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Dissociative Identity Disorder, Friendship, and Christian Flourishing

HARVEY CAWDRON
University of St Andrews
hc212@st-andrews.ac.uk

Abstract: In contemporary disability theology, attention has been given to considerations of how disabled persons can be better included, or even find belonging, in Christian communities. I will contribute towards this endeavour by considering how the flourishing of those with Dissociative Identity Disorder—a psychiatric condition in which multiple personalities arise within the same body and mind—may be better facilitated in a Christian context. I will begin by providing an overview of Dissociative Identity Disorder and will then highlight the importance of relationships to accounts of Christian flourishing, drawing particularly on John Swinton's account. Then, I will argue that we have good reason to think that friendship can help to facilitate the flourishing and wellbeing of those with DID, and I will point to ways that the church can help to promote this in a Christian context.

Keywords: Dissociative Identity Disorder, Flourishing, Friendship, Community, Disability Theology, Psychiatric Disability

1. Introduction

Christian disability theology endeavours to consider whether Christian communities, practices, and doctrines are inclusive for disabled persons, and if not, how the inclusion of disabled persons in these areas can be better facilitated.[1] To further this area of study, scholars are considering how those with disabilities can be better included, and even find belonging in the church, through challenging elements of theology and church practice that marginalise disabled people and proposing revisions intended to help those with disabilities.[2] Reducing discrimination and implementing proposals intended to help those with disabilities in both doctrine and practice can help to promote the inclusion

[1] For more on the importance of disability theology to disability studies, see Barton (2017).
[2] See Macaskill (2018), Swinton (2012), and Greig (2015).

of those with disabilities in Christian communities, helping them to find belonging in these communities.[3]

This work is a piece of disability theology that intends to further contribute to this area of research. Here, my focus will be on a particular psychiatric disability: Dissociative Identity Disorder (DID).[4] DID is a psychiatric condition in which multiple personalities arise within the same body and mind.[5] This paper will consider how the church can better facilitate the flourishing of those with DID in Christian communities. For this, I will specifically highlight how friendship may help those with DID to flourish and will suggest that the church can help those with DID to flourish in Christian communities by helping them to develop meaningful friendships. Thus, I am aiming to show how the church can help those with mental health conditions and psychiatric disabilities to live well with their condition.[6]

I will begin this paper by outlining DID in more detail and shall then discuss the importance of relationships to accounts of Christian flourishing, drawing particularly on John Swinton's account of flourishing. Then, in dialogue with Swinton's account, I will argue that we have good reason to think that friendship can help those with DID to flourish in Christian communities, and shall discuss how the church can help those with DID to develop meaningful friendships. I will make the uncontroversial suggestion that friendships with others can help those with DID to flourish. The more novel contribution of this paper is my argument that friendship between the personalities in cases of DID can also substantially contribute to the flourishing of individuals with DID.

2. Dissociative Identity Disorder

In this section, I will look at DID in more detail, providing outlines of the condition and its causes, some difficulties the disorder causes for the wellbeing of those with it, and how a particular therapeutic approach in DID cases works.

[3] I thank an anonymous reviewer for pushing for clarification here.

[4] For a theological discussion of some other psychiatric disabilities, see Youngs (2024).

[5] It should be noted that there is considerable debate in psychology regarding how the term 'personality' should be understood. See, for instance, Bergner (2020). Regarding our understanding of the term 'disability', I am sympathetic towards the mere-difference view, which construes disability as something that makes you different, but does not necessarily make you worse off. For more on this, see Barnes (2016), and Cawdron (2025). I thank an anonymous reviewer for requesting clarification on these points. Further reflection on the meaning of these terms is beyond the constraints of this paper, however.

[6] See Swinton (2020).

