Multiple personality disorder research paper

Sociology, Violence

Although rare, multiple personality disorder is a disorder that can be diagnosed only by a psychiatrist or psychologist. An individual with this disorder has two or more different personalities. The behavior exhibited by the individual at any given time is decided by the dominant personality at that time. Most often, each personality is unaware that the other personality or personalities exist. The change between the personalities often occurs in an abrupt manner. Each personality usually has a normal mental condition. Many individuals with multiple personality disorder (MPD) are victims of child abuse. The most common form of treatment is psychotherapy (Multiple, 2010).

The first diagnoses of MPD occurred in the late 1800s. As of 1998, there were about 5, 000 cases of MPD diagnosed in North America. Diagnosing MPD remains controversial, even within the psychiatric community. With an increase in awareness and research and through presentations and publications, MPD is being better understood and more accepted each year. A process referred to as disassociation helps to create the distinct personalities that an individual with MPD possesses. The disassociation can be a method to cope with anxiety. The more severe the trauma was that triggered the onset of MPD, the more severe the disassociative episodes appear to be. During the traumatic events, a child creates a separate part within the mind as a means of coping with the abuse. As the abuse continues, this coping mechanism is strengthened. Although this separate area of the mind helps the child cope at that time the abuse is occurring, the personality of the individual becomes severely damaged. The disconnected parts become alter personalities and have the function of helping the

individual cope with the abuse. When the disassociation interferes with the individual's normal functioning in life it becomes dysfunctional. Some forms of these dysfunctions include self-harm and injury, thoughts of suicidal ideation or suicide attempts, and severe manipulative and aggressive tendencies. Even so, it is common to not be diagnosed with MPD until the adult years.

It takes an average of seven years in therapy until the diagnosis of MPD is given. Frequently, individuals with MPD have little or no memory of their childhood. These amnesic events complicate the correct diagnosis of the disorder. A common theme with people with MPD is the report of missing time. It may be anywhere from minutes to days that the individual is unable to recall what occurred. It is during these voids that the primary personality loses control and another personality takes control of the individual's body. When the host personality returns, the person feels a sense of amnesia, not knowing what has happened and sometimes where the person is or how they arrived there. Another trait that has been noticed during these episodes, if a journal is kept, is that the handwriting is often different. Often, each personality has distinct handwriting along with different and distinct behaviors.

Another common thread of people with MPD is frequent headaches which often align with times of personality changes. Frequently auditory hallucinations are heard by individuals with MPD. Often the voices are the different personalities talking with each other and trying to have each personality's needs met. Because of the hallucinations, many people with MPD are often misdiagnosed as schizophrenic.

Treatment often begins as the therapist works with the individual in understanding the personality systems of the primary and other personalities. Common personalities include a child-like one as this is the one that had suffered the abuse, a protector personality, one that exhibits anger, and there can be personalities such as a demon, the abuser, and these can be of different ages and genders. It is common for the personalities to know their name and function. It can take seconds to minutes for a personality to appear, although sometimes it is possible to draw out a personality by addressing it by name. A therapist will rarely be successful unless all personalities are treated. The primary goal of therapy is to integrate the personalities once each is aware of the existence of the other personalities. This is often achiever by creating a personality map which identifies each personality and the specific characteristics it possesses. Another part of this goal is to try and reduce or eliminate periods of amnesic episodes. The average time it takes for integration to occur is almost two years. After integration, each personality continues to possess their own separate autonomies. Sometimes medication is used to help individuals cope with the anxiety and depression that is faced by most people with MPD.

As the individual deals with recalling the periods of abuse, both physical and emotional triggers may occur. Called abreaction, the client may exhibit behaviors such as screaming, running, and hiding in a closet or under a table. It is the individual trying to be protected from the abuse reoccurring again. A nurse, therapist, or other trained person can help by reassuring the person that they are safe and the abuse is not going to reoccur (Anderson, 1998).

Another successful treatment in treating MPD has been hypnosis. This treatment is common in the use of psychodynamic therapy for MPD as well as other disorders which involve past memories. By using hypnosis, the therapist can help the individual use subconscious memories to recall periods of abuse. By doing this, the walls which have been creating the childhood amnesia can often be demolished, enabling the individual to reclaim a portion of their life. Additionally, other personalities are sometimes discovered through this process. People with MPD have a high success rate in hypnotic treatment.

The behavioral view of this process of helping a person with MPD accept the diagnosis and the work associated with treatment involves a high level of support services by people trained specifically in the treatment of MPD. The specialized care is needed as the personalities are identified, mapped, and treated so therapy can be successful (Chu, 1994).

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