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Dissociative Identity Disorder: Understanding the Complexity of Multiple PersonalitiesPeople with Dissociative Identity Disorder (DID), formerly known as multiple personality disorder, often experience co-occurring mental health conditions such as PTSD, borderline and other personality disorders, and conversion disorder. DID is characterized by the presence of at least two distinct identities or personalities, also referred to as alters, each with its own way of perceiving and interacting with the world. Some individuals with DID have alternate personalities that exhibit different emotional responses, physiological reactions, and even brain activity patterns. Healthcare professionals previously referred to this disorder as multiple personality disorder (MPD), and it was often colloquially referred to as split personality disorder. Statistics indicate that DID affects approximately 1% of adults in the general population, ranging from 1%-20% among patients in psychiatric hospitals. Research suggests that girls are equally affected by the disorder as boys, although it is up to nine times more prevalent in women compared to men. The difficulty in diagnosing DID lies in the controversy surrounding its clinical presentation and the debate about whether the condition even exists. Some professionals question why certain individuals who have endured severe childhood trauma do not develop the disorder, why their children are not diagnosed as having DID, and why some sufferers have no history of significant trauma. One possible explanation for these inconsistencies is that the human brain's complex nature may protect some individuals from developing dissociative identity disorder due to their resilience. Another concern with diagnosing DID involves relying on traumatic memories shared by those who suffer from it. DID appears more frequently in North America compared to other regions, which has led some practitioners to suggest that it might be a culture-specific condition rather than an actual mental health issue. As with many other mental health conditions, symptoms of DID in children differ significantly from those in adults. Research using multiple resources and minimal media exposure adds credibility to the diagnosis. While there is no proven specific cause of DID, most psychological theories propose that severe childhood trauma triggers the development of dissociative identity disorder as a response to extreme emotional distress. Having a family member with DID may be a risk factor for developing the condition, but it does not translate into a genetic inheritance. Common signs and symptoms of DID include memory lapses, blackouts, frequent accusations of lying, finding items without recall, encountering unfamiliar people, and experiencing name changes. Dissociative identity disorder (DID), previously known as multiple personality disorder, is a complex condition characterized by the presence of two or more distinct identities or personality states. These identities often have their own unique patterns of perceiving, relating to, and thinking about themselves and the world. Individuals with DID may experience a range of symptoms, including hearing voices that are not their own, feeling detached from reality (derealization), and feeling like they are watching themselves live through life rather than living it themselves. They may also feel like they have multiple personalities within them. Panic attacks are repeated episodes of intense fear that can last for several minutes. There is no specific test, such as a blood test, that can accurately diagnose DID. Instead, mental health professionals conduct a thorough interview to gather information and look for signs and symptoms of the condition. The diagnostic criteria for DID include:• The presence of two or more distinct identities or personality states\* At least two of these identities taking control of the person's behavior\* Inability to recall important personal information due to the severity of forgetfulness\* Illness not caused by substance use or a general medical conditionIn children, imaginary playmates or fantasy play do not cause symptoms that meet the criteria for DID. Mental health professionals often gather information about an individual's childhood and ask questions to rule out other mental health conditions. DID is often confused with other dissociative disorders, such as depersonalization/derealization disorder, dissociative amnesia, and unspecified dissociative disorder. It can also be mistaken for other mental illnesses, such as somatic symptom disorder, conversion disorder, or schizophrenia. Individuals who have experienced trauma, particularly rape or other forms of adult trauma, are more vulnerable to developing dissociative symptoms. The controversy surrounding DID's existence and the overlap of its symptoms with other conditions can lead to misdiagnosis. People who have dissociative identity disorder (DID) may experience periods where they're unaware of their surroundings, which can be mistaken for other conditions like borderline personality disorder or substance use disorders. However, true dissociation is a distinct phenomenon that requires careful diagnosis. DID often co-occurs with other mental health issues such as posttraumatic stress disorder, borderline personality disorder, and conversion disorder. In some cases, individuals may feign the condition to gain attention or legal advantages, but genuine sufferers also exist. To accurately diagnose DID, mental health professionals use screening tests and structured interviews to determine whether the individual truly experiences dissociative symptoms. Treatment typically involves psychotherapy, which includes individual, family, and group therapy sessions to help clients manage relationships and express pent-up emotions in a safe environment. Therapists pace treatment carefully to avoid overwhelming the client with anxiety or revisiting traumatic memories. Dialectical behavior therapy is often used to teach coping skills and promote mindfulness. Mental health professionals also guide clients on integrating their multiple personalities and developing crisis-prevention techniques. The goal of achieving coexistence among the person's different identities differs from reintegration into a single identity state, which can feel like erasure or suppression. Hypnosis may help increase control over dissociative states by enhancing communication between different aspects of the individual's identity. In some cases, time-limited periods of psychotherapy, eye movement desensitization and reprocessing (EMDR), or medication management may be more effective treatment options due to insurance limitations. Medications can address related conditions such as depression, anxiety, anger, and impulse-control problems; however, caution is needed when treating DID patients with medications to avoid causing further trauma. Individuals with dissociative identity disorder (DID) face a bleak prognosis if left untreated, with those who have experienced sexual abuse being