

# Original Research

## Assessment of cases of dissociative identity disorder

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### ABSTRACT:

**Background:** In Asia, reports of dissociative identity disorder (DID) are uncommon. Because it is so rare, some writers have hypothesized that DID is a syndrome that is specific to Euro-American civilizations. The present study was conducted to evaluate cases of dissociative identity disorder. **Materials & Methods:** 48 patients diagnosed with dissociative identity disorder (DID) of both genders were subjected to self-rating measures such as dissociative experiences scale (DES). **Results:** Out of 48 patients, 27 were males and 21 were females. The mean DES score in males was 6.9 and in females was 6.3. The difference was non-significant ( $P > 0.05$ ). **Conclusion:** Both males and females had high dissociative experiences scale score.

**Key words:** dissociative identity disorder, obsessive compulsive, Self-rating

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### INTRODUCTION

In Asia, reports of dissociative identity disorder (DID) are uncommon. Because it is so rare, some writers have hypothesized that DID is a syndrome that is specific to Euro-American civilizations. Although it is far less common in Asian nations than in Western ones, DID does exist there.<sup>1</sup> In the clinical population, DID prevalence varies from 1 to 5% in North America, Europe, and Turkey, whereas it is just 0 to 0.5% in China, Bangladesh, and India. A disturbance in the typically interconnected processes of consciousness, memory, identity, or environmental perception is known as dissociation.<sup>2</sup> A collection of clinical syndromes encompassing disruptions ascribed to one or more of these categories is known as dissociative disorders. Dissociation can be persistent, temporary, or abrupt. Dissociative identity disorder (DID), the most severe and long-lasting of the dissociative illnesses, is a general diagnosis that encompasses all dissociative events. Dissociative disorders also include depersonalization disorder, dissociative amnesia, and dissociative fugue. Dissociative disorder not otherwise specified (DDNOS) is the diagnosis given to dissociative conditions that do not meet the diagnostic criteria of these particular categories.<sup>3</sup>

Nearly all mental illnesses, such as obsessive compulsive disorder, conversion disorder, and borderline personality disorder, can have dissociative symptoms.<sup>4</sup> Regardless of the primary disease in those situations, dissociation is typically associated with a history of childhood trauma, suicidality, self-mutilative conduct, and elevated general mental comorbidity. Psychiatric conditions like schizophrenia and PTSD have been linked to dissociative subtypes.<sup>5</sup> The present study was conducted to evaluate cases of dissociative identity disorder.

### MATERIALS & METHODS

The present study comprised of 48 patients with dissociative identity disorder (DID) of both genders. All patients were informed regarding the study and their consent was obtained.

Data such as name, age, gender etc. was recorded. A thorough clinical examination was performed in all patients. Self-rating measures such as dissociative experiences scale (DES) was used to measure the score. Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

**RESULTS**

**Table I Distribution of patients**

Total- 48		
Gender	Males	Females
Number	27	21

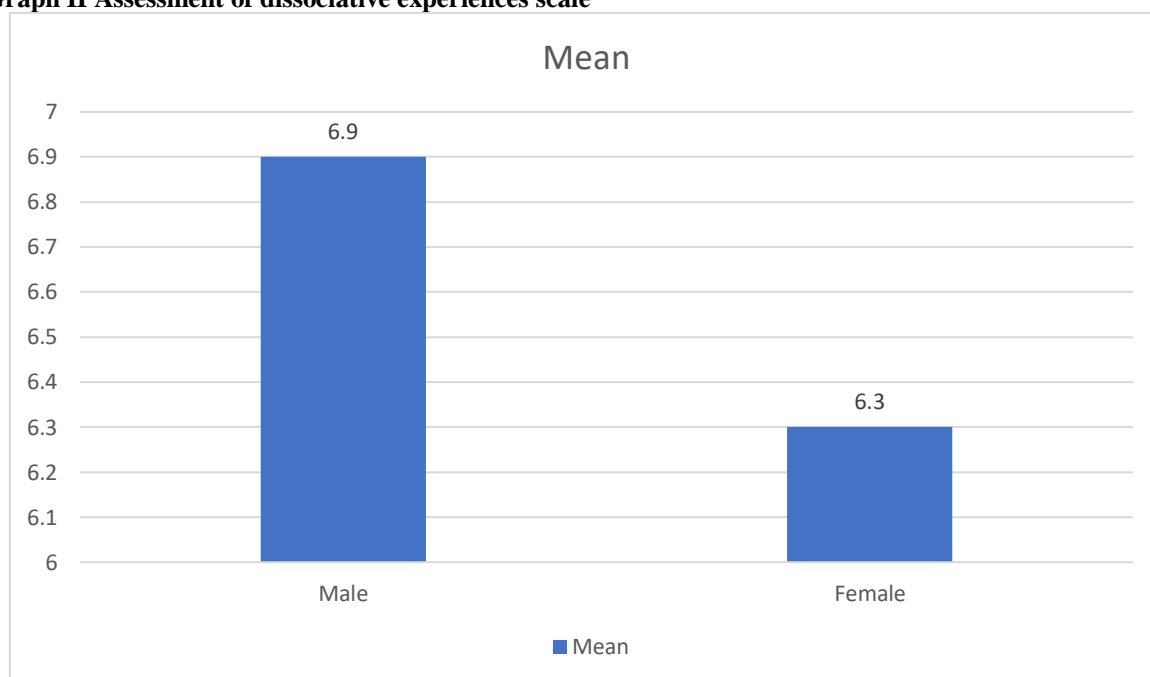
Table I shows that out of 48 patients, 27 were males and 21 were females.

