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# A woman learns to live with dissociative identity disorder

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Until she was 40 years old, Melanie Goodwin had no memory of her life before the age of 16. Then, a family tragedy triggered a cataclysmic psychological change. Suddenly she was aware of other identities inside her, and the barriers between them were crumbling. The different identities belonged to her, Melanie felt, but 'her' at different ages, from three years old to 16 and on into adulthood.

These ages were not random. Amid the confusing, terrifying mingling of different voices in one consciousness came memories of child abuse, the first episode occurring when she was three, the last when she was 16. "I have no proof," she notes. "I have to go with what I believe happened, and my reality."

Melanie has what used to be called multiple personality disorder, which is now more commonly referred to as dissociative identity disorder (DID). The change in name reflects an understanding that it's more than just changes in personality that are involved. Memories, behaviours, attitudes, perceived age – all can switch together.

"We" – she generally refers to herself as 'we' – "had lots of adult parts. Development should be seamless… But because we didn't grow up naturally, we would update ourselves… Finally, there were nine different adult parts, each managing a stage of our abuse-free adult life."

Living with DID can be "hell", she says. It is a breakdown of an aspect of everyday existence that the rest of us take for granted – our sense that

we are one individual self. For Melanie, the abrupt awareness of her many different identities warring inside her was overwhelming. How could she possibly find a way to accommodate them all?

Melanie is talking from a sofa in a quiet consulting room at the Pottergate Centre for Dissociation and Trauma in Norwich, UK. The centre is run by Remy Aquarone, an analytical psychotherapist and a former director of the International Society for the Study of Trauma and Dissociation.

Over a 30-year career, Aquarone has worked with hundreds of people with a dissociative disorder. In most cases, he says, they have a history of childhood abuse, generally starting before the age of five.

In an attempt to cope with the traumatic experiences, the theory goes, the child 'dissociates' – it splits itself into parts. One part endures the abuse and contains the horrific emotional and physical impacts; another part exists afterwards. Or, there might be one part that endures the abuse, another that gets the body back to its bedroom, and another that goes down to breakfast in the morning. If the abuse goes on over years, and also if different scenarios and perpetrators are involved, many different parts may splinter off.

It's the dissociation that allows the child to keep going. In fact, "it's the ultimate adaption system. It's using your unconscious cognition to adapt your way of thinking and behaviour in order to be more safe," Aquarone says.

Melanie describes it this way: "If you're in a totally impossible situation, you dissociate to stay alive. Trauma can freeze you in time. And because the trauma is ongoing over years, there are lots of little freezings happening all over the place."

Not everyone who endures childhood abuse – or any other form of ongoing major trauma – develops a dissociative disorder. Based on his work, Aquarone says there's another critical factor involved: the absence of a normal, healthy attachment to an adult.

In the field of developmental psychology, 'attachment' has a specific meaning: it's a bond that forms between an infant and a care giver who supports and looks after that child, emotionally and practically, while also helping that child to learn about and manage his or her responses. Without that bond – prevented by bereavement, neglect or abuse – a child undergoing a trauma is left to fend for itself.

Reflecting on people with DID as a group, Melanie says: "What we didn't learn as small children is a parent metaphorically holding you and helping you learn how to manage yourself."

Infants who do develop secure attachment go on to cope better generally with life, says Wendy Johnson, a psychology professor at the University of Edinburgh. "First of all, they're better at dealing with other people in a way that is successful. Their relationships tend to be smoother. They tend to earn more money, be better appreciated and recognised by others, and get into less fights. They also tend to experience life more smoothly, so it's more pleasant to them."

This is not to say that our personalities are set for life in those early years. A relatively stable environment, in terms of relationships and work, helps to maintain a relatively stable personality. "I think the fact our environments tend to have a lot of stability to them contributes to the consistency that we tend to display," says Johnson. But if these external influences change, we can change too.

Parenting, losing a job – these kinds of major life changes can provoke behaviours that surprise us, as well as changes in traits such as

conscientiousness and extraversion. It's no wonder that young adulthood frequently involves a major questioning of identity, adds Johnson, as this is so often a time when lots of things – home, surroundings, friends – are in flux.

Without the unified sense of self that attachment and stability brings, dissociated identities can make someone's personality appear to swing wildly. Melanie has an anorexic part, and a part that attempted suicide twice because the pain of the barriers coming down felt unbearable. Her three-year-old part is easily scared by things that remind her of past traumas – like a scent or a man's way of walking – and in these situations she will freeze or even hide. On the other hand, the 16-year-old can be flirty.

It makes sense that Melanie will behave differently depending on 'who' is to the fore in her mind. She is not acting like her three-year-old self, or even remembering what it was like to be three. She is that three-year-old – until another identity comes to the fore.

Because memories of time spent in one identity are not always accessible to others, some people with DID 'lose' chunks of time – they feel as though they're often jumping forward days or even weeks. "Some people go off and have affairs. Well, they're not really affairs, because they have no memory that they're married," Melanie observes.