particularly vulnerable to substance abuse as a coping mechanism. The risk of suicidal behavior is also elevated, with violent tendencies often linked to dissociation. Furthermore, individuals with DID often struggle with employment, relationships, and overall quality of life. Research suggests that comprehensive treatment can help individuals with DID lead well-adjusted lives, but variations in diagnosis and treatment protocols make it challenging to predict outcomes. Dissociative identity disorder (DID), formerly known as multiple personality disorder, is a dissociative condition that involves a disturbance of identity. Individuals with this disorder exhibit two or more distinct personalities, referred to as alters, which control their behavior at different times. When an alter is in control, the person may experience memory lapses regarding events occurring during periods when other alters were active. These alters can display differences in speech patterns, physical characteristics, and even gender orientation. The variations between alters are often quite noticeable. A person experiencing DID might have as few as two alters or up to 100. Typically, alters remain stable over time, assuming specific roles within the individual's life for extended periods. Some alters may harbor aggressive tendencies, which can be a challenging aspect of managing the disorder. Living with Dissociative Identity Disorder (DID): Understanding Symptoms and Treatment OptionsIndividuals experiencing dissociative identity disorder (DID) often struggle to recognize their condition until they seek professional help. At this stage, they may exhibit episodes of amnesia or time loss, where they cannot recall events in a specific time period. They might encounter unfamiliar people claiming to know them, find themselves in unknown locations without remembering how they got there, and discover items they don't recall purchasing. Common symptoms of DID include depression, suicidal thoughts, and self-mutilation. Approximately one-third of individuals with DID report experiencing auditory or visual hallucinations. Despite the lack of understanding regarding its causes, research indicates that DID affects approximately 0.01 to 1 percent of the general population, without exception to ethnic groups or income levels. DID is characterized by multiple identities, each with distinct personalities and functions within an individual's life. Treatment for this condition primarily involves psychotherapy with hypnosis. The therapist aims to establish communication among the various personality states, understand their roles, and curb violent behavior. They also seek to uncover memories of traumatic events, as these are believed to trigger DID in individuals who have experienced childhood abuse. In children, dissociation serves as a defense mechanism against physical or sexual abuse, allowing them to disconnect from their traumatic experiences. As they grow older, this disconnection may manifest as the emergence of alternate identities. On average, children develop alters at the age of 5-9 years old. If you are supporting someone who lives with DID, it is essential to be informed about the condition and its symptoms. This knowledge will enable you to offer the most effective support during their recovery process. Support Groups. Be aware of signs that your loved one might be at risk for suicide as this is not uncommon for someone affected by DID. If you think they may be at risk for harming themselves, call the Suicide Hotline at 1(800) 273-TALK, get them professional help as soon as possible or take them to the nearest emergency room. Be willing to simply listen if your loved one wants to talk. Listening without interruption and without judgment when your friend or loved one wants to talk is extremely helpful. You don't need to try to solve their problems; just listen. The symptoms of DID include: Having at least two identities (personality states). These affect your behavior, memory, self-perception and ways of thinking. Amnesia or gaps in memory regarding daily activities, personal information and traumatic events. Different identities affect your ability to function in social situations or at work, home or school. Other mental health symptoms that can (but not always) be found along with DID include: Anxiety. Delusions. Depression. Self-harm. Substance use disorder. Thoughts about suicide (suicidal ideation). What does a person with DID feel like? If you have DID, you might feel or experience the following: Detached from reality, your emotions and your sense of self. Confused by what others may tell you about your behavior. Frustrated about gaps in your memory. Stressed about not being in control. Like a bystander, watching yourself from the outside. It doesn't feel like yours. You're not in control. This can look and feel different for each person who experiences it. If something doesn't feel right or your experiences and memories aren't lining up, reach out to a healthcare provider for an evaluation. Can someone have DID without knowing? Yes, it's possible that someone can have DID without knowing. While some people are aware of their identities, many people don't know when a new identity takes over. When a new identity steps in, you may not remember some events because another personality experienced them. This causes gaps in memory, called amnesia. What causes dissociative identity disorder? DID causes may include: Stressful experiences. Trauma. Abuse. These events typically happen during childhood. DID is a way for you to distance or detach yourself from the trauma. DID symptoms may trigger (happen suddenly) after: Removing yourself from a stressful or traumatic environment (like moving homes). Close relatives or your children reaching the age at which you experienced trauma. A recent traumatic or stressful experience (like a vehicle accident). An abuser passing away or experiencing a life-threatening illness. What are the risk factors for dissociative identity disorder? You may be more at risk of developing DID if you experienced: Physical or sexual abuse. Neglect. Multiple medical procedures during childhood. War or terrorism. What are the complications of dissociative identity disorder? You're at an increased risk of suicide with DID. More than 70% of people diagnosed with DID attempt suicide or practice self-injury behaviors. If you're thinking about hurting yourself, call or text 988, the Suicide & Crisis Lifeline (U.S.). You don't have to be in a crisis to dial 988. Someone is available to talk, no matter your situation, so you can feel better in your time of need. The Diagnostic and Statistical Manual (DSM-5) includes five dissociative disorders. These are dissociative identity disorder (DID), dissociative amnesia (DA), depersonalization/derealization disorder (DPDR), other specified dissociative disorder (OSDD), and unspecified dissociative disorder (UDD). However, these are not the only conditions in which dissociation plays a prominent role. Somatic symptom disorder, conversion disorder, trauma-and-stressor-related disorders, and borderline personality