Dissociative identity disorder: an attempt to understand the disorder in Malaysian context

STEPHEN T JAMBUNATHAN, JESJEE SINGH GILL, SHARMILLA KANAGASUNDRAM, & KOH ONG HUI

Department of Psychological Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia.

Abstract
Dissociation, including multiple personality disorder, has long been a controversial topic. Patients with suggestive symptoms are often misdiagnosed as malingering or even having schizophrenia. The former as a result of the overlooking of a clinician on the fact that suggestibility itself plays a key role in the emergence and perpetuation of this illness and the latter due to the lack of knowledge of the whole dissociative disorder spectrum, often resembling that of a psychotic disorder. Another contributing factor to the small number of patients with this diagnosis is due to the reluctance of a psychiatrist to do so because of his/her lack of experience and also fear of humiliation of being accused of seeking fame from diagnosing this somewhat glamorous phenomenon. In Malaysia, various culture bound syndromes often present with similar symptoms too. This article will attempt to understand this dissociation on the local context using case studies as a reference point.

Keywords: dissociative identity disorder, multiple personality disorder, culture bound syndromes.

Introduction
Dissociative states, including dissociative identity disorder (DID), are still hotly disputed conditions with much skepticism and disbelief from many psychiatrists. At one time with its origins from beliefs such as the wandering uterus, DID was even thought to be due to being possessed by two demons where the affected person presents with strange and unaccustomed symptoms that were not at all curable by ordinary or natural remedies. In the same context of beliefs, hypnotism a condition closely related to dissociation and DID was, and is still in certain places linked to the mysterious and supernatural [1]. It is impossible not to compare these now scientifically acceptable states to the ambiguous and relatively unknown phenomenon called culture bound syndromes. In Malaysia with a multi-ethnic, multi-cultural population, there are numerous conditions that are attributed to possession and traditionally accepted conditions among others, Latan and Amok. Narcolepsy and related disorders, such as sleep paralysis, hypnogogic and hypnopompic hallucinations, too are attributed to many different forms of possession. In the era of modern psychiatry, Pierre Janet at the Salpetriere Hospital in Paris hypothesized that dissociation was due to the lack of nervous energy that maintained integration in a person [2]. Hypnotism and suggestibility of patients are also controversial factors in the etiology and management of DID. Going back in history, Mar-