**Table II Assessment of dissociative experiences scale**

Gender	Mean	P value
Male	6.9	0.95
Female	6.3	

Table II, graph II shows that mean DES score in males was 6.9 and in females was 6.3. The difference was non-significant ( $P > 0.05$ ).

**Graph II Assessment of dissociative experiences scale**



**DISCUSSION**

The idea of chronic complex dissociative disorder requires a fairly thorough explanation here, despite not being specifically mentioned in official categorization systems, as it is an important category for epidemiological research in particular. A greater number of individuals who exhibit symptoms similar to DID are being diagnosed with type-1 dissociative disorder not otherwise specified (DDNOS1) due to the strict definition of DID in the DSM-IV. Subjects in the latter group either have identity alteration that is too mild to meet the diagnostic criteria of DID or have identity change without dissociative amnesia. In actuality, the distinction between two categories is based on severity rather than quality.<sup>6</sup> Therefore, the chronic complex dissociative disorder is made up of DID and DDNOS1. Brief treatment in a managed care context is challenging for patients with DID because they are often extremely sensitive to interpersonal trust and rejection concerns. In order to fuse the personality states while maintaining the full spectrum of experiences present in each alter ego, therapists

who frequently treat patients with DID see them as outpatients once a week or twice a week for years. When a psychosocial danger is felt, patients frequently change their personality states. This switching enables an alter who is more capable of managing the situation to emerge while a distressed alter retreats.<sup>7</sup> The relationships and situations that existed in the family of origin may be replicated in the alter system for the DID patient. The worry that an antisocial or acting-out personality state will be eradicated by therapy—that the psychiatrist's intention is to "get rid" of a "alter" who may have engaged in unlawful or even violent behavior—is one of the most crucial problems to address during treatment. This would not be a suitable therapeutic objective.<sup>8</sup> When more adaptably incorporated into the broader personality structure, the personality state—which was developed to protect the self from harm and abuse—can grow into a powerful and significant component.<sup>9</sup> The present study was conducted to evaluate cases of dissociative identity disorder.

We found that out of 48 patients, 27 were males and 21 were females. C. Spitzer et al<sup>10</sup> conducted a study on 51 male criminal offenders admitted to a medicolegal institution by the court so as to understand diminished or lack of responsibility for the offence due to psychiatric disorder, including a large group of persons with substance-use disorders. Using the SCID-D, a high prevalence of dissociative symptoms and disorders (23.5%), mostly DDNOS, was demonstrated. 22.6% of the group had a DES score 20.0 or higher.

We found that mean DES score in males was 6.9 and in females was 6.3. In Turkey, 26.8% of 108 male prisoners in a regular correctional center had a DES score 20 or above. This rate was 18.5% for DES scores 30 or above which is known to be the cut-off level for chronic dissociative disorders. Nevertheless, according to the SCID-D, 15.7% of the subjects had a dissociative disorder, that is, either DDNOS or dissociative amnesia.<sup>11</sup>

Allen et al<sup>12</sup> found that assessment of amnesia in dissociative identity disorder (DID) typically relies on self-report, the veracity of which cannot often be independently verified. Memory in DID was therefore assessed using an objective method that involved event-related potentials (ERPs) as well as indirect behavioral measures of memory, and that provided statistically supported assessments for each participant. Four participants who met DSM-IV criteria for DID participated in an ERP memory assessment task, in which words learned by one identity (identity A) were then presented to a second identity (identity B). All four participants - tested as identity B - produced ERP and behavioral evidence consistent with recognition of the material learned by identity A. While it would be premature to generalize all cases of DID, the results suggest that there may be reasons to question the veracity of reports by individuals who meet diagnostic criteria for DID on the basis of a structured clinical interview.

## CONCLUSION

Authors found that both males and females had high dissociative experiences scale score.

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