disorder can also be conceptualized as primarily or often dissociative in nature. Additionally, dissociation has been found in many individuals with anxiety disorders, mood disorders, eating disorders, schizophrenia spectrum disorders, and obsessive-compulsive disorders. Despite this, dissociation is poorly known and poorly understood. Neither the general public nor most mental health practitioners know much about dissociation, how to recognize it, or how to treat it. As a result, many individuals with clinical dissociation or dissociative disorders suffer in silence. What is #ARTICLE#Dissociative Identity Disorder: Shattering the StigmaDID has a long history in popular culture but is often misunderstood, leading to stigmatization of individuals with the condition. The stigma surrounding DID is beginning to shift as more people understand the condition, which can be confusing due to its complex nature and various symptoms. #ARTICLE#Like the world around you isn't real. People experiencing degrees of dissociation or small experiences of it are more common than you think. For instance, when you're traveling in a car and you zone out or start daydreaming, you might end up not remembering the journey. While this is a form of dissociation, it alone doesn't signal a dissociative disorder. The APA estimates that about 90% of people with DID experienced repetitive abuse or neglect in childhood. Traumatic early life events, like multiple medical procedures or exposure to war, have also been reported in people with DID who didn't experience physical or sexual abuse. Ongoing abuse later in life, co-occurring mental health or physical conditions, and delay in treatment increase the likelihood of developing DID. Dissociation plays a role in protecting you against the overwhelm of trauma. When you dissociate during a traumatic event, it might feel as if someone else is having that experience. You might feel disconnected, like you're watching from a distance. It's a quite successful mechanism at the time, but it causes problems further down the line when it becomes a coping mechanism that permanently alters the way you experience and relate to the world. DID in men is often triggered by combat, prison conditions, or sexual abuse. Women are much more likely to be diagnosed with a dissociative disorder than men. Still, some clinicians believe that shame and denial about past trauma partially explain why DID rates appear higher in women. Studies have also identified physiological and neurobiological differences between people with DID and the general population. Research from 2021 indicates that the hippocampus, the part of the brain that deals most with stress, is smaller in people diagnosed with DID. Though more investigation is certainly needed, some researchers have even found differences in brain activity between one dissociative person's alters. If you or a loved one have DID or have experienced dissociative symptoms, treatment may help you manage or even remedy your condition. DID is unlikely to resolve without treatment. Talking with your doctor or mental health professional is a good first step if you're experiencing symptoms. If you're worried about a friend or loved one, gently encourage them to seek help. Action is difficult but key, as it may take visiting multiple clinicians or long-term treatments to bring about real positive change. Studies have shown that people who stick with treatment for 30 months or longer experience fewer dissociations, reduced depressive symptoms, and improved daily functionality. The most common and effective course of action for treating DID is psychotherapy. The main goal of therapy is to integrate the alters, merging their memories and identities into a single personality reflective of the persons true self. The therapy process can be long and painful, involving reliving and confronting past trauma, but its crucial for reducing symptoms. There are no medications specific to dissociation, but medication can help treat other symptoms of DID. For instance, some people take antidepressants or antipsychotics to manage co-occurring depression and stabilize their mood. Learning to identify what triggers switches in alters and avoiding those stressors can help reduce dissociative events. For more information about DID or help to find treatment, you can visit the International Society for the Study of Trauma and Dissociation (ISSTD) website. Dissociative identity disorder (DID) is characterized by persistent depersonalization/derealization and dissociative amnesia, setting it apart from other dissociative disorders. Keywords: split personality disorder, multiple personalities, dissociation, psychological responses, dissociative disorders. Dissociative identity disorder has a higher prevalence among psychiatric disorders, affecting approximately 1.5% of the global population. DID is described as a disruption of identity featuring two or more distinct personality states or an experience of possession in the DSM-5-TR. Individuals with DID often face multiple crises involving self-injurious behavior and substance use. DDs typically disrupt normal consciousness, memory, identity, and behavior, with positive symptoms including new personalities and derealization, and negative symptoms including superficial displays of emotion and a lack of motivation. The presence of two or more distinct personality identities is a hallmark of DID, with each person having unique characteristics. The disorder's development is influenced by various etiological factors, such as abuse, emotional neglect, disrupted attachment, and boundary violations. The emergence of DID often correlates with severe child abuse, disorganized attachment styles, and a lack of social and familial support. Cultural processes also play a significant role in shaping the disorder's occurrence and expression. With Dissociative Identity Disorder (DID) in an outpatient setting, examining the presentation of DID and trauma's influence. The patient was a 49-year-old male with past psychiatric issues like alcohol use disorder and psychosis, seeking medication management. During the mental status examination, he appeared appropriate for his age, with average stature, overweight, and dressed suitably. His speech was within normal parameters. The patient is currently prescribed risperidone 0.5 mg nightly for psychotic symptoms and buspirone 10 mg twice daily for anxiety. He had been taking ziprasidone 20 mg twice daily with food, but it was discontinued due to excessive sedation. This medication change occurred because of its favorable metabolic profile. His family history includes bipolar disorder and schizophrenia on the maternal side. Childhood exposure to significant physical trauma is acknowledged, including periods of neglect and severe physical abuse from his earliest memories through teenage years. The individual describes experiencing 11 distinct personality types with associated traits and names. Two personalities are detailed: "Macho Man," which emerges when he feels undermined or threatened, exhibiting directness and confidence, and "Security