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Dissociative identity disorder: Nursing practice in mental health care

Transtorno dissociativo de identidade: atuação da enfermagem no cuidado em saúde mental

Trastorno de identidad disociativo: actuación de enfermería en la atención de salud mental

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Abstract: Objective: to analyze available evidence on nursing care for people with Dissociative Identity Disorder (DID) in mental health services. Method: an integrative literature review guided by the PICO strategy and conducted in BVS, SciELO, PubMed/MEDLINE, LILACS, PsycINFO, and Web of Science. Studies published in Portuguese, English, or Spanish from 2012 to 2026 were considered. The source manuscript reports 482 records, 114 duplicates removed, 368 titles/abstracts screened, 52 full texts assessed, and 28 studies included. Data were organized through thematic analysis. Results: the synthesis comprised four themes: clinical recognition of dissociative manifestations; therapeutic communication and grounding; safety and risk management; and the Nursing Process and multidisciplinary collaboration. Conclusion: nursing care should prioritize nonjudgmental listening, predictability, safety, autonomy, and trauma-informed approaches, integrated with the Nursing Process and multidisciplinary care.

Keywords:
Dissociative Disorders; Psychiatric Nursing; Mental Health; Nursing Care; Patient Safety.

Resumo: Objetivo: analisar as evidências disponíveis sobre a atuação da enfermagem no cuidado à pessoa com Transtorno Dissociativo de Identidade (TDI) em saúde mental. Método: revisão integrativa da literatura, orientada pela estratégia PICO e realizada nas bases BVS, SciELO, PubMed/MEDLINE, LILACS, PsycINFO e Web of Science. Foram considerados estudos em português, inglês e espanhol publicados entre 2012 e 2026. A seleção descrita no material-base identificou 482 registros, removeu 114 duplicatas, triou 368 títulos e resumos, encaminhou 52 textos para leitura integral e incluiu 28 estudos na síntese. Os dados foram organizados por análise temática. Resultados: a síntese foi agrupada em quatro eixos: reconhecimento clínico das manifestações dissociativas; comunicação terapêutica e grounding; segurança e manejo de riscos; e Processo de Enfermagem e articulação multiprofissional. Conclusão: o cuidado de enfermagem deve priorizar escuta não julgadora, previsibilidade, segurança, autonomia e abordagem informada pelo trauma, articuladas ao Processo de Enfermagem e ao plano multiprofissional.

Palavras-chave:
Transtornos Dissociativos; Enfermagem Psiquiátrica; Saúde Mental; Cuidados de Enfermagem; Segurança do Paciente

Resumen: Objetivo: analizar la evidencia disponible sobre la actuación de enfermería en la atención de personas con trastorno de identidad disociativo (TID) en los servicios de salud mental. Método: revisión integradora de la literatura, orientada por la estrategia PICO y realizada en BVS, SciELO, PubMed/MEDLINE, LILACS, PsycINFO y Web of Science. Se consideraron estudios publicados en portugués, inglés y español entre 2012 y 2026. La selección descrita en el manuscrito de base identificó 482 registros, eliminó 114 duplicados, examinó 368 títulos y resúmenes, remitió 52 textos para lectura íntegra e incluyó 28 estudios en la síntesis. Los datos se organizaron mediante análisis temático. Resultados: la síntesis se

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agrupó en cuatro ejes: reconocimiento clínico de las manifestaciones disociativas; comunicación terapéutica y técnicas de anclaje; seguridad y gestión de riesgos; y proceso de enfermería y coordinación multiprofesional. Conclusión: la atención de enfermería debe priorizar la escucha sin juicios, la previsibilidad, la seguridad, la autonomía y un enfoque informado por el trauma, en coordinación con el proceso de enfermería y el plan multiprofesional.

Palabras clave:
Trastornos Disociativos; Enfermería Psiquiátrica; Salud Mental; Atención de Enfermería; Seguridad del Paciente.

1. Introduction

Dissociative disorders are generally understood as involuntary disruptions in the integration of consciousness, identity, memory, body perception, emotions, and behavior. Among these conditions, dissociative identity disorder (DID) is characterized by discontinuity in the sense of identity and recurrent changes in the experience of agency, often accompanied by gaps in autobiographical memory that go beyond ordinary forgetting. The diagnosis is described in contemporary classification systems such as the DSM-5-TR and ICD-11. [1–4]

The literature often links DID to early and persistent traumatic experiences. In clinical practice, the disorder may coexist with comorbidities, severe psychological distress, self-injurious behavior, and difficulties obtaining an accurate diagnosis. These factors contribute to prolonged and fragmented pathways through mental health services. [1,5]