An Overview of Dissociative Identity Disorder

The two primary diagnostic criteria for DID are outlined in the DSM-5. First, one has the "disruption of identity characterized by two or more distinct personality states," and second, one has the "recurrent gaps in the recall of everyday events, important personal information, and for traumatic events that are inconsistent with ordinary forgetting."[7] Dissociation in general is where the mental processes in persons that are ordinarily attached become detached, and the dissociative disorders – DID being one of these – are characterized by a disruption in the usually integrated functions of consciousness, memory, perception and identity.[8] In DID cases, one finds a discontinuity in memory and difficulties with the integration of the individual into one self. This results in the existence of multiple alters;[9] the at least partially independent personalities within those with DID that alternately take control of consciousness and the body.[10]

DID is typically seen to be connected to childhood trauma.[11] When undergoing a traumatic event in childhood, such as sexual abuse, one can mentally detach oneself from the experience and imagine that it is happening to someone else. One can do this sufficiently strongly such that one detaches oneself from the part of one experiencing the abuse, leading to the creation of an alter personality. One can switch to the alter personality when the abuse occurs again, enabling one to cope with the traumatic experience through avoidance. One can then eventually forget about the alter personality altogether.[12] This is how DID is typically seen to arise.

Those with DID have at least two personalities, but there can be dozens or more personalities within one individual with DID.[13] The personalities in those with DID can vary considerably. They can differ in their mannerisms, like facial expressions and speech patterns.[14] They can also have different abilities. For

[7] DSM–5, 292.

[8] Ringrose (2018, 3).

[9] Güell et al (2017, 109).

[10] Morton (2017, 315).

[11] For more detail on the empirical literature on DID, see Dorahy et al (2014).

[12] Ringrose (2018, 4–5). To be clear, I am assuming, rather than arguing for, the trauma model. More justification for the link between trauma and dissociation can be found in van der Hart et al (2006). There is some debate on what actually causes the condition. It has also been claimed that DID is caused by internal emotional conflict. See Maiese (2016). There are also some that think DID is the result of role enactment on the patient's part in response to influence from therapists, the media, and sociocultural standards. For discussion, see Bootzin and Bailey (2005), 877. I will not debate the cause of the condition here, and it is important to note that the trauma understanding is predominant.

[13] Huntjens et al (2012, 2).

[14] Braude (1995, 42–43).

example, adult personalities can have different abilities to child personalities in that they can do things like drive, and have the required educational background and training for their work.[15] There are even some cases where a personality has a sensory impairment of some kind, like blindness, that others in the same body lack.[16]

The personalities can also seemingly differ in what they will. They often vie for control of the body and can negatively interfere in each other's projects.[17] This suggests that they can differ in what they will and can do so to such an extent that they view each other as competition. There can also be variations in memory and awareness between personalities. Personalities can be mutually aware of each other and their experiences. However, there are also cases where there is one-way amnesia between personalities such that one personality is aware of the other but the reverse does not obtain. Moreover, there are cases of two-way amnesia where personalities are mutually unaware of each other.[18] These variations can all be present in the same DID case.[19]

In cases of DID, the personalities take on different roles, and they typically fit into different categories. The host personality, which is sometimes called the 'apparently normal personality,' is the personality that is often in executive control. An individual with DID can have multiple host personalities, but when there is only one it is the personality the individual with DID often identifies as 'me.' The alternative, alter personalities view themselves as separate. We often find child alters in DID cases, and they are alters that are locked into the timeframe in which they were created. They often present as fragile and frequently frightened. One also often has persecutor alters who persecute the other alters. Often, they try to silence the other alters because they fear the consequences of the disclosure of things like abuse or the discussion of perpetrators. Some alters can even be violent. One also has helper alters who play a supportive role in helping with things like staving off violent attacks or getting help if the body is harmed.[20]

Personalities can have different views on their memories, thoughts, feelings and experiences,[21] and this can also impact their views on social relationships. One can see this in the case of John Woods, an individual with DID who murdered his girlfriend and her flatmate. The personality in control when the

[15] Gingrich (2020, 164).