Guard," activated when he senses being followed or watched, adhering strictly to rules and ensuring compliance. Laboratory findings include elevated hemoglobin A1C, cholesterol levels above normal range, and low vitamin D levels. The individual presented calmly and cooperatively during the assessment. Auditory experiences related to his multiple personalities were reported but could not be elaborated upon. Limited insight into his mental health condition was noted. Short-term memory lapses and occasional dissociative episodes were observed. In 2023, the outpatient psychiatrist established the diagnosis by reviewing the DSM-5-TR criteria. The patient is seeing their psychiatrist every month, struggling with multiple personalities but improving in sleep and paranoia. Therapy has not been attempted at this time. Dissociative Identity Disorder (DID): Understanding its Complexities and Co-occurring ConditionsDissociation in Dissociative Identity Disorder: A Complex Phenomenon with Multiple Treatment ApproachesDissociation is a mental process where an individual's thoughts, feelings, or experiences become disconnected from their identity. The model suggests that dissociation arises from vivid imagination and fantasy, affecting approximately 1%-5% of the global population. According to various studies, the prevalence of Dissociative Identity Disorder (DID) in the United States is estimated to be around 4.7%, with 14.4% of PTSD cases meeting the criteria for dissociative symptoms. The general population reports an incidence rate of 1%-1.5%. Patients typically undergo treatment for five to 12.5 years before receiving a DID diagnosis. Assessment and diagnosis of DDs can be challenging due to trauma-related symptoms. Objective scales, such as the Dissociative Experiences Scale (28-item self-report tool) and The Dissociation Questionnaire (63 questions), aid in differentiating DDs from other psychiatric disorders. Several evidence-based treatments for DID include establishing safety, stabilization, and symptom reduction; addressing and integrating traumatic memories; and promoting identity integration and rehabilitation. Trauma-focused therapies, such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT), are crucial in treating DID. DBT has shown efficacy in treating both DID and borderline personality disorder. Eye movement desensitization and reprocessing (EMDR) also plays a significant role in DID treatment, aiming to alleviate distress associated with traumatic memories through specific eye movements. Psychopharmacology is not the primary treatment for DID but may be used to alleviate associated symptoms. Neuroanatomy associations reveal intriguing structural and functional changes in the brains of individuals with DDs, which are distinct from those observed in PTSD. These findings contribute to a deeper understanding of the characteristics and treatment requirements of these individuals. Dissociative Identity Disorder (DID) comorbidities with other mental illnesses, particularly borderline personality disorder (BPD), are common among individuals diagnosed with dissociative identity disorder. A study by Tezcan et al. found that individuals with DID frequently exhibit psychiatric disorders such as PTSD and psychotic disorders like schizophrenia. #ARTICLE#Dissociative Identity Disorder: Separating Fact from FictionThe concept of dissociative identity disorder (DID), formerly known as multiple personality disorder, has been shrouded in mystery and misconception. A closer examination of six myths surrounding DID reveals a complex condition that cannot be reduced to simple categorizations. Myth #1: People with DID are simply "split personalities"Reality: DID is characterized by the fragmentation of identity into two or more distinct personality states, which are not merely a matter of being "split" but rather a failure to integrate various aspects of self into a cohesive whole. Myth #2: All people with DID have experienced severe abuseReality: While many individuals with DID have indeed suffered from childhood trauma, the relationship between abuse and DID is complex, and not all individuals meet this criterion. Myth #3: People with DID are not in control of their actionsReality: While alters may appear to be autonomous, they are often under the influence of the primary identity and can be coerced or manipulated into performing specific behaviors. Myth #4: DID is a relatively rare conditionReality: Although DID is considered rare, it is likely that many cases go undiagnosed or misdiagnosed due to the lack of awareness and understanding among healthcare professionals. Myth #5: People with DID are unable to form relationshipsReality: Individuals with DID can form meaningful connections with others, but they may require special accommodations and support due to their unique experiences and challenges. Myth #6: The etiology of DID is still unclearReality: Research suggests that DID is the result of a complex interplay between genetic, environmental, and psychological factors, including trauma, stress, and coping mechanisms. In conclusion, dissociative identity disorder is a multifaceted condition that resists simplistic categorizations or explanations. By separating fact from fiction, we can work towards a deeper understanding of this enigmatic disorder and provide more effective support for those affected by it. Recurrent identity gaps are not indicative of ordinary forgetfulness. Symptoms result in significant distress or impairment in social, occupational, or other vital areas of functioning. Particular identities may emerge under specific circumstances. Identity transitions often occur as a response to emotional stress. In the possession-form of dissociative identity disorder, alternate identities become visibly apparent to those around the individual. In non-possession-form cases, individuals rarely display their change in identity for extended periods. People with DID report feeling suddenly disconnected from themselves, observing their own speech and actions without understanding why. They may also hear voices, experiencing multiple streams of thought that they have no control over. Sudden impulses or strong emotions can occur, leaving them feeling unconnected to their thoughts and feelings. Individuals might experience physical sensations, such as a sudden change in body size or shape, or shifts in attitudes and preferences before returning to normal. Some people with DID experience dissociative fugue, where they discover having traveled without recollection of the event. Awareness of amnesia varies among individuals with DID, who often downplay their symptoms despite their obvious distress to others. Are dissociative states viewed differently across cultures? In many societies, possession-like identities are a normal aspect of cultural or spiritual practices. Possession states manifest as behaviors controlled by spirits or supernatural beings. However, these states become problematic when they cause distress, impairment, or are not accepted within the culture. Are suicidal thoughts common among individuals with dissociative