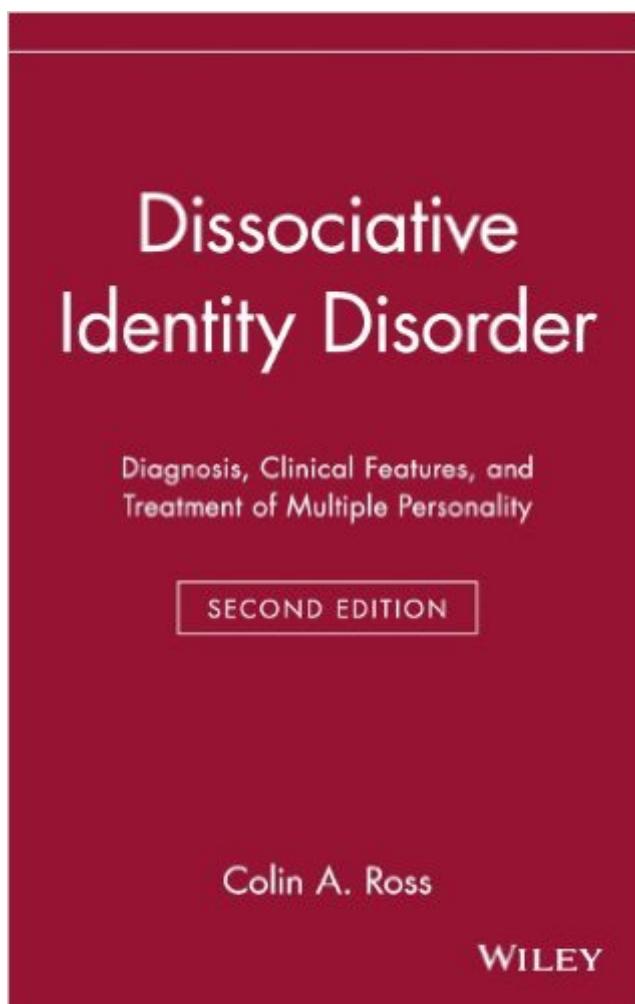


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Dissociative Identity Disorder: Diagnosis, Clinical Features, And Treatment Of Multiple Personality (Wiley Series In General And Clinical Psychiatry)



Synopsis

Since the publication of Colin A. Ross's influential work *Multiple Personality Disorder* in 1989, this challenging field has evolved rapidly--with new thinking, new research, and a new name: dissociative identity disorder (DID). Keeping pace with these developments, this retitled Second Edition has been skillfully revised and expanded to offer a comprehensive, detailed, and fully up-to-date grounding in the history, diagnosis, and treatment of DID. Readers will find three new chapters covering epidemiology, a sound critique of skeptics of DID, and the problem of attachment to the perpetrator and the locus of control shift. There is also a fresh look at the pathways leading to DID, a discussion of the false memory controversy, and more, with material throughout based on the latest research and the author's extensive clinical and forensic experience. By providing an in-depth examination of this complex illness, *Dissociative Identity Disorder* not only facilitates a deeper understanding of people who have used dissociation to cope with years of childhood physical, sexual, and emotional abuse, but also reveals new insights into many other psychiatric disorders in which dissociation plays a role. Like *Multiple Personality Disorder*, this updated volume is an authoritative and indispensable reference for psychiatrists, clinical psychologists, psychiatric nurses, social workers and other mental health professionals, as well as researchers in these fields. "Ross provides a comprehensive and interesting account of the history of MPD, dispelling many myths. He presents new insight into the treatment of MPD, with information about such concerns as how to talk to a patient, how to schedule your time, and how to keep your private and [professional] lives separate. . . . *Multiple Personality Disorder* will be an invaluable addition to the reference libraries of sexual abuse clinics, child abuse agencies, and correctional facilities, as well as clinicians." --Family Violence Bulletin

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Customer Reviews

I've read several books on this affliction, and this is the most comprehensive book available for therapists. Ross has many years of experience and knows the traps and detours in treating dissociative-traumatized patients. He understands the critical, child-like gap in the patient's thinking, believing that he/she was in control and thus to blame for what happened. Letting go of guilt means facing the frightening truth: the victim wasn't in control. Dissociation arises from the conflict between the victims' attachment to their abusers and their need for survival. Above all, it embodies the need to keep secrets, even from oneself. This fact and the victim's ambivalent feelings are what make dissociative disorders different from post-traumatic stress due to public traumas such as assault, combat, and the like. Ross is also very good at dispelling the myths you hear:- Dissociation and dissociative identity disorder (DID) are not real or merely created by therapists.- There's no objective evidence for DID. In fact, the evidence for DID is better than for many psychiatric conditions. And the brain physiology of traumatic stress is well-established.- DID (or "multiple personalities") is rare. It's actually not that uncommon, perhaps a percent or so of the population. DID has been misdiagnosed and misunderstood for decades. Then add those suffering from related post-traumatic stress and borderline personality disorders.- Alters are "separate personalities." Alters are actually distinct states, separated by amnesia barriers, of a single mind, frozen at different ages and distinct contexts by chronic, overwhelmingly stressful and traumatic experiences. They are triggered and revived by similar experiences later in life.

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