

### DID is not schizophrenia

Many people mistakenly believe that schizophrenia means split personality. Actually, this is totally incorrect. Schizophrenia is a biochemical/genetic brain disorder which is chronic.

It is characterized by varying degrees of cognitive deterioration, thought disorder, routine psychotic episodes or chronic psychosis. Persons diagnosed with schizophrenia do not have alter parts or "personalities". Schizophrenia is not caused by trauma and does not involve amnesia and flashbacks. A "split" or fragmented personality is more a description of DID.

The typical alter parts or "personalities" of persons with DID 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

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

**Holding trauma is the basic and most important function of each and every alter "personality"**

DID may appear to be strange or exotic, but when considered in context, it "makes sense." It is an adaptation to a toxic environment. In an environment of danger and abuse when a child is unable to physically escape, it makes good sense to become DID.

Recovery from DID 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, flash backs, and panic attacks. It also allows the various alter parts to reunite with one another.

\*(Adapted from Paul F. Dell, M.D.; Eastern Virginia Medical School.)



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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 (DID).

DID 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.

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 DID begins in childhood. Adults do not have the capacity to adapt to trauma by forming alter personalities. The exception is that adults who develop DID 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 DID, or another closely related severe dissociative disorder.

**Approximately 90% of persons with DID are totally unaware that they have this disorder**

The most common symptoms of DID are sudden mood swings, episodes of depression, lack of memory for much of childhood, periods of amnesia or time loss, headaches, nightmares, and hearing internal voices. Some people describe the internal voices as "thoughts" that the person does not believe that have come from him or her. Other symptoms may include flash backs, self-injury behaviours, shame, guilt, self-hatred, panic attacks, wanting to die, and "feeling crazy." Some people with DID have all of these symptoms and others have only some.

Because the symptoms of DID "mimic" so many symptoms of other categories of mental health disorders, unless clinicians are sensitive to the possibility that this diagnosis may exist and specifically assess for its presence, persons with DID may stay in therapy for years and obtain

only minimal and/or periodic relief from these symptoms.

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.

**Persons with DID will continue to have DID until successfully treated**

The symptoms of DID wax and wane. A person with DID 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 DID 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 DID patients who have been incorrectly diagnosed.