identity disorder? According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, more than 70 percent of people with DID have attempted suicide at least once. Self-injurious behavior is also prevalent in this group. Treatment is crucial for improving quality of life and preventing suicide attempts in those with DID. The exact cause of DID remains unclear, but many report experiencing severe physical and sexual abuse during childhood. The disorder can manifest at any age, often accompanied by post-traumatic symptoms such as nightmares or flashbacks. Studies suggest that individuals with DID are more likely to have close biological relatives who also suffer from the condition. Once a rarely reported disorder, DID has become more common and controversial. Some experts argue that DID patients' symptoms may be partially iatrogenic, triggered by their therapists' probing. Brain imaging studies support identity transitions. Other dissociative disorders exist, including those related to disconnection with reality, such as dissociative amnesia or depersonalization disorder. Treatment for DID typically involves long-term psychotherapy to deconstruct and integrate alternate personalities. Cognitive and creative therapies are also used. Although specific medications are not available, antidepressants or anti-anxiety drugs may be prescribed to manage psychological symptoms. With proper treatment, many people with DID experience significant improvements in their ability to function in daily life. Dissociative Disorders Find a Therapist Get the help you need from a therapist near youa FREE service from Psychology Today. #ARTICLE# Dissociative Identity Disorder (DID) Therapists Near YouFind a qualified therapist with experience in treating Dissociative Identity Disorder (DID) using our Service Finder. Our list of therapists includes locations across Atlanta, GA; Austin, TX; Baltimore, MD; Boston, MA; Brooklyn, NY; Charlotte, NC; Chicago, IL; Columbus, OH; Dallas, TX; Denver, CO; Detroit, MI; Houston, TX; Indianapolis, IN; Jacksonville, FL; Las Vegas, NV; Los Angeles, CA; Louisville, KY; Memphis, TN; Miami, FL; Milwaukee, WI; Minneapolis, MN; Nashville, TN; New York, NY; Oakland, CA; Omaha, NE; Philadelphia, PA; Phoenix, AZ; Pittsburgh, PA; Portland, OR; Raleigh, NC; Sacramento, CA; Saint Louis, MO; San Antonio, TX; San Diego, CA; San Francisco, CA; San Jose, CA; Seattle, WA; Tucson, AZ; Washington, DC. #ARTICLE# What is Dissociative Identity Disorder (DID)?Dissociative identity disorder is a mental health condition where someone feels they have 2 or more separate identities. The exact cause of DID is not known, but often it is caused by severe childhood trauma. People with DID may talk and behave differently as they switch between identities. #ARTICLE# Symptoms of Dissociative Identity DisorderPeople with DID may experience symptoms such as:- Gaps in memory (called amnesia)- Talking and behaving differently at different times- Feeling the presence of 2 or more people living inside their head- Each identity may have its own name, voice, mannerisms, memories, and opinions- Anxiety or depression- Self-harm, feelings of suicidal thoughts, or substance abuse disorders #ARTICLE# Treatment for Dissociative Identity DisorderThe main form of treatment for DID is long-term psychotherapy. The therapist will take you through several stages of treatment, including:- Improving symptoms- Dealing with past trauma- Helping establish healthy relationships #ARTICLE# Find a Therapist TodayUse the Symptom Checker and find out if you need to seek medical help. Ask your doctor about finding a qualified therapist with experience in treating DID. If you also suffer from anxiety or depression, you may consider medication to treat them. Resources and support If you feel you may have DID, talk to your doctor for help, or call healthdirect on 1800 022 222 at any time to speak to a registered nurse (known as NURSE-ON-CALL in Victoria) for more information and advice. Visit these organisations for more resources and support: Check the healthdirect directory of mental health resources. Looking for information for Aboriginal and/or Torres Strait Islander people? Looking for information for culturally and linguistically diverse people? Looking for information for sexually and gender diverse people? My mental health provides mental health and counselling support. Last reviewed: March 2024 2024

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Despite the lack of understanding regarding its causes, research indicates that DID affects approximately 0.01 to 1 percent of the general population, without exception to ethnic groups or income levels. DID is characterized by multiple identities, each with distinct personalities and functions within an individual's life. Treatment for this condition primarily involves psychotherapy with hypnosis. The therapist aims to establish communication among the various personality states, understand their roles, and curb violent behavior. They also seek to uncover memories of traumatic events, as these are believed to trigger DID in individuals who have experienced childhood abuse. In children, dissociation serves as a defense mechanism against physical or sexual abuse, allowing them to disconnect from their traumatic experiences. As they grow older, this disconnection may manifest as the emergence of alternate identities. On average, children develop alters at the age of 5-9 years old. If you are supporting someone who lives with DID, it is essential to be informed about the condition and its symptoms. This knowledge will enable you to offer the most effective support during their recovery process. Support Groups. Be aware of signs that your loved one might be at risk for suicide as this is not uncommon for someone affected by DID. If you think they may be at risk for harming themselves, call the Suicide Hotline at 1(800) 273-TALK, get them professional help as soon as possible or take them to the nearest emergency room. Be willing to simply listen if your loved one wants to talk. Listening without interruption and without judgment when your friend or loved one wants to talk is extremely helpful. You don't need to try to solve their problems; just listen. The symptoms of DID include: Having at least two identities (personality states). These affect your behavior, memory, self-perception and ways of thinking. Amnesia or gaps in memory regarding daily activities, personal information and traumatic events. Different identities affect your ability to function in social situations or at work, home or school. Other mental health symptoms that can (but not always) be found along with DID include: Anxiety. Delusions. Depression. Self-harm. Substance use disorder. Thoughts about suicide (suicidal ideation). What does a person with DID feel like? If you have DID, you might feel or experience the following: Detached from reality, your emotions and your sense of self. Confused by what others may tell you about your behavior. Frustrated about gaps in your memory. Stressed about not being in control. Like a bystander, watching yourself from the