

## DISSOCIATIVE IDENTITY DISORDER

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**Abstract.** Dissociative identity disorder, formerly called multiple personality disorder, is a type of dissociative disorder characterized by the presence of  $\geq 2$  alternating identities (also called alter-personalities, ego states, or identities). The disorder includes an inability to recall everyday life events, important personal information, and/or traumatic or stressful events, all of which the person is usually unable to forget in a normal situation. The cause is almost always severe childhood trauma. Diagnosis is based on the collection of a history, sometimes combined with hypnosis or interviews induced by medication. Treatment consists of long-term psychotherapy, sometimes combined with medication therapy in the presence of concomitant depression and/or anxiety [1]. dissociative

**Key words.** Dissociative disorders, schizophrenia, state of hypnosis.

**Aims and Objectives.** To conceptualize the diagnosis of identity disorder and to explore some of its manifestations.

**Materials and methods.** This disorder occurs in both children (adolescents) and adults, and proceeds with similar symptoms. However, dissociative disorder with multiple personalities in adolescents is quite rare. At an older age, dissociation hardly ever develops. When a specialist suspects a person has dissociative identity disorder, he usually asks if the person has ever suddenly found himself in a place and didn't understand how he got there. Also, the patient may suddenly speak in a completely different voice or have a different handwriting. For example, a person in whom one of the personalities is a child may suddenly begin to write in a child's handwriting. Such phenomenal manifestations can be induced in a patient suffering from dissociative personality disorder and in a state of hypnosis. That is why the French psychiatrist Jean-Martin Charcot at one time mistakenly believed that hypnosis was a pathological condition that causes hysteria and manifestations of multiple personalities. However, it was later found out that hypnosis only outwardly resembles dissociative personality disorder, but does not cause it, and the disease itself develops without any connection with hypnosis [2].

Although schizophrenia and dissociative disorders are completely different in nature, sometimes the individual symptoms of schizophrenia and dissociative disorders may resemble each other. In these cases, first look for symptoms of schizophrenia that

are uncharacteristic of dissociative disorders to make a diagnosis[18]. It is also taken into account that dissociative symptoms are perceived by people with schizophrenia more often as a result of a hostile influence from outside rather than something internal[18]. Finally, dissociative identity disorder forms a rather complex and relatively integrated multiple personality within itself; whereas split personality in schizophrenia, characterized as discrete, is a detachment of only certain mental functions from the personality, resulting in its disintegration[3].

Dissociative personality disorders are known to include five main types. Each of them is considered in its functional integrity and is disclosed in connection with the other types. Psychological analysis leads us to the idea that the primary function of dissociative disorders is isolation from the negative emotions associated with trauma experiences. The need to displace them from the realm of personal consciousness triggers the dissociative process. Dissociation as a problem of identification with one's own personality is natural for altered states of consciousness. In such states, a disturbed perception of linear time is also formed, in addition, the person feels himself in various autonomous states, and various psychophysiological sub-personalities arise in him. The influence of the present and the future on the past is associated with changes in the person's personal history, with the introduction of new psychological content into the actual past. When these processes are activated, i.e., when the individual's bilateral influence is activated, then we can judge the effectiveness and integrity of the psychotherapeutic intervention [4].

**Results.** Disorders within dissociative personality disorder vary widely. They may be minimal in active patients; in such patients, relationships (e.g., with children, spouse, or friends) may be more impaired than occupational activities. Treatment can reduce impairments in social and occupational activities and relationships, but some patients are very slow to respond to treatment and sometimes need long-term maintenance. Symptomatology builds up and subsides spontaneously, but dissociative identity disorder does not suddenly go away..

**Conclusions.** In addition to the basic symptoms of dissociative identity disorder listed above, patients can feel anxiety and depression. Depression can lead to suicide attempts, cause physiological disorders and sleep problems. In dissociation, the personality cannot completely abstract away from reality, the person continues to be himself or herself, and the number of other personalities is capable of multiplying over time. In an unconscious attempt to protect oneself and ward off stressors, each time new, the patient forms new entities, completely different, with different names, intonation, manners and, most importantly, life values, which as a rule are unaware of each other's existence. As the years go by, the situation can only worsen: feelings of inability to control one's own actions appear, and the real vision of the world becomes distorted [5].

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