Nurses play a strategic role in this setting, particularly because they provide ongoing care in community, hospital, and emergency services. Their close contact with patients helps them observe changes in orientation, memory, behavior, and risk indicators and build therapeutic relationships. However, gaps in professional training and persistent stigma can lead to uncertainty, dismissal of patients' reported experiences, and potentially retraumatizing practices. [1,2,10]

Trauma-informed care is guided by principles such as safety, transparency, collaboration, autonomy, and respect. In this context, therapeutic communication and sensory grounding techniques can help patients reorient to the present during dissociative episodes. In addition, the Systematization of Nursing Care and the Nursing Process, supported by standardized terminology, help nurses plan, document, and evaluate care. [11–14]

Against this background, the study aimed to analyze the scientific evidence on the role of nursing in providing clinical care, promoting safety, and working with other professionals in the care of people with dissociative identity disorder.

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2. Materials and methods

This integrative literature review followed the stages proposed by Whittemore and Knafl: identifying the review question, searching for and selecting studies, appraising publications, extracting data, and synthesizing and presenting findings. [15]

The review question was developed using the PICO framework with the following components: (P) people with dissociative identity disorder; (I) nursing care, therapeutic communication, grounding techniques, the Nursing Process, and safety management; (C) not applicable; and (O) harm prevention, stabilization, stigma reduction, and improved quality of care. [16]

Searches were conducted in BVS, LILACS, SciELO, PubMed/MEDLINE, PsycINFO, and Web of Science using controlled terms from the DeCS and MeSH vocabularies and free-text terms combined with the Boolean operators AND and OR. Articles published in Portuguese, English, or Spanish between January 2012 and August 2026 were considered. Data were collected between May and August 2026.

Original research articles, clinical studies, reviews, and structured case reports were included. Editorials, letters, notes, dissertations, theses, and studies addressing dissociative phenomena related exclusively to acute substance use were excluded.

The study selection process was described as following the PRISMA 2020 recommendations. [17] According to the source manuscript, 482 records were identified and 114 duplicates were removed, leaving 368 records for screening. Subsequently, 52 full texts were assessed and 24 were excluded, yielding a final sample of 28 publications.

Data extraction covered authorship, year of publication, journal, country of origin, study design, level of evidence, and the main findings on nursing practice. The thematic synthesis followed Bardin's content analysis approach, and levels of evidence were classified according to Melnyk and Fineout-Overholt's criteria. [18],[19]

Because the study used only publicly available bibliographic sources and involved no direct participation of human subjects, the original manuscript provides a rationale for exemption from research ethics committee review under the ethical criteria applicable to this type of investigation. [20]

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3. Theoretical framework

3.1 Dissociative identity disorder

Dissociative disorders are characterized by involuntary disruptions in the integration of consciousness, identity, memory, body perception, emotions, and behavior. Dissociative identity disorder (DID) specifically involves two or more distinct identity states associated with discontinuity in the sense of identity and recurrent changes in the experience of agency, often accompanied by gaps in autobiographical memory (AMERICAN PSYCHIATRIC ASSOCIATION, 2022; WORLD HEALTH ORGANIZATION, 2022).

The literature links DID to early and persistent traumatic experiences, particularly during childhood, and notes that the condition can coexist with psychiatric comorbidities, severe psychological distress, self-injurious behavior, and difficulties obtaining an accurate diagnosis (BRAND et al., 2016; DORAHY et al., 2014; NIJENHUIS, 2015).

3.2 Trauma-informed care and nursing

Trauma-informed care identifies safety, transparency, collaboration, autonomy, and respect as guiding principles for mental health practice (SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, 2014). Nurses play a strategic role in this setting because they provide ongoing care in community, hospital, and emergency services. Their close contact with patients helps them observe changes in orientation, memory, behavior, and risk indicators and build therapeutic relationships.

However, gaps in professional training and persistent stigma can lead to uncertainty, dismissal of patients' reported experiences, and potentially retraumatizing practices (BRAND et al., 2016; INTERNATIONAL SOCIETY FOR THE STUDY OF TRAUMA AND DISSOCIATION, 2011; SILVA; ALVES; SOUZA, 2020).

Therapeutic communication and sensory grounding techniques can help people reorient to the present during dissociative episodes (MOORHEAD et al., 2018). In addition, the Systematization of Nursing Care and the Nursing Process, supported by standardized terminologies such as NANDA-I, NIC, and NOC, help nurses plan, document, and systematically evaluate care (NANDA INTERNATIONAL, 2024; BUTCHER et al., 2018; MOORHEAD et al., 2018).