outside. It doesn't feel like yours. You're not in control. This can look and feel different for each person who experiences it. If something doesn't feel right or your experiences and memories aren't lining up, reach out to a healthcare provider for an evaluation. Can someone have DID without knowing? Yes, it's possible that someone can have DID without knowing. While some people are aware of their identities, many people don't know when a new identity takes over. When a new identity steps in, you may not remember some events because another personality experienced them. This causes gaps in memory, called amnesia. What causes dissociative identity disorder? DID causes may include: Stressful experiences. Trauma. Abuse. These events typically happen during childhood. DID is a way for you to distance or detach yourself from the trauma. DID symptoms may trigger (happen suddenly) after: Removing yourself from a stressful or traumatic environment (like moving homes). Close relatives or your children reaching the age at which you experienced trauma. A recent traumatic or stressful experience (like a vehicle accident). An abuser passing away or experiencing a life-threatening illness. What are the risk factors for dissociative identity disorder? You may be more at risk of developing DID if you experienced: Physical or sexual abuse. Neglect. Multiple medical procedures during childhood. War or terrorism. What are the complications of dissociative identity disorder? You're at an increased risk of suicide with DID. More than 70% of people diagnosed with DID attempt suicide or practice self-injury behaviors. If you're thinking about hurting yourself, call or text 988, the Suicide & Crisis Lifeline (U.S.). You don't have to be in a crisis to dial 988. Someone is available to talk, no matter your situation, so you can feel better in your time of need. The Diagnostic and Statistical Manual (DSM-5) includes five dissociative disorders. These are dissociative identity disorder (DID), dissociative amnesia (DA), depersonalization/derealization disorder (DPDR), other specified dissociative disorder (OSDD), and unspecified dissociative disorder (UDD). However, these are not the only conditions in which dissociation plays a prominent role. Somatic symptom disorder, conversion disorder, trauma-and-stressor-related disorders, and borderline personality disorder can also be conceptualized as primarily or often dissociative in nature. Additionally, dissociation has been found in many individuals with anxiety disorders, mood disorders, eating disorders, schizophrenia spectrum disorders, and obsessive-compulsive disorders. Despite this, dissociation is poorly known and poorly understood. Neither the general public nor most mental health practitioners know much about dissociation, how to recognize it, or how to treat it. As a result, many individuals with clinical dissociation or dissociative disorders suffer in silence. What is #ARTICLE#Dissociative Identity Disorder: Shattering the StigmaDID has a long history in popular culture but is often misunderstood, leading to stigmatization of individuals with the condition. The stigma surrounding DID is beginning to shift as more people understand the condition, which can be confusing due to its complex nature and various symptoms. #ARTICLE#Like the world around you isn't real. People experiencing degrees of dissociation or small experiences of it are more common than you think. For instance, when you're traveling in a car and you zone out or start daydreaming, you might end up not remembering the journey. While this is a form of dissociation, it alone doesn't signal a dissociative disorder. The APA estimates that about 90% of people with DID experienced repetitive abuse or neglect in childhood. Traumatic early life events, like multiple medical procedures or exposure to war, have also been reported in people with DID who didn't experience physical or sexual abuse. Ongoing abuse later in life, co-occurring mental health or physical conditions, and delay in treatment increase the likelihood of developing DID. Dissociation plays a role in protecting you against the overwhelm of trauma. When you dissociate during a traumatic event, it might feel as if someone else is having that experience. You might feel disconnected, like you're watching from a distance. It's a quite successful mechanism at the time, but it causes problems further down the line when it becomes a coping mechanism that permanently alters the way you experience and relate to the world. DID in men is often triggered by combat, prison conditions, or sexual abuse. Women are much more likely to be diagnosed with a dissociative disorder than men. Still, some clinicians believe that shame and denial about past trauma partially explain why DID rates appear higher in women. Studies have also identified physiological and neurobiological differences between people with DID and the general population. Research from 2021 indicates that the hippocampus, the part of the brain that deals most with stress, is smaller in people diagnosed with DID. Though more investigation is certainly needed, some researchers have even found differences in brain activity between one dissociative person's alters. If you or a loved one have DID or have experienced dissociative symptoms, treatment may help you manage or even remedy your condition. DID is unlikely to resolve without treatment. Talking with your doctor or mental health professional is a good first step if you're experiencing symptoms. If you're worried about a friend or loved one, gently encourage them to seek help. Action is difficult but key, as it may take visiting multiple clinicians or long-term treatments to bring about real positive change. Studies have shown that people who stick with treatment for 30 months or longer experience fewer dissociations, reduced depressive symptoms, and improved daily functionality. The most common and effective course of action for treating DID is psychotherapy. The main goal of therapy is to integrate the alters, merging their memories and identities into a single personality reflective of the persons true self. The therapy process can be long and painful, involving reliving and confronting past trauma, but its crucial for reducing symptoms. There are no medications specific to dissociation, but medication can help treat other symptoms of DID. For instance, some people take antidepressants or antipsychotics to manage co-occurring depression and stabilize their mood. Learning to identify what triggers switches in alters and avoiding those stressors can help reduce dissociative events. For more information about DID or help to find treatment, you can visit the International Society for the Study of Trauma and Dissociation (ISSTD) website. Dissociative identity disorder (DID) is characterized by persistent depersonalization/derealization and dissociative amnesia, setting it apart from other dissociative disorders. Keywords: split personality disorder, multiple personalities, dissociation, psychological responses, dissociative disorders. Dissociative identity disorder has a