For her, the effect is that she has no sense of the order in which things have happened in her life: "As babies, you get born and you have a timeline that goes through your whole being. If you get fragmented, you don't get that timeline."

Her memories are further blunted by the subduing of normal emotional reactions – which are essential, both she and Aquarone say, to helping a person cope with severe trauma. But this lack of emotion didn't end

when the abuse stopped: it had become the way Melanie's brain worked. "I know I got married," she says, for example. "But I watched and observed it, rather than being fully engaged."

People with a dissociative disorder often report feeling very superficial, says Aquarone. "And in a way, they are, because the essence of who you are is held inside." For most of us, our memories, enhanced by the emotions we felt at the time, provide a personal chain that reaches all the way back into childhood, providing a sense of self-continuity. "I can refer back to my behaviour as a teenager, for example," he says, "and hold on to a bigger picture [of myself]… The price of [dissociation] working is that… there's no tracking back to see how things were." Being with people – whether family or old friends – with whom you have plenty of shared memories stretching right back can enhance that sense of an ongoing self persisting through the years. But the problem with relying on connections with people from the past, of course, is that old friends can move away – and people can die.

One psychological benefit of religious belief may be that, in theory, a relationship with God, with all its associated memories, can extend from early childhood through to death, and no matter where you are on the planet, it is there. As Aquarone says, "You can't take it away – and it transcends where you are."

There are other ways to help connect your present 'self' with the past. Psychologists used to think that nostalgia – the use of memory to sentimentally hark back to good times in the past – was negative and harmful. But there is now work finding the opposite. In fact, nostalgia seems to foster a sense of the self continuing, and enhances a sense of belonging in the world.

This sense of a single, consistent self through time helps people to navigate life, and the social world in particular. But if it can be

strengthened – and weakened – by experience, or lost altogether in DID, does it reflect the real you?

"Consider the musical 'Grease', where Sandy sheds her goody-goody persona to become a leather-clad, pelvis-thrusting bad girl. Surely all this smokiness and gyration is Sandy. But just as surely, this is a performance designed to gain the approval of her peers, not the 'real' Sandy."

The case of Sandy is highlighted in a review paper by Nina Strohminger and colleagues at Yale University on the concept of the 'true self', not just in relation to people with DID but to anyone at all.

Or, suggests Strohminger, consider the case of a man who's very religious and has homosexual impulses. "His religion prohibits him from acting on [them]… so every day he's fighting them," she explains. "Who is the real person? Is it the person who is resisting the homosexual impulses, or the person who has them?"

The answer, she's found, is that it depends who you ask. "When you ask liberals, they say, 'Oh, it's the person with homosexual impulses.' But ask conservative people and they say, 'It's the part of him that wants to resist these impulses.' It all boils down to what you value. If you think it's okay to be gay, you're not going to see anything wrong with those deeper impulses."

Strohminger isn't aware of any work that has asked someone experiencing this kind of inner conflict what they actually think. "But from everything I've observed in my studies, the prediction would be that… [whatever] you are projecting on to other people, the same standard would hold for you as well.

"I'm a psychologist, not a metaphysician," she adds, "but if you wanted to draw some metaphysical conclusions, you'd have to understand that

when normal, everyday people are thinking about their own identity and the identity of other people, this is informed by their own values and circumstances." In other words, it's all relative.

Strohminger has found that there is, however, one aspect of a person's typical pattern of behaviour that, consistently, is rated as being most fundamental to who someone is – even more so than their memories, or whether they're extravert or introvert, placid or easily driven to excitement or anger.

She started with thought experiments. In one, she asked volunteers to imagine other people changing in a variety of ways. And it was alterations to their moral traits – their relative honesty or dishonesty, loyalty or disloyalty, and so on – that the volunteers felt most changed them as people.

Next, Strohminger turned to families of people with dementia, which can involve not only memory loss but also changes in personality and moral sense (sometimes negative changes, such as a shift to pathological lying; sometimes positive ones, such as greater kindness). The relatives reported that it wasn't when their loved ones lost their memories that they became a 'different person', but rather when their moral sense altered.

"Traditionally, morality has not been given much attention in scholarly work about the nature of personal identity. Rather, it was thought that memory and distinctive characteristics, like your personality, is what made you," Strohminger says. "Our results run counter to centuries of thought from philosophers and neuropsychologists."

Melanie says that some parts of her do seem to have a different moral sense. But she traces this back to varying life experiences for each part, and to the anchoring of some in past decades when different attitudes

prevailed.

And people's moral sense can change over time, notes Wendy Johnson. "I do think there are people who realise where they went wrong, and who decide they are going to be different, and they become different," she says.

The fundamental heart of who we are – as far as other people are concerned, at least – can change, therefore. This suggests that the solid, fixed sense of self most of us have is at least partly an illusion that allows us to avoid the mental distress that comes with multiple identities. And as the experiences of Melanie and others with DID show, this illusion is a vital one.