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4. Results and discussion

The review identified a final sample of 28 publications. Most were international studies (22; 78.6%), and most were published between 2018 and 2026 (18; 64.2%). However, the source material does not contain a complete, verifiable spreadsheet of the 28 records. The following findings therefore summarize the main themes identified in the narrative analysis without reporting frequencies for individual categories.

4.1 Clinical recognition and validation of dissociative manifestations

The studies reviewed emphasize the importance of recognizing changes in memory, orientation, body perception, and identity states without automatically interpreting them as malingering or manipulation. Systematic observation, descriptive documentation of clinical manifestations, and consideration of differential diagnoses are identified as important components of clinical nursing judgment. [1], [5]

4.2 Therapeutic communication and grounding techniques

Therapeutic communication should be respectful, clear, predictable, and nonconfrontational. During episodes of depersonalization, derealization, or flashbacks, grounding may involve orienting the person to time and place, identifying stimuli in the immediate environment, handling objects the person considers safe, and practicing guided breathing exercises. These interventions should account for individual preferences and consent and respect the person's boundaries and autonomy. [2],[13]

4.3 Safety, risk management, and harm prevention

Care should include ongoing assessment of suicide and self-injury risk, collaborative identification of potential triggers, maintenance of a safe environment, and advance development of a crisis plan agreed with the person. The material reviewed also emphasizes verbal de-escalation and reducing coercive measures, while avoiding punitive or invalidating responses that could intensify psychological distress. [6], [13]

4.4 The Nursing Process and multidisciplinary collaboration

Applying the Nursing Process, which comprises assessment, diagnosis, planning,

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implementation, and outcome evaluation, helps organize care and support continuity. The manuscript links diagnoses, interventions, and outcomes to the NANDA-I, NIC, and NOC taxonomies, and highlights nurses' role in developing, implementing, and monitoring the Individualized Therapeutic Plan in collaboration with the multidisciplinary team. [11–14, 21]

The findings indicate that nurses' contribution to caring for people with dissociative identity disorder extends beyond identifying symptoms. It also involves a clinical approach that acknowledges distress, avoids judgment, and establishes predictable and safe therapeutic relationships. Validating the person's subjective experience without reinforcing interpretations or identity fragmentation can help build a therapeutic relationship and support engagement with care. [1, 2, 5]

A trauma-informed approach provides a framework for reviewing institutional practices. Physical and emotional safety, transparency about care routines, involvement in decisions, and consent to procedures are important principles for reducing experiences of loss of control. In crises, priority should be given to de-escalation, therapeutic presence, and individualized planning, guided by clinical assessment and institutional protocols. [13]

Grounding is a tool for sensory and temporal reorientation. Its use should be individualized and consensual, and it should be discontinued if it increases distress. The technique does not replace clinical assessment, specialist treatment, or emergency management. The team should document which techniques work best for each person and incorporate them into the corresponding crisis plan.

Organizing care around the Nursing Process strengthens continuity and communication among professionals. Standardized taxonomies may help identify individual needs, plan interventions, and evaluate outcomes, provided the diagnoses and corresponding codes are checked against current editions and appropriately linked to the findings of individual assessments. Multidisciplinary collaboration and the development of an Individualized Therapeutic Plan are also important where comorbidities and complex psychosocial needs are present.

The limitations include the predominance of international publications and a shortage of empirical studies conducted in Brazil. In addition, the methodological description and the list of included publications need verification, particularly the record counts, search strategy, data collection dates, eligibility criteria, and correspondence between the 28 studies and the references. These points should be checked before manuscript submission to ensure that the findings are consistent and traceable. An integrative review should not be presented as a

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systematic review unless the corresponding methodological procedures were actually followed.

5. Final considerations

The evidence synthesis indicates that nursing plays an important role in caring for people with dissociative identity disorder, especially in recognizing dissociative manifestations, using therapeutic communication and grounding techniques, preventing harm, and coordinating multidisciplinary care. Nurses should act in accordance with the principles of trauma-informed care and prioritize safety, autonomy, respect, and nonjudgmental listening.

The Nursing Process and careful use of standardized taxonomies can support the planning, implementation, and evaluation of interventions and help deliver ethical, individualized, and continuous care. Collaboration among professionals and the development of individualized therapeutic plans also support comprehensive care that addresses this population's specific needs.

Finally, the review recommends expanding clinical and field research in Brazil and strengthening nursing education on trauma, dissociation, and care strategies for people with DID. These initiatives can improve care, reduce stigma, and foster more welcoming, safer, and evidence-based clinical practices.

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