

A Report on Dissociative Identity Disorder (Multiple Personality Disorder)

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Brief Report

Multiple personality disorder (formerly known as dissociative identity disorder) is a complicated psychiatric illness considered to be caused by a variety of circumstances, including severe childhood trauma (usually extreme, repetitive physical, sexual, or emotional abuse). Dissociative identity disorder (DID) is a severe type of dissociation, a mental process in which a person's ideas, memories, feelings, behaviours, or sense of identity are disconnected. Dissociative identity disorder is assumed to be caused by a variety of causes, including the trauma that the individual with the illness has undergone. The individual actually turns off or dissociates themselves from a circumstance or experience that is too harsh, traumatic, or unpleasant to absorb with their conscious self, according to the dissociative element.

Multiple personality disorder is now recognised as a persistent dissociative psychopathology that most commonly arises as a result of severe childhood maltreatment. The dissociative component is a sign of an out-of-control defensive system. When confronted with extreme abuse or the threat of abuse, a person with a biopsychological potential to dissociate retreats within. The roots of multiple personality disorder are created when ongoing maltreatment maintains dissociations and they are linked by similar emotional themes. Despite the fact that the problem began in childhood, most individuals are not diagnosed until they are between the ages of 20 and 50. Many people have had many erroneous diagnoses of mental or physical problems, or both, over the course of seven years or more. Failure to diagnose is a sign of the many elements that contribute to this being a hidden condition. The creation of trust

and a therapeutic relationship between the patient and the therapist is where diagnosis and management begin.

The shifting between different identities is a symptom of multiple personality disorder. One or more voices in one's brain may feel as if they are attempting to take control. These identities frequently have distinct names, traits, demeanours and voices. People with DID will have trouble remembering everyday occurrences, personal information and traumatic experiences. Women are more likely to be diagnosed because they appear with acute dissociation symptoms more frequently. Men, rather than amnesia or fugue states, are more prone to ignore symptoms and trauma histories and to engage in more aggressive conduct. This might result in a higher number of erroneous negative diagnoses.

While there is no known aetiology for DID, the most widely accepted psychiatric explanation is that it develops as a result of significant childhood trauma. It's considered that one way some people cope with being severely traumatised as a kid is to block out altered states of consciousness, or to disassociate from those memories. When that reaction becomes too strong, DID may develop. Having a family member with DID, like having a family member with any other mental disease, is a risk factor in the sense that it suggests a possible sensitivity to acquiring the disorder, but it does not imply that the disorder is hereditary. There are no treatment recommendations for DID. Treatments are frequently prescribed on a case-by-case basis by doctors. There is no particular medicine for DID. Treatment options can include psychotherapy as well as any medications needed to aid with symptoms if they occur alongside DID.

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