multiple personalities. [7]

Until 1994, DID had functioned as a multiple personality disorder and subsequently changed its nomenclature name to dissociated identity disorder. [8] "Plural personality" was a catchy diagnosis but did not underline the possible etiology of a disease that is not a mechanism of repression and, according to modern knowledge, a dissociation mechanism that cleaves one personality rather than creating another.

According to the latest definition of DSM-IV-TR, DID is the presence of two or more distinct identities or states of personality, each with its own relatively permanent pattern of perception, referring to thinking about the environment and the person. [4]

At least two of these identities or personality states have taken over control of a person's behavior. Patients are unable to recall important personal information and the memory gap is too large to be explained by mere forgetfulness. In 97-98% of cases, the cause of dissociation is physical violence, psychological abuse, sexual abuse in childhood, 2% - traumatic experience (brutal death of the person from the environment, life-threatening situation). Survival can occur one or more times, after each traumatic experience a new personality develops, which is a constant mechanism of coping with difficulties. The patient may not know that he has many personalities as well as he or she can know most of the personalities that can also communicate with each other. Switching between personalities takes place in everyday life or during stressful situations that aggravate the psyche. [8;9]

The number of personalities ranges from average 8-13, in severe cases up to 100. Each of them is designed to cope with specific life situations. Personalities vary in gender, age, ethnicity, name and above all - character, "life baggage", different writing, manners, likes, responses to somatic treatment etc.

We distinguish individual personality types that emerge:

Legal personality - the personality of which the patient is known in society in the legal aspect.

Host personality - dominant personality

Presenting personality - a personality that emerges during a therapeutic session - presenting a specific problem of psychological nature

Persecutor - Personality - reminiscent of the perpetrator

They are dominant, but not the only ones, they can often be eg. personalities: abused child, the Avenger, the Rescuer, the Self-destroyer, The No-human. [8;10]

Personalities can know each other and communicate with each other (the patient speaks of himself in the plural, "we") is the so-called "co-consciousness", and also patient can be aware of other personalities, but there is a lack of mutual communication. Frequency of personality switching ranges from seconds, minutes, less frequently days or weeks, most often triggered by stress or situation that resembles traumatic childhood, can also be triggered by hypnosis with / without amytal during treatment.

The features that predispose to DID are primarily female sex in 75-90% of cases, due to decreased stress resistance, among the characteristics of the personality are listed eg. easy ability to enter hypnosis, tendencies to fantasize, easy to contract the suggestions of the environment. The severity of the disease depends on the age (the earlier, the heavier the course) and the perpetrator of the trauma (the closer the person, the heavier the course). [6;8]

Among the symptoms we distinguish obvious and hidden symptoms. The obvious include amnesia, depersonalization, derealization, identy alteration, identity confusion. Among the hidden are all other psychiatric conditions coexisting. There is a high co-occurrence of other mental illness with DID: major depressive disorder - 100%, PTSD - 88%, specific phobias - 64%, ADHD - 60%, social phobias - 52%, psychosis - 52%. [6]

At present, psychotherapy is used most commonly in psychotherapy, hypnosis - remembrance of traumatic experiences, the desire to integrate personality and pharmacotherapy depending on the co-morbidities.

Integration defined as the state of three months:

Continuity of memory

Lack of behavioral signs of multiplicity of personalities,

Subjective sense of unity

Absence of alter-personalities during hypnosis

Clinically documented unification

Prolonged psychotherapy and supportive pharmacological treatment lead to the integration of the patient's personality and allow for normal life of the patient. [4]

Unfortunately, in relation to the relatively short history of DID in modern medicine and the complexity and longevity of the process, there is no data on long-standing cases of personality integration.

Diagnostic challenges

Traumatic experiences remain the most important triggering factor for DID, but nowadays the presence of other factors is discussed, not just the stressors to DID, such as the presence of genetic factors. In Neurodevelopment Theory (Forrest K., 2001): a concept based on the development of prefrontal cortex and the association with the organization of individual behaviors, the development of emotional regulation as well as the development of the personality of the individual depends on the development and reorganization of the cortex. [11]

In addition, proper and very extensive differential diagnosis must be made prior to diagnosis of DID. Diagnostic dilemmas include DID differentiation as a chronic and severe manifestation of PTSD, relationship between DID and schizophrenia - posttraumatic disease vs. genetic disease and common to both of them features such as characteristic hallucinations (80% in DID and> 80% in schizophrenia). [12] Arguments against these theses can correspond to the fact that DID does not respond to standard pharmacological treatment for the treatment of schizophrenia despite the presence of psychotic symptoms. Patients with DID can find themselves in society, patients with schizophrenia in advanced state of psychotic symptoms can not fulfill the social role. As the posttraumatic forms of schizophrenia also exist, the genetic background of DID can not be excluded.

Among modern DID diagnostic methods, attention is drawn to the relationship between DID and PTSD in PET examination. Results for DID were similar to those found in two subtypes of PTSD for the dorsal part of the frontal cortex, prefrontal cortex, amygdala and insula. [13;14] In addition, the state of dissociative identity activated parahippocampal gyri,

while the states of hyperactivity activated the tail of the caudate nucleus. [15] This confirms the thesis that DID is associated with PTSD as the hyperactivity states in PET in DID and PTSD is similar.

Summary

DID is an increasingly common psychiatric illness that requires increased research within modern diagnostic and treatment techniques in view of the complexity of the disease and its association with other psychiatric illnesses. Only in the face of total identity integration can we help the patient to overcome further psychological and social problems.

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