DID in Developing Countries

What is DID?

DID or Dissociative Identity Disorder is classified by the DSM (Diagnostic and Statistical Manual of Mental Disorders) as a disconnection disorder, where an individual has multiple different and distinct personalities, which can exhibit different qualities and behaviors leading to the disruption of consciousness and memory (2023). Due to its complexity, researchers and psychologists still have trouble understanding it to this day, but data shows two relatively consistent facts in individuals: First is that women are the main patients of the disorder which can be directly linked to sexism and sexual abuse they faced in high amount up until the early 2000s. Second as previously mentioned, most develop DID later on in life almost always due to prolonged abuse in their formative years. The stress they were forced to undergo produces conflicting and fragmented personalities, all looking for dominance over the other(s).

What are the specific causes of DID?

As previously mentioned, stress is a major contributor to the disorder. Multiple theories and ideas have been made to describe the causes. The 3-p model designed by Richard P. Kluft, suggests there are 2 key factors in the development of DID. First is the ability for an individual to dissociate which can be measured by their responsiveness to hypnosis (Braun 1986,). To be more specific, it describes how well a person can relax their mind and be willing to be vulnerable to their surroundings (Mayo Clinic Staff, 2022). Next is an unpredictable stressful environment (Braun, 1986). Its randomness sparks sporadic behaviors, such as the contrasting mix of love and immediate abuse from parents or a toxic relationship (Braun, 1986). But this doesn't mean anyone that experiences very random stressful moments a lot will develop DID. The stress must be linked to the same stressor every time for their dissociative episodes to develop into a disorder (Braun, 1986).

To go off of the same point of stressors, much of the stress and abusive behavior is said to come from the parents with DID themselves, more often the mothers. According to Richard P. Kluft's paper on the parental fitness of mothers, data proves that mothers with DID are almost always unfit to be parents (Kluft, 1987). In a study of 75 parents, 16% of the mothers were found to be abusive in a physical sense and 75% of them were psychologically abusive with the use of ridicule, demeaning, and degrading insults (Kluft, 1987). Thankfully, government officials were able to intervene in the situation before it worsened or the child had to grow up in that condition for the rest of his/her life (Kluft, 1987). But this then poses the question, what would have happened if no one interfered? It is already known that unpredictable stress is what causes DID. And if DID parents are known to have multiple personalities of both loving and abusive personas what would have happened to these children? Well, unsurprisingly that same study showed that 38% of children of MPD parents grew up to develop a mental illness. Another study also showed that even having one parent with a serious mental illness gives the child a 70% chance of a minor change in adolescence.

Living with DID?

Parenting as stated, can be a major issue for an individual with identity disorder, as events and data suggest that children of parents with DID had a 39% incidence rate of psychological disturbances, a few including DID (Kluft, 1987).

Living with the disorder requires a build-up and push-down of trauma over time. Famous actress Annalynne McCord recorded that she was first sexually abused at the age of 5 and at first forced herself to push this trauma away (Nahas, 2021). This feeling of trauma was then compounded when again she was raped by her friend at 18 years old. Annalyne recorded her experiences of being raped, saying “My body froze and did just what it did when I was little”,

and “I just cut off all awareness”(Nahas, 2021). As a result, a therapist diagnosed the actress much later with Dissociative Identity Disorder, for which she received adequate treatment.

Treatments?

How a patient should be treated, depends on the severity, and their severity decides what parts of life they may be allowed to partake in and how they should be treated. Treatments of DID are a very broad and unclear field. Such disorders are hard to fix due to changing and splitting of nearly the entire human psyche (Putnam, 1989). But many doctors claim that it is best to utilize an eclectic approach rather than narrow down on one type completely. The most well-known and what worked for many people including Annalyne McCord, is therapy. As proposed in the Canadian Journal of Psychiatry, the first step for a therapist is for a relationship and trust to be built between the therapist and patient, therefore creating a safe environment (Livesly, 2005). This relation requires consistency, to desensitize and modify the expectations of unpredictability that have already been rooted within the patient (Livesly, 2005). Next is to then work on stabilizing and controlling the patient to prevent any outbursts (Livesly, 2005). This will then merge into possibly using medication slowly to reduce symptoms. All therapeutic treatments require the intervention of some sort but are a generally slow process in healing the schema.

In Western medicine, the process of slow stages of intervention is the primary method, but many different treatments can be found elsewhere in the world (Krippner, 1987). The Brazilians for example, developed a practice back in the 1500s known as Brazilian Spiritism (Krippner, 1987). The technique focuses more on religion and the need for the human body to be cleaned or “purified”, through exorcisms and healing ceremonies (Krippner, 1987).

Developing countries?

Though the required steps to help an individual with DID are available, the literature mainly focuses on developed countries, where access to treatments and help is much more accessible. The literature doesn't cover the effects and steps required for a developing country, with much less money and resources. According to a study in 2010, 75% of participants recorded having an adverse childhood experience in a developing country (Ramiro, 2010). The data present suggests a strong, positive correlation between the number of adverse experiences and health problems later on in life, including dissociative disorders (Ramiro, 2010). Therefore it can be concluded that developing nations are much more likely to have individuals with dissociative identity disorder. To combat the issue, early intervention in child maltreatment through increased funding for these countries or funding for government officials is required (Ramiro, 2010). Of course, this isn't a simple task, especially because many cultures believe in avoiding government interference in domestic issues. So not only does funding need to be provided for government officials, but for the country as a whole, to become a totally developed nation with educated people who understand the consequences of their actions. By this, it means that wealth given by the government needs to be evenly distributed throughout the families of countries. These families, with more money, will have in turn less stress of living and stop misdirecting their pain and suffering onto their children. Another possible outcome of wealthier families, is a lower fertility rate within the country, once again letting less stress be put on the parents to find income sources and the children to please their parents.

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