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A Study of Dissociative Identity Disorder with special reference of gender and urban-rural population

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Abstract

The present study was carried out to find the gender differences in Dissociative Identity Disorder as well as to find out the differences in the prevalence of Dissociative Identity Disorder according to the urban-rural population. Sample of 30 patients were selected by simple random sampling method. The chi square technic was used for data analysis. Result showed that there is no significant gender difference in the prevalence of Dissociative Identity Disorder. Moreover, there is no significant difference in the prevalence of Dissociative Identity Disorder according to rural urban population. Therefore, it can be concluded that Dissociative Identity Disorder is affecting males and females equally, regardless of their place of living.

Key words: – Dissociative Identity Disorder, Gender, Urban-rural population

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Dissociation has been described as 'an unconscious defense mechanism in which a group of mental activities splits off from the main stream of consciousness and function as a separate unit' (O'Regan, 1985). The purpose of dissociation therefore is to take the memory or emotion that is directly associated with a trauma and to try to separate it from the conscious self. It is a normal process which starts out as a defense mechanism to handle traumatic events, but which becomes problematic over time. A major theory of dissociation which have gained very much importance in recent years says, a dissociative disorder can develop when severe trauma is experienced and is not processed or dealt with. A traumatic experience is one that is extremely distressing, involves a threat to life or the physical body, and is generally accompanied by feelings of helplessness - dissociation is therefore a common response. It allows a person to alter their consciousness in a way which enables them to distance or disconnect from the full impact of what is happening. This distancing can take place in terms of memory, emotion, the actual physical experience, or in extreme cases a sense of identity. When under threat the brain goes into 'survival' mode. Dissociation can be thought of as both a neurobiological response to threat and a psychological defense to protect from an overwhelming experience. This happens automatically as the best and usually the only means of mentally surviving trauma.Dissociative Identity Disorder (DID) is the most extreme manifestation of a dissociative disorder and involves 'multiple parts of the personality' existing within one person. These have evolved as separate 'personality states' as the only feasible way for a child to cope with ongoing trauma and abuse. It involves a basic pretence that what is happening is not happening to me. As Phil Mollon(1996) puts it: 'Dissociation involves an attempt to deny that an unbearable situation is happening, or that the person is present in that situation.'It is important to remember that none of us has one totally 'integrated' personality. We show different sides of us in different situations, so we may play a very different role when we are in a business meeting compared to when we are at home relaxing with our family. DID is an extreme manifestation of what we all experience to a much lesser degree. In DID, the different parts of the personality 'are not actually separate identities or personalities in one body, but rather parts of a single individual that are not yet functioning together in a smooth, co-ordinated and flexible way' (Boon et al, 2011).

The DSM-V criteria for Dissociative Identity Disorder is as follows-

1. Two or more distinct identities or personality states are present, each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self.

(According to the DSM-5, personality states may be seen as an "experience of possession." These states "involve(s) marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.")

2. Amnesia must occur, defined as gaps in the recall of everyday events, important personal information and/or traumatic events.

(This criteria for DID newly recognizes that amnesia doesn't just occur for traumatic events but, rather, everyday events, too.)

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3. The person must be distressed by the disorder or have trouble functioning in one or more major life areas because of the disorder.
4. The disturbance is not part of normal cultural or religious practices.
   (This DID criterion is to eliminate diagnosis in cultures or situations where multiplicity is appropriate. An example of this is in children where an imaginary friend is not necessarily indicative of a mental illness.)
5. The symptoms are not due to the direct physiological effects of a substance (such as blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (such as complex partial seizures).

(This characteristic of dissociative identity disorder is important as substance abuse or another medical condition is more appropriate to diagnose, when present, than DID.)

In addition to the dissociation and switching between different alters, a person with DID may experience the following symptoms:

- inner voices ,nightmares, panic attacks, generalized anxiety, depression, eating disorders
- drug or alcohol dependency, body memories, severe headaches, unexplained medical symptoms, especially chronic pain, self-harm, suicidal thoughts and behaviors, flashbacks, relational difficulties, issues of shame and poor self-esteem, post-traumatic stress disorder (PTSD)

Reviews of literature:-

In a German article, authors Spitzer C &Freyberegr HJ (2008) have mentioned that there is no gender difference in the dissociative patients found in the society. After studying the general population as well as clinical samples authors have concluded that the said difference in the prevalence of DID is because of the social as well as cultural systems in the world.

VedatSar, GamzeAkyuz and OrhanDogan (2007), did a study called 'Prevalence of dissociative disorders among women in the general population'. They carried out the study in central Turkey with 628 women. Mean age of the sample was 34.8. Results showed 18.3% of lifetime diagnosis of dissociative disorders. Among them, DD not otherwise specified was most prevalent (8.3%) as well as DID was prevalent in 1.1% of the sample.Findings of the research say that childhood sexual abuse, physical neglect and emotional abuse are significant predictors of dissociative disorders. Moreover, patients suffering from DID also have borderline personality disorder, somatization disorder, mood disorders, PTSD, etc.