higher prevalence among psychiatric disorders, affecting approximately 1.5% of the global population. DID is described as a disruption of identity featuring two or more distinct personality states or an experience of possession in the DSM-5-TR. Individuals with DID often face multiple crises involving self-injurious behavior and substance use. DDs typically disrupt normal consciousness, memory, identity, and behavior, with positive symptoms including new personalities and derealization, and negative symptoms including superficial displays of emotion and a lack of motivation. The presence of two or more distinct personality identities is a hallmark of DID, with each person having unique characteristics. The disorder's development is influenced by various etiological factors, such as abuse, emotional neglect, disrupted attachment, and boundary violations. The emergence of DID often correlates with severe child abuse, disorganized attachment styles, and a lack of social and familial support. Cultural processes also play a significant role in shaping the disorder's occurrence and expression. With Dissociative Identity Disorder (DID) in an outpatient setting, examining the presentation of DID and trauma's influence. The patient was a 49-year-old male with past psychiatric issues like alcohol use disorder and psychosis, seeking medication management. During the mental status examination, he appeared appropriate for his age, with average stature, overweight, and dressed suitably. His speech was within normal parameters. The patient is currently prescribed risperidone 0.5 mg nightly for psychotic symptoms and buspirone 10 mg twice daily for anxiety. He had been taking ziprasidone 20 mg twice daily with food, but it was discontinued due to excessive sedation. This medication change occurred because of its favorable metabolic profile. His family history includes bipolar disorder and schizophrenia on the maternal side. Childhood exposure to significant physical trauma is acknowledged, including periods of neglect and severe physical abuse from his earliest memories through teenage years. The individual describes experiencing 11 distinct personality types with associated traits and names. Two personalities are detailed: "Macho Man," which emerges when he feels undermined or threatened, exhibiting directness and confidence, and "Security Guard," activated when he senses being followed or watched, adhering strictly to rules and ensuring compliance. Laboratory findings include elevated hemoglobin A1C, cholesterol levels above normal range, and low vitamin D levels. The individual presented calmly and cooperatively during the assessment. Auditory experiences related to his multiple personalities were reported but could not be elaborated upon. Limited insight into his mental health condition was noted. Short-term memory lapses and occasional dissociative episodes were observed. In 2023, the outpatient psychiatrist established the diagnosis by reviewing the DSM-5-TR criteria. The patient is seeing their psychiatrist every month, struggling with multiple personalities but improving in sleep and paranoia. Therapy has not been attempted at this time. Dissociative Identity Disorder (DID): Understanding its Complexities and Co-occurring ConditionsDissociation in Dissociative Identity Disorder: A Complex Phenomenon with Multiple Treatment ApproachesDissociation is a mental process where an individual's thoughts, feelings, or experiences become disconnected from their identity. The model suggests that dissociation arises from vivid imagination and fantasy, affecting approximately 1%-5% of the global population. According to various studies, the prevalence of Dissociative Identity Disorder (DID) in the United States is estimated to be around 4.7%, with 14.4% of PTSD cases meeting the criteria for dissociative symptoms. The general population reports an incidence rate of 1%-1.5%. Patients typically undergo treatment for five to 12.5 years before receiving a DID diagnosis. Assessment and diagnosis of DDs can be challenging due to trauma-related symptoms. Objective scales, such as the Dissociative Experiences Scale (28-item self-report tool) and The Dissociation Questionnaire (63 questions), aid in differentiating DDs from other psychiatric disorders. Several evidence-based treatments for DID include establishing safety, stabilization, and symptom reduction; addressing and integrating traumatic memories; and promoting identity integration and rehabilitation. Trauma-focused therapies, such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT), are crucial in treating DID. DBT has shown efficacy in treating both DID and borderline personality disorder. Eye movement desensitization and reprocessing (EMDR) also plays a significant role in DID treatment, aiming to alleviate distress associated with traumatic memories through specific eye movements. Psychopharmacology is not the primary treatment for DID but may be used to alleviate associated symptoms. Neuroanatomy associations reveal intriguing structural and functional changes in the brains of individuals with DDs, which are distinct from those observed in PTSD. These findings contribute to a deeper understanding of the characteristics and treatment requirements of these individuals. Dissociative Identity Disorder (DID) comorbidities with other mental illnesses, particularly borderline personality disorder (BPD), are common among individuals diagnosed with dissociative identity disorder. A study by Tezcan et al. found that individuals with DID frequently exhibit psychiatric disorders such as PTSD and psychotic disorders like schizophrenia. #ARTICLE#Dissociative Identity Disorder: Separating Fact from FictionThe concept of dissociative identity disorder (DID), formerly known as multiple personality disorder, has been shrouded in mystery and misconception. A closer examination of six myths surrounding DID reveals a complex condition that cannot be reduced to simple categorizations. Myth #1: People with DID are simply "split personalities"Reality: DID is characterized by the fragmentation of identity into two or more distinct personality states, which are not merely a matter of being "split" but rather a failure to integrate various aspects of self into a cohesive whole. Myth #2: All people with DID have experienced severe abuseReality: While many individuals with DID have indeed suffered from childhood trauma, the relationship between abuse and DID is complex, and not all individuals meet this criterion. Myth #3: People with DID are not in control of their actionsReality: While alters may appear to be autonomous, they are often under the influence of the primary identity and can be coerced or manipulated into performing specific behaviors. Myth #4: DID is a relatively rare conditionReality: Although DID is considered rare, it is likely that many cases go undiagnosed or misdiagnosed due to the lack of awareness and understanding among healthcare professionals. Myth #5: People with DID are unable to form relationshipsReality: Individuals with DID can form meaningful connections with others, but they may