

Dissociative Identity Disorder

Also called Dissociative Identity Disorder

Your sense of self is carried in separate parts, with gaps in memory between them. It grows out of severe harm in early childhood.

HOW COMMON

About 1 in 100 people

OFTEN STARTS

Childhood, named far later

TREATABLE

Yes - with trauma therapy

USUAL DELAY

6 to 12 years to diagnosis

What this is

- Your sense of who you are is carried in separate parts, and memory does not flow smoothly between them.
- This is not the version in films. It is a way a young mind survived harm that was far too big to hold in one piece.
- Every part is you. Treatment aims at safety and at parts working together, never at getting rid of any of them.
- It is real and it is recognized. Most people collect several wrong diagnoses over years before this one is named.

What it can look and feel like

- There are gaps in your memory for ordinary days, not only for the worst things that ever happened to you.
- You find clothes, messages or writing you have no memory of buying, sending or putting on the page.
- People describe conversations with you in detail, and you have no memory of taking part in them at all.
- Thoughts, urges and feelings arrive that do not feel like yours, as if someone else had brought them in.
- You may hear voices inside your head, arguing or commenting. Inside is the important word in that sentence.
- Your handwriting, your taste in food, your clothes and even your skills can shift, sometimes in a single day.
- You may watch yourself talk or move from a short distance away, as though you were not the one driving.

What is happening in your brain and body

- Long, early stress changes the memory and alarm parts of the brain, the hippocampus and amygdala, which run smaller.
- Different parts show measurably different heart rate, blood pressure and blood flow in the brain. This is not acting.
- In careful studies, people asked to fake these states could not reproduce the same patterns in the body.
- Your brain learned to split experience up so that daily life could carry on while the worst was held somewhere else.
- Stress hormones stay unsettled, which is part of why headaches, pain and unexplained body symptoms come along too.

What can make it more likely

- It grows out of severe, repeated harm or neglect in early childhood, usually starting before about **age 6**.
- When the person who frightened you was also the person you needed, splitting your experience was the only way through.
- None of this is your fault, and none of it says anything at all about how strong or how weak a person you are.
- Some presentations are shaped by what others expect or suggest, which is why a careful, unhurried assessment matters.

What to expect

- Treatment goes in stages, and the first stage, safety and steadiness, takes up most of it. That is normal, not slow.
- Digging into memories too early reliably makes things worse. A good therapist holds that line even when you push.
- People followed through staged treatment show less splitting off from themselves, less self-harm and fewer hospital stays.
- This is years of work rather than months, and people do build lives with jobs, families and far less chaos inside.

What helps Treatment works. Most people get better.

Talking therapies

- **Phase-based trauma therapy** is the standard: safety first, then careful work on memories, then rebuilding a life.
- Stage one is skills: grounding yourself in the present, riding out a wave of feeling, getting through a bad night safe.
- **DBT** skills are often borrowed for that first stage, for self-harm, sudden feelings and the urge to shut down.
- Working with your parts means listening to them and building cooperation, not silencing or erasing anybody inside.
- Be wary of anyone promising to recover buried memories through hypnosis. That work is unreliable and can do harm.

Medicines

- No medicine treats the splitting itself. Medicine is aimed at the problems that travel alongside it.
- **Antidepressants** such as SSRIs and SNRIs are the usual first choice for trauma symptoms, low mood and anxiety.
- **Prazosin**, a blood pressure medicine, is often used at night for trauma nightmares. Stand up slowly when starting it.
- **Benzodiazepines** tend to make memory gaps and feeling unreal worse, so most guidelines advise against regular use.
- Long histories build long medicine lists. Ask your prescriber to review the whole list with you every few months.

Everyday things that help

- Write a safety plan in plain, simple words that any part of you could find on a bad night and actually follow.
- Keep a shared record: a notebook, a phone note or a calendar that everyone inside can read and add to.
- Sleep, food and a steady routine reduce switching more than people expect. Chaos outside makes chaos inside.
- Alcohol and drugs deepen the gaps in memory and raise the chance of getting hurt on the hardest nights.
- One coordinated team working from one shared plan prevents contradictory advice and repeated trips to the hospital.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- Go to an emergency room for a wound that needs stitches or too much medicine taken, whoever inside acted.
- Call your team when you are losing time and feeling unsafe, before the night gets away from you.

Questions to ask your care team

- *How long will the safety stage last before we do anything else?*
- *What do I do when I lose time and end up somewhere unsafe?*
- *Are you trained in trauma and in dissociative disorders?*
- *Which of my medicines treats what, and could any of them stop?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.