

Dissociative Identity Disorder (D.I.D) is a coping mechanism for trauma, not schizophrenia.

WHAT IS D.I.D?

Contrary to common belief, schizophrenia is not the same as having a split personality. It's a long-term brain disorder caused by biochemical and genetic factors. People with schizophrenia may experience cognitive decline, thought disorder, and psychotic episodes, but they don't have multiple personalities, trauma-related amnesia, or flashbacks, which are more associated with dissociative identity disorder (D.I.D).

People with D.I.D have alter parts or fragmented "personalities"

WHAT ARE TYPICAL ALTER PARTS?

The typical alter parts or "personalities" of persons with D.I.D usually include:

- A depressed host personality
- A scared or hurt child
- A strong angry protector
- An internal caretaker of the child parts
- An envious protector who is angry at the host



HOLDING TRAUMA IS THE BASIC AND MOST IMPORTANT FUNCTION OF EACH AND EVERY ALTER "PERSONALITY"

Each of the alters protects the host by holding one or more compartments of undigested trauma.

D.I.D SERVES AS A SURVIVAL STRATEGY.

D.I.D, though unusual, is a coping mechanism developed in response to a harmful environment. When a child faces abuse and danger with no means of escape, D.I.D serves as a survival strategy. Recovery from D.I.D is a process of releasing the old hurt and completing the process of mourning.

Successful digestion and full understanding of the old hurt and trauma put an end to the nightmares, flashbacks, and panic attacks. It also allows the various alter parts to reunite with one another.

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DISSOCIATION IS A NORMAL PSYCHOLOGICAL AND PHYSIOLOGICAL ABILITY THAT ALLOWS PEOPLE TO PROTECT THEMSELVES WHEN FACED WITH TRAUMA.

Dissociation occurs spontaneously in the midst of trauma and gives the individual partial protection by blocking part of the pain, terror, and awareness of what is happening.

This blocked pain, terror, and awareness of trauma creates “compartments” in the mind that hold the still undigested trauma. Blocking awareness causes amnesia for part or all of the trauma. When these trauma compartments “leak”, the person has flashbacks, nightmares, and panic attacks (i.e., Post-traumatic stress disorder).

Dissociative ability is a normal inherited talent that differs from person to person. Approximately 10 - 15% of individuals have superb dissociative ability; probably it is only this group that has the capacity to adapt to trauma in this way, i.e. by developing Dissociative Identity Disorder (D.I.D).

D.I.D is a survival tactic.

It is the creative attempt of highly traumatized children to protect themselves from trauma and abuse, i.e., “It is not happening to me.” When these children dissociate (i.e. block) trauma, these “compartments” of trauma become personality fragments and alter or separate personalities.

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It is however, important to understand that these “personalities” are indeed parts of the individual’s mind and not separate “people.”

Only children have sufficient flexibility (and vulnerability) to adapt to trauma by means of creating alter personalities. All D.I.D begins in childhood. Adults do not have the capacity to adapt to trauma by forming alter personalities. The exception is that adults who develop D.I.D during childhood can continue to create more alters during adulthood, but such creation is not a part of the conscious mind.

Because statistics show there is a high frequency of child abuse, about one person out of 100 has D.I.D, or another closely related severe dissociative disorder

APPROXIMATELY 90% OF PERSONS WITH DID ARE TOTALLY UNAWARE THAT THEY HAVE THIS DISORDER

Common symptoms of D.I.D include mood swings, depression episodes, childhood memory gaps, amnesia, headaches, nightmares, and hearing internal voices. These voices may seem foreign to the person. Other signs include flashbacks, self-injury, shame, guilt, self-hatred, panic attacks, suicidal thoughts, and a sense of losing touch with reality.

Symptoms vary, with some experiencing all, and others only a few. Diagnosis can be challenging due to symptom overlap with other mental health conditions, often leading to prolonged therapy without proper identification.



PEOPLE WITH D.I.D WILL CONTINUE TO HAVE D.I.D UNTIL SUCCESSFULLY TREATED

Statistics and ongoing research continue to conclude that medications do not work well for people with DID. Results are often unpredictable, having little or no effect or unintended exaggerated effects, or medications may work in the beginning but soon cease having any therapeutic effect.

The symptoms of D.I.D wax and wane.

A person with D.I.D may appear to be fine for years and then suddenly begin to have strong symptoms - usually due to flash backs of past trauma. Flash backs are not all visual but can be also strongly experienced as unexplained unsettling feelings and body sensations.

Research suggests that persons who are eventually given the correct diagnosis of D.I.D have been given previously, on the average, a total of 5 or more other severe or chronic diagnoses. Included are Bipolar Disorder, Schizoaffective Disorder, Recurrent Psychotic Depression, and Schizophrenia. Notable is that normally effective psychotropic medications prescribed for these disorders do not work with D.I.D patients who have been incorrectly diagnosed.

CONTACT US:

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