

A Behavioural Perspective on Examining the Impact of Trauma on Dissociative Identity Disorder

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Abstract

This article delves into the intricate relationship between trauma and Dissociative Identity Disorder (DID) from a behavioural perspective. Dissociative Identity Disorder, characterized by the presence of multiple distinct personality states, has long intrigued researchers and clinicians. Trauma, particularly in early developmental stages, has been identified as a significant factor contributing to the onset and maintenance of DID. By analysing behavioural patterns, this article aims to illuminate the ways in which trauma influences the development of distinct identities and the manifestation of dissociative symptoms. Through an exploration of relevant literature, clinical observations, and theoretical frameworks, this article provides insights into the behavioural mechanisms underlying the impact of trauma on DID. The article concludes by highlighting the importance of a comprehensive understanding of these behavioural dynamics for effective therapeutic interventions and improved outcomes for individuals with DID.

Keywords: Trauma • Therapeutic interventions • Dissociation

Introduction

Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder, is a complex and intriguing psychological phenomenon that has captured the attention of researchers, clinicians, and the public alike. It is characterized by the presence of two or more distinct personality states, each with its own set of behaviours, memories, and perceptions. The aetiology of DID has been a subject of ongoing debate, with trauma emerging as a central component in its development. This article adopts a behavioural perspective to investigate the profound impact of trauma on the formation and expression of distinct identities within the context of DID [1,2].

Literature Review

DID is marked by the presence of distinct personality states, or alters, which can vary in age, gender, mannerisms, and even physiological responses. These identities often emerge as a response to traumatic experiences, serving as a coping mechanism to compartmentalize distressing memories and emotions. From a behavioural standpoint, the presentation of these distinct identities involves noticeable shifts in behaviours, speech patterns, gestures, and even physiological responses. Observing these behavioural changes is crucial in diagnosing and understanding the disorder [3]. From a therapeutic perspective, recognizing the behavioural origins and manifestations of DID can inform more effective treatment strategies. Therapists can work to establish a safe and collaborative therapeutic relationship with each identity, facilitating communication and integration. Cognitive-behavioural interventions can aid in managing the distress associated with traumatic memories, while dialectical behavioural therapy techniques can assist in emotion regulation and distress tolerance. Gradual integration of identities, while respecting their unique coping functions, is a critical goal of therapeutic interventions.

Trauma is a significant precursor to the development of DID. Early childhood

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trauma, such as physical or sexual abuse, emotional neglect, or prolonged exposure to fear-inducing situations, can lead to the fragmentation of identity as a way for the individual to manage overwhelming emotions and memories. Behavioural responses to trauma, such as avoidance behaviours, hypervigilance, and impaired emotional regulation, play a pivotal role in the emergence of dissociative states. Over time, these responses become integrated into the distinct identities, shaping their behavioural patterns [4].

Discussion

Trauma-related triggers can activate specific identity states in individuals with DID. These triggers often elicit behaviours, emotional responses, and thought patterns associated with the traumatic event. Behavioural cues, both internal and external, can lead to switches between identities as a way to manage the distress triggered by the trauma-associated stimuli. The behavioural manifestations of each identity state are reinforced through operant conditioning. Certain identities may provide relief from distress, garner attention, or help the individual navigate specific situations. Over time, behaviours associated with these identities become ingrained as they serve a functional purpose in the individual's life. Individuals with DID often exhibit a range of coexisting psychiatric conditions, further highlighting the intricate behavioural landscape of the disorder. Depression, anxiety, self-harm, and substance abuse are commonly reported in individuals with DID. These conditions can emerge as a result of the intense internal conflict and distress arising from the coexistence of multiple identities with disparate needs and emotions. Understanding the behavioural interplay between these coexisting conditions and DID is essential for providing comprehensive treatment approaches [5].

Amnesic barriers between identity states contribute to the distinct behaviours exhibited by each identity. One identity may have no awareness of the actions or experiences of another identity, resulting in noticeable disparities in behaviour, preferences, and abilities. This behavioural variation is a hallmark of DID and reflects the adaptive response to traumatic experiences. Understanding the intricate interplay between trauma and behavioural manifestations in DID is crucial for effective treatment. Therapeutic interventions need to address both the traumatic experiences and the associated behavioural responses that have become ingrained in each identity. Integrating behavioural therapies, such as cognitive-behavioural approaches, exposure therapy, and dialectical behaviour therapy, with specialized techniques for addressing dissociation can offer a comprehensive treatment framework [6].

Conclusion

In conclusion, a behavioural perspective offers valuable insights into the

intricate relationship between trauma and Dissociative Identity Disorder. Trauma-induced fragmentation of consciousness results in the formation of distinct identities as adaptive coping mechanisms. These identities manifest behaviourally through memory gaps, identity switches, and coexisting psychiatric conditions. By understanding the behavioural nuances of DID, clinicians and researchers can develop more targeted and effective interventions, promoting integration, healing, and improved quality of life for individuals struggling with this complex disorder. This article has explored the impact of trauma on Dissociative Identity Disorder from a behavioural perspective. Trauma shapes the development of distinct identities through behavioural mechanisms such as trigger associations, reinforcement, and amnesic barriers. A deeper understanding of these behavioural dynamics has significant implications for diagnosing and treating individuals with DID. By integrating behavioural interventions into therapeutic approaches, clinicians can help individuals with DID gradually integrate their identities and develop healthier coping mechanisms, ultimately improving their overall well-being and functioning.

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Conflict of Interest

There are no conflicts of interest by author.

References

1. Cenat, Jude Mary, Seyed Mohammad Mahdi Moshirian Farahi, Rose Daryl Dalexis and Wina Paul Darius, et al. "The global evolution of mental health problems during the COVID-19 pandemic: A systematic review and meta-analysis of longitudinal studies." *J Affect Disord* 315 (2022): 70-95.
2. Giuntella, Osea, Kelly Hyde, Silvia Saccardo and Sally Sadoff. "Lifestyle and mental health disruptions during COVID-19." *Proc Natl Acad Sci* 118 (2021): e2016632118.
3. Robinson, Eric, Emma Boyland, Anna Chisholm and Joanne Harrold, et al. "Obesity, eating behavior and physical activity during COVID-19 lockdown: A study of UK adults." *Appetite* 156 (2021): 104853.
4. Pan, Kuan-Yu, Almar AL Kok, Merijn Eikelenboom and Melany Horsfall, et al. "The mental health impact of the COVID-19 pandemic on people with and without depressive, anxiety, or obsessive-compulsive disorders: A longitudinal study of three Dutch case-control cohorts." *Lancet Psychiatry* 8 (2021): 121-129.
5. Prati, Gabriele and Anthony D. Mancini. "The psychological impact of COVID-19 pandemic lockdowns: A review and meta-analysis of longitudinal studies and natural experiments." *Psychol Med* 51 (2021): 201-211.
6. Sideli, Lucia, Gianluca Lo Coco, Rubinia Celeste Bonfanti and Bianca Borsarini, et al. "Effects of COVID-19 lockdown on eating disorders and obesity: A systematic review and meta-analysis." *Eur Eat Disord Rev* 29 (2021): 826-841.

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