require special accommodations and support due to their unique experiences and challenges. Myth #6: The etiology of DID is still unclearReality: Research suggests that DID is the result of a complex interplay between genetic, environmental, and psychological factors, including trauma, stress, and coping mechanisms. In conclusion, dissociative identity disorder is a multifaceted condition that resists simplistic categorizations or explanations. By separating fact from fiction, we can work towards a deeper understanding of this enigmatic disorder and provide more effective support for those affected by it. Recurrent identity gaps are not indicative of ordinary forgetfulness. Symptoms result in significant distress or impairment in social, occupational, or other vital areas of functioning. Particular identities may emerge under specific circumstances. Identity transitions often occur as a response to emotional stress. In the possession-form of dissociative identity disorder, alternate identities become visibly apparent to those around the individual. In non-possession-form cases, individuals rarely display their change in identity for extended periods. People with DID report feeling suddenly disconnected from themselves, observing their own speech and actions without understanding why. They may also hear voices, experiencing multiple streams of thought that they have no control over. Sudden impulses or strong emotions can occur, leaving them feeling unconnected to their thoughts and feelings. Individuals might experience physical sensations, such as a sudden change in body size or shape, or shifts in attitudes and preferences before returning to normal. Some people with DID experience dissociative fugue, where they discover having traveled without recollection of the event. Awareness of amnesia varies among individuals with DID, who often downplay their symptoms despite their obvious distress to others. Are dissociative states viewed differently across cultures? In many societies, possession-like identities are a normal aspect of cultural or spiritual practices. Possession states manifest as behaviors controlled by spirits or supernatural beings. However, these states become problematic when they cause distress, impairment, or are not accepted within the culture. Are suicidal thoughts common among individuals with dissociative identity disorder? According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, more than 70 percent of people with DID have attempted suicide at least once. Self-injurious behavior is also prevalent in this group. Treatment is crucial for improving quality of life and preventing suicide attempts in those with DID. The exact cause of DID remains unclear, but many report experiencing severe physical and sexual abuse during childhood. The disorder can manifest at any age, often accompanied by post-traumatic symptoms such as nightmares or flashbacks. Studies suggest that individuals with DID are more likely to have close biological relatives who also suffer from the condition. Once a rarely reported disorder, DID has become more common and controversial. Some experts argue that DID patients' symptoms may be partially iatrogenic, triggered by their therapists' probing. Brain imaging studies support identity transitions. Other dissociative disorders exist, including those related to disconnection with reality, such as dissociative amnesia or depersonalization disorder. Treatment for DID typically involves long-term psychotherapy to deconstruct and integrate alternate personalities. Cognitive and creative therapies are also used. Although specific medications are not available, antidepressants or anti-anxiety drugs may be prescribed to manage psychological symptoms. With proper treatment, many people with DID experience significant improvements in their ability to function in daily life. Dissociative Disorders Find a Therapist Get the help you need from a therapist near youa FREE service from Psychology Today. #ARTICLE# Dissociative Identity Disorder (DID) Therapists Near YouFind a qualified therapist with experience in treating Dissociative Identity Disorder (DID) using our Service Finder. Our list of therapists includes locations across Atlanta, GA; Austin, TX; Baltimore, MD; Boston, MA; Brooklyn, NY; Charlotte, NC; Chicago, IL; Columbus, OH; Dallas, TX; Denver, CO; Detroit, MI; Houston, TX; Indianapolis, IN; Jacksonville, FL; Las Vegas, NV; Los Angeles, CA; Louisville, KY; Memphis, TN; Miami, FL; Milwaukee, WI; Minneapolis, MN; Nashville, TN; New York, NY; Oakland, CA; Omaha, NE; Philadelphia, PA; Phoenix, AZ; Pittsburgh, PA; Portland, OR; Raleigh, NC; Sacramento, CA; Saint Louis, MO; San Antonio, TX; San Diego, CA; San Francisco, CA; San Jose, CA; Seattle, WA; Tucson, AZ; Washington, DC. #ARTICLE# What is Dissociative Identity Disorder (DID)?Dissociative identity disorder is a mental health condition where someone feels they have 2 or more separate identities. The exact cause of DID is not known, but often it is caused by severe childhood trauma. People with DID may talk and behave differently as they switch between identities. #ARTICLE# Symptoms of Dissociative Identity DisorderPeople with DID may experience symptoms such as:- Gaps in memory (called amnesia)- Talking and behaving differently at different times- Feeling the presence of 2 or more people living inside their head- Each identity may have its own name, voice, mannerisms, memories, and opinions- Anxiety or depression- Self-harm, feelings of suicidal thoughts, or substance abuse disorders #ARTICLE# Treatment for Dissociative Identity DisorderThe main form of treatment for DID is long-term psychotherapy. The therapist will take you through several stages of treatment, including:- Improving symptoms- Dealing with past trauma- Helping establish healthy relationships #ARTICLE# Find a Therapist TodayUse the Symptom Checker and find out if you need to seek medical help. Ask your doctor about finding a qualified therapist with experience in treating DID. If you also suffer from anxiety or depression, you may consider medication to treat them. Resources and support If you feel you may have DID, talk to your doctor for help, or call healthdirect on 1800 022 222 at any time to speak to a registered nurse (known as NURSE-ON-CALL in Victoria) for more information and advice. Visit these organisations for more resources and support: Check the healthdirect directory of mental health resources. Looking for information for Aboriginal and/or Torres Strait Islander people? Looking for information for culturally and linguistically diverse people? Looking for information for sexually and gender diverse people? My mental health provides mental health and counselling support. Last reviewed: March 2024 2024

Did president snow win the hunger games. President snow's speech. President snow kills general. President snow hunger games 1. Did president snow like katniss. President snow laugh. Did snow like katniss. Did president snow ever compete in the hunger games. Did president snow fight in the hunger games.

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