Reinders, et al., 2006, studied the neurobiological and psychobiological factors unique to DID. Like, one study investigated the differences between alters (the another part of the personality of a person having DID) who have access to traumatic memories and alters who suppress such information. The results indicate that different alters demonstrate differences in emotional, sensori-motor, cardiovascular, and regional cerebral blood flow in response to traumatic memories. It may be the reason behind differences in the prevalence of DID.

Objectives:-

1. To find out the gender differences in the prevalence of Dissociative Identity Disorder

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2. To explore the differences in the prevalence of Dissociative Identity Disorder with regard to the urban-rural population.

Hypothesis:-

1. There is a significant gender difference in the prevalence of Dissociative Identity Disorder.
2. There is a significant difference in the urban-rural population in the Dissociative Identity Disorder.

Method

Participants:- In the present study author has taken sample of 30 patients. For selecting the sample author observed the patients of DID over two year's period. And among 45 patients observed over the above mentioned time 30 patients were selected by simple random method of sampling.Age criterion for the study was 20 to 60 years. For selecting the subjects a screening test for dissociative identity disorder was carried out. Sample was taken from 'Mental Health Clinic' of Dr. A.A. Quadri. In the study, Distribution of Urban-Rural population was done according to the government norms, using lists of taluka places, and Municipal Corporation given on the Internet. And here, gender differences were also measured in the study.

Measuring tools: -For selecting the sample**,** a screening test for DID was used as well as diagnostic criteria for DID mentioned in the DSM 5. Moreover, for each subject, face-to-face, subjective interview was taken to know their brief history.

Statistical analysis:-In the present study, the *Chi square test* was used for statistical analysis. Chi square test is a non-parametric test which is used to analyzed categorical data. Moreover, it does not require the assumption of normal distribution like other parametric tests. Chi square is a completely distribution free non-parametric test, and that is why the author had used it in d present study.

Results

Table 1 Distribution of Gender :

Male	Female	Total
12	18	30

$\sum [fo - fe]^2/fe = 6$

df = 1

critical value of χ^2 at 0.05 level of significant = 3.84

critical value of χ^2 at 0.01 level of significant = 6.63

Not significant

The computed value of χ^2, i.e. 6 , is less than both the critical values, hence it cannot be taken as significant and consequently, the hypothesis is rejected which proves that there is no significant difference in the gender distribution of DID.

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Table 2 Urban/Rural Population:

Urban	Rural	Total
11	19	30

$\sum (fo - fe)^2 / fe = 2.12$

df = 1

Critical value of χ^2 at 0.05 level of Significance = 3.84

Critical value of χ^2 at 0.05 level of Significance = 6.63

∴ Not significant

The computed value of χ^2, i.e. 2.12, is much less than both the critical values, hence it cannot be taken as significant and consequently, the hypothesis is rejected which proves that there is no difference according to the urban rural population for DID.

Discussion:-

In the present section, results of the paper are discussed in detail. The first hypothesis was-

1. There are more females suffering from Dissociative Identity Disorder than males.

The hypothesis saying that there were more females suffering from DID was rejected. The author found that there is no significant gender difference in the prevalence of DID. To know the reason behind it, the author had gone through the root causes as well as previous literature related to DID. The previous literature says that the said gender difference in the prevalence of DID is because of the cultural and social system in the world. As the major cause of DID is supposed to be the childhood traumatic events, like, physical or sexual abuse, natural disaster, death of beloved person, etc. , then, it is expected that more females should be suffering from DID than males. But most of the research say that there is no gender difference in the number of DID patients as well as the current research also confirm the previous findings.

2. There are more patients of Dissociative Identity Disorder in rural population than in urban population

The second hypothesis which considered that there must be more patients of DID in rural areas than in urban areas, was also rejected because the author found that there is no significant difference in the prevalence of DID according to the urban-rural area. According to the past literature the reason behind the 'balanced prevalence' of DID in both the areas might be- 1. Awareness in rural area about mental disorders and importance of medication and hospitalization. It might have lowered the severity of stress which saves them from being affected by serious mental disorders, like DID. Moreover, 2. In urban areas, faulty lifestyle, greed for money and getting less time for real life relations, these might be the major reasons that causes DID. Thus, decreased prevalence of DID in rural area and increased number of DID patients in urban area have created a kind of balance in the prevalence rates and that is why there is no significant difference according to the area of living.

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Conclusion:-

The present study confirms that there is no significant relationship between the prevalence of DID and gender as well as area of living, of the patient suffering from DID. Therefore, a popular concepts saying, more women suffer from DID than men as well as there are more patients of DID in rural area of India, should be reconsidered. These findings also call for more detailed study of the topic.

Limitations And Suggestions:-

the present study was conducted to measure the gender and population differences in the DID. Thus, it does not specifically measures other variables, like effect of age, marital status, religiosity, etc. which are found to be affecting the occurrence and prevalence of DID.

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