It was about four years after her parts started fully emerging that Melanie, who worked as a librarian, picked up a book called The Flock by Joan Frances Casey. She realised that, like Casey, she had DID.

She raised the idea with her husband of more than 20 years. "He said, 'You know what: that makes sense.' Because, he said, he'd say to me one day, 'Do you want a coffee?' And I'd say, 'Yeah, I'd love a coffee.' Then, the next day, 'Do you want a coffee?' And I'd say, 'You know I don't drink coffee, I'm allergic to it!' The 16-year-old can't drink coffee and I love coffee. He used to say he never knew what he was coming home to. I never understood what he meant by that!"

Is it surprising that she was married for so long to someone who didn't realise there were different parts inside her? "[Now] he thinks it's mad he didn't pick up on this… But he loved me. And I was a good mum, in a practical sense… I was good at copying how other people behaved." Unlike some people with DID, Melanie does feel that she has a dominant, leading part, whose age matches that of her body. Is it possible, though, to say that the 'real' Melanie is not the three-year-old

who's easily terrified, and the 16-year-old who flirts, and the 64-year-old who's sitting on the sofa in Remy Aquarone's consulting room, talking eloquently about a sense of being that she now realises is so different to most people's?

Good treatment has made a big difference. The first step was for the disorder to be correctly diagnosed, however, as DID can appear to be many other things. People who hear the voices of parts may be labelled schizophrenic; people who switch between depressed and excitable parts may be diagnosed with bipolar disorder; people who hide in a hospital because their identity is a terrified three-year-old may be thought to be having a psychotic episode; people whose emotional states seem to shift drastically might be diagnosed with borderline personality disorder.

And in the UK, at least, DID is a controversial diagnosis. It is listed in both of the main psychiatric manuals used around the world (the Diagnostic and Statistical Manual of Mental Disorders, produced by the American Psychiatric Association, and the International Statistical Classification of Diseases and Related Health Problems, produced by the World Health Organization). But in practice, says Aquarone, there can still be reluctance among psychiatrists to accept it. DID is now thought to affect perhaps 1 per cent of people (about the same rate as schizophrenia), yet there have been claims from sceptics that perhaps patients are simply acting out different identities, and that a proneness to fantasy explains the entire disorder.

Brain imaging work supports the idea that people with DID are not acting, and there is other research refuting such claims. In 2016, for example, a team at King's College London published a study of 65 women, including some diagnosed with DID. They concluded that the women with DID were no more fantasy-prone, suggestible or likely to generate false memories than those without a diagnosis. According to the authors, this result challenges the core hypothesis of the 'fantasy model'.

Melanie is now a director of First Person Plural, a dissociative identity disorders association, and she frequently talks to psychologists, psychiatrists, GPs and care workers, spreading the word that DID is real. She and Aquarone recently helped to organise the first conference on services for people with trauma-related dissociation – it brought together clinicians from the NHS and the private and voluntary sectors. One of the big challenges, they note, is that it can take many months of therapy with a specialist in dissociative disorders to help a patient, but this is generally only available privately.

This was the kind of therapy that changed everything for Melanie, she says. When the barriers between the parts began to break down, she was overwhelmed. It took a strong bond with a therapist who could help the parts to talk to each other and respect each other for the "war" inside her to begin to settle down.

For ten years after her different identities began to break out, Melanie found it impossible to manage anything beyond the fundamentals of life. Then, as she learned to listen to the parts and the stories they had to tell, "we learnt to share the one life between us".

When she felt able to start going away again for nights with her husband, the child identities inside her would help to gather what she needed. "Everybody would help pack. So we'd have to take things for the three-year-old, like teddies and comforters, and I'd end up packing three or four bags, because everybody had to bring their things."

But still, if they got to their destination and she found she didn't have the right clothes for that moment, she couldn't go out. At any given moment, it could have been an eight-year-old who was to the fore in her consciousness, or the 16-year-old, and they just wouldn't go out unless age-appropriately attired.

At one point, she used to allow the 16-year-old to "dress the body", as she puts it, and get it to the library where she worked: "We'd cycle, because of course the 16-year-old couldn't drive." This was on the understanding that the adult would have the day at work, then she'd give the younger parts time in the evenings. "They'd get to do the things they couldn't do in the day – from the little one having Smarties and watching Teletubbies, to making things, playing with teddies, doing a jigsaw.

"Over time, we began to understand what was happening as a whole," she adds. In a threatening situation, perhaps someone walking into the library in a way that triggered awful memories, "I could talk to the little ones and say, 'I'm going to keep you safe… the library's a safe place. Just allow me to stay still and see if we really are in danger, and I promise you if we are, I'll handle it.'"

Now, the parts are all still there, but they coexist. "We are not one, but we all agree to live harmoniously together," says Melanie. "Which works well most of the time."

**More information:** In the UK and Republic of Ireland, the Samaritans can be contacted on 116 123. In the USA, the National Suicide Prevention Lifeline is 1-800-273-TALK