



# **Mental Health Association of Northern Kentucky**

*A LEADER IN PROVIDING ADVOCACY, EDUCATION, AND SERVICES THAT PROMOTE MENTAL WELLNESS*

EDUCATION AND SCREENING OUTREACH PARTNER FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH AND NATIONAL MENTAL HEALTH ASSOCIATION

513 Madison Avenue, 3<sup>rd</sup> Floor Covington, KY 41011 859-431-1077 or [www.mhanky.org](http://www.mhanky.org)

## **Multiple Personality Disorder**

### **Description**

The essential feature of this disorder (which has more recently been termed Dissociative Identity Disorder) is the existence within the person of two or more distinct personalities or personality states. Personality is defined as a relatively enduring pattern of perceiving, relating to, and thinking about the environment and one's self that is exhibited in a wide range of important social and personal contexts. Personality states differ only in that the pattern is not exhibited in as wide a range of contexts. In classic cases, there are at least two fully developed personalities ; in other cases, there may be only one distinct personality and one or more personality states. In classic cases, the personalities and personality states each have unique memories, behavior patterns, and social relationships ; in other cases, there may be varying degrees of sharing of memories and commonalities in behavior or social relationships. In children and adolescents, classic cases with two or more fully developed personalities are not as common as they are in adults. In adults, the number of personalities or personality states in any one case varies from two to over one hundred, with occasional cases of extreme complexity. Approximately half of recent reported cases have ten personalities or fewer, and half have over ten. (In the text below, the term personality will reflect both personality and personality states.)

At least two of the personalities, at some time and recurrently, take full control of the person's behavior. The transition from one personality to another is usually sudden (within seconds or minutes), but rarely, may be gradual (over hours or days). The transition is often triggered by psychosocial stress or idiosyncratically meaningful social or environmental cues. Transitions may also occur when there are conflicts among the personalities or in connection with a plan they have agreed upon. A transition may also be elicited by hypnosis or amobarbital interview.

Often personalities are aware of some or all of the others to varying degrees, and some may experience the others as friends, companions, or adversaries. Some personalities may be aware of the existence of other personalities, but not have any direct interaction with them. Some may be unaware of the existence of the others. At any given moment, only one personality interacts with the external environment, and none or any number of the other personalities may actively perceive (in other words "listen in on") or influence all or part of what is going on. The personality that presents itself for treatment often has little or no knowledge of the existence of the other personalities.

Most of the personalities are aware of lost periods of time or distortions in their experience of time. For example, the person may be aware of periods of amnesia or periods of confusion about his or her experience of time. Some admit to these experiences if asked, but few volunteer such information because they fear being called liars or being considered "crazy". Others are unaware of their amnesiac experiences, confabulate memories that cover the amnesiac periods, or have access to the memories of the other personalities, which they report as if they were their own.

The individual personalities may be quite different in attitude, behavior and self-image, and may even represent opposites. But they may also differ only in alternating approaches to a major problem area. For

example, a quiet retiring spinster may alternate with a flamboyant, promiscuous, drinker ; or a person may have one personality that responds to aggression with childlike fright and flight, another that responds with masochistic submission, and yet another that responds with counterattack. At different periods in the person's life, any of the different personalities may vary in the proportion of time that they control the person's behavior.

### **Diagnostic Criteria**

- A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
- B. At least two of these identities or personality states recurrently take control of the person's behavior.
- C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
- D. The disturbance is not due to the direct physiological effects of a substance (for example, blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (for example complex partial seizures). Note : In children, the symptoms are not attributable to imaginary playmates or other fantasy play.

### **Associated features**

One or more of the personalities may function with a reasonable degree of adaptation (for example, be gainfully employed) while alternating with another personality that is clearly dysfunctional or appears to have a specific mental disorder. Studies have demonstrated that various personalities in the same person may have different physiologic characteristics and different responses to psychological tests. Different personalities may, for example, have different eyeglass prescriptions, different responses to the same medication, and different IQs. One or more of the personalities may report being of the opposite sex, of a different race or age, or from a different family than the other personalities. Each personality displays behaviors characteristic of its sense of its stated age.

One or more of the personalities may be aware of hearing or having heard the voice(s) of one or more of the other personalities, or may report having talked with or engaged in activities with one or more of the other personalities. These internal conversations and the belief that one has engaged in activities with another personality when the latter is actually a dissociated aspect of the person must be differentiated from other forms of hallucinatory and delusional experiences.

The personalities often exist in groups of two or more, all of whom represent the same period of life (for example, adolescence). When this occurs, one or more may have the role of protector of another member or members of the group.

Most often the personalities have proper names, usually different from the first name, and sometimes different from both the first and last names of the individual. Often names have symbolic meaning, for example, "Melody" as the name of a personality that expresses herself through music. Occasionally, one (or more) of the personalities is unnamed, or is given the name of its function, for example "The Protector".

Frequently, one or more of the personalities exhibits symptoms suggesting a coexisting mental disorder, for example, changes of mood suggesting a Mood Disorder ; complaints of anxiety suggesting an Anxiety Disorder ; or marked disturbance in personality functioning suggesting Borderline Personality Disorder. It is often unclear whether these represent coexisting disorders or merely associated features of Multiple Personality Disorder.

**Age at Onset**

Onset of Multiple Personality Disorder is almost invariably in childhood, but most cases do not come to clinical attention until much later.

**Course**

The disorder tends to be chronic, although over time the frequency of switching between personalities often decreases.

**Impairment**

The degree of impairment varies from mild to severe, depending primarily on the nature of, and relationship among the personalities and only secondarily on their number.

**Complications**

Suicide attempts, self-mutilation, externally directed violence (including child abuse, assault or rape) and Psychoactive Substance Dependence Disorder are possible complications of the disorder.

**Predisposing Factors**

Several studies indicate that in nearly all cases, the disorder has been preceded by abuse (often sexual) or another form of severe emotional trauma in childhood.

**Prevalence**

Recent reports suggest that this disorder is not nearly so rare as it was once thought to be.

**Sex Ratio**

In several studies of psychiatric patients, the disorder has been diagnosed from three to nine times more frequently in females than in males.

**Familial Pattern**

Several studies have demonstrated that the disorder is more common in first-degree biologic relatives of people with the disorder than in the general population.

*Source* : Diagnostic & Statistical Manual, Third Edition Revised and Fourth Edition

published by the American Psychiatric Association