IDENTITY, PERSONALITY AND THEIR DISORDERS IN DSM-V AND ICD-10

Güell F¹, Bernácer J¹, de Castro P¹,², Murillo JI¹
¹Mind-Brain Group, Institute for Culture and Society, Universidad de Navarra
²Department of Psychiatry, Clínica Universitaria, Universidad de Navarra

IDENTITY AND PERSONALITY
DISSOCIATIVE DISORDERS IN DSM-IV AND ICD-10

WHAT IS THE DISSOCIATIVE IDENTITY DISORDER (DID)?

A new proposal for DSM-V by Spiegel et al., 2011

1) Disruption of identity characterized by two or more distinct (in terms of cognition, behavior, affect, perception and memory) personality states.
2) Amnesia in relation to personal information.
3) Impairment of social functioning.
4) It is not due to the direct effect of substance abuse or general medical condition (e.g. seizures).

TERMS THAT SHOULD BE CLARIFIED IN THIS CONTEXT

• What is a person/individual?
• What is identity?
• What is personality?

OUR PROPOSAL

1) Personal identity is the quality of recognizing oneself through certain behavior.
2) Personality is the group of features that make up one’s behavior.
3) An individual or person is what remains unchanged even though his/her personality or identity (as a quality) is affected.
4) There is a practice of identity that should be understood as non-pathological. In patients with personality disorders, this would point to the premorbid personality.

INCONSISTENCIES IN SCIENTIFIC LITERATURE

→ Is the patient a single person?

Yes. “Clinicians must keep in mind that the patient is a single person” (Guidelines for treating DID in adults, Third Revision, 2011)

Some authors ask for experimental consent from each of the patient’s personality states (Reinders et al., 2006)

→ Is there a “host” (dominant) personality?

Yes. There is a dominant personality, equivalent to the premorbid state (e.g. Barlow, 2011; Spiegel et al., 2011)

However, the Guidelines for treating DID state that “it is countertherapeutic to tell patients to get rid of identities”

→ Does the patient decide to switch identities?

Yes. Patients can even do it during the course of an experiment after clinician request (Reinders et al., 2006)

Only 15% of DID cases show different identities during clinical interview (Dell, 2009). The remaining cases rarely manifest clearly detectable identities (Kluft, 1991; Spiegel et al., 2011)

→ Is there any transfer of information between personality states?

In part, the alter identities seem to know the background of the host identity (Bliss, 1986; Reinders et al., 2006)

By definition, the different personality states of the DID patient must be different “in terms of cognition, behavior, affect, perceptions and memories” (Spiegel et al., 2011)

BIBLIOGRAPHY