

COMMENTARY

Editors Comment: The debate on dissociative identity disorder[†]

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SUMMARY

An article in *BJPsych Advances* on the topic of dissociative identity disorder gave rise to a number of linked commentaries and a vigorous eLetter debate. This commentary, by the Editor, points out the journal's role as a CPD journal and clarifies its position on the publication of reviews and opinion pieces on controversial topics.

KEYWORDS

Dissociative disorders; forensic psychiatry; comorbidity; trauma; PTSD.

Multiple personality disorder, now called dissociative identity disorder (DID), is a polarising diagnosis. The first case of DID is reported as having been diagnosed by Paracelsus (1493–1541). Interest in the condition was shown by Janet in the late 1800s and, of course, by Freud. The publication in the mid-20th century of popular books such as the *Three Faces of Eve* and *Sybil*, later turned into movies, captured public interest and with it professional interest, since these were, in fact, case studies of people treated for the condition. In both psychology and psychiatry, therapists are either adherents or non-adherents. Their aetiological perspectives differ, with adherents subscribing to the theory of dissociation triggered by childhood trauma (usually) and non-adherents claiming DID to be an iatrogenic or socioculturally induced phenomenon in vulnerable people, also often the victims of abuse. The science is convincing to those on each side of the DID fence. The strength of opinion is clear from the Paris paper (2019) and its eLetter responses (Brand 2020; Brewin 2020; Paris 2020) and linked commentaries (Radcliffe 2019; Tyrer 2019) and from the opinion pieces that these have attracted (Temple 2020; Wilkinson 2020).

The writing has been lively and for the most part informative. I have little doubt that *BJPsych Advances* readers are now familiar with the issues raised by the DID controversy and of their implications for patient care and for the law. Whether they are now equipped to come to their own view on DID is unknown. What we do know is that both DSM-5 (American Psychiatric Association

2013) and ICD-11 (World Health Organization 2018) include it in their lexicon and this will stimulate further and, no doubt, vigorous research.

BJPsych Advances is an educational journal aiming to meet the continuing professional development (CPD) needs of consultant psychiatrists. We publish material of the highest quality from experts, even if controversial. The paper on DID by Temple (2019) was published in this journal for that reason. We refute Brand et al's claim that the Paris paper falls below the standard of our journal (Brand 2020). Attacking a journal's standard because the content of material differs in viewpoint from that of another expert is not adhering to the methods of philosophical and scientific debate. It is attacking the messenger rather than the message.

It is the absence of good primary research that makes this subject contentious and explains the lack of guidance on it. It is only between the pages of primary research journals that the truth or otherwise of the validity of DID as a psychiatric disorder will be resolved. Evidence, ranging from patient narratives and case information through to trials and reviews, drives our practice, and so we welcome new evidence. But *BJPsych Advances* is not a journal in which primary research is published. It has a unique role as an educational publication using the medium of narrative reviews. The objective of the journal has been achieved in bringing to clinicians' attention the continuing debate on DID and its place in psychiatry. The role of this journal ceases here.

No further letters or opinion pieces will be published on this topic unless they contain new CPD material.

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Declaration of interest

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