[16] Braude (1995, 48), and Strasburger and Waldvogel (2015).

[17] Maiese (2017, 776).

[18] For a useful summary of this phenomenon, see Dorahy (2001).

[19] For studies on amnesia between personalities in DID, see Morton (2017) and Dimitrova et al (2024).

[20] Ringrose (2018, 6–9).

[21] Ringrose (2018, 13).

murders took place, Ron, when speaking of himself in comparison to his fellow personalities, said 'he sees himself as different from John and Donnie, both of whom like people. He does not like to be around people since "they turn evil."[22] This shows personalities can differ in their views on relationships. This completes our outline of the causes of and personalities that arise in DID.

Wellbeing Concerns

Now that we have a good understanding of the disorder, we can look at the impact it has on the wellbeing of those with it. We will look at three particular issues in DID cases that can impact wellbeing: the competitive relationships that personalities can have with one another, the distress caused by memory gaps, and issues those with the condition have forming social relationships.[23] I will consider each in turn.

The first issue, namely conflict between the personalities, can be seen in the example of Eve, outlined by O'Kelly and Mackless:

> [A] demure, retiring individual, Eve White was quiet, industrious, and, as . . . [her therapists Thigpen & Cleckley] . . . put it "in some respects almost saintly." During the course of therapy . . . [Thigpen & Cleckley] . . . were led to suspect the existence of another [alter] personality . . . This new personality, Eve Black, had been co-existing with Eve White since childhood . . . Eve Black's behaviour was the opposite of White. Black was shrewd, rowdy, and provocative; she enjoyed joking and pranks. Uninhibited and frank, Black lived for the moment. Furthermore, Black was aware of the existence of White while Eve White knew nothing of her other personality. Black delighted in placing Eve White in embarrassing positions: "When I go out and get drunk" . . . Eve Black once said . . . "She wakes up with the hangover. She wonders what in the hell's made her so sick."[24]

This example shows that personalities can have negative relationships with each other. One will also recall the persecutory alters mentioned earlier, and these provide further evidence for the idea that some personalities can negatively impact others. Negative relationships can have a serious impact on wellbeing generally, but for individuals with DID those involved reside in the same body and mind, meaning that the impact will be keenly felt.

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[22] This case is outlined in Armstrong (2001).

[23] I use a similar outline of these concerns in Cawdron (2025).

[24] O'Kelly and Mackless (1956), 27). This example was brought to my attention by and quoted in Kennett and Matthews (2002, 510).

The second issue, the distress caused by memory gaps, is displayed in the case of Sarah, an individual with DID discussed in a case outlined by Debra Rothschild:

> As Sarah became more aware of her alter personalities and dissociative process, she became increasingly distressed by any incident in which she lost awareness of the passage of time. Previous to treatment, "losing time" had happened routinely to her, but she had accepted it as a part of life, one which was disconcerting at times and extremely upsetting at others, but inevitable. As she began to sense the continuity of her existence and how her dissociation could disrupt her experience of it, Sarah increasingly wanted to attend to the flow of time. In reclaiming a sense of coherence related to time, one can reclaim not only a narrative history, but also a sense of continuous consciousness, or continuity of selfhood, throughout the days of one's living.[25]

This shows that personalities can become upset or distressed when regaining executive control after a personality whose experiences they do not have access to was in control due to the memory gaps this results in. This is another feature of DID that can have a negative impact on wellbeing.

The third issue, namely difficulties those with DID have forming social relationships, can be seen in cases where they fear discrimination as a result of their condition. They can also struggle with social contact and developing meaningful friendships, keeping friends at arms-length, because they are afraid that there will be a switch of personalities in front of the friend and they are worried about what might happen as a result of this.[26] This completes our summary of the three wellbeing concerns, and considering how these can be addressed will form a key part of our discussion of flourishing for those with DID in a later section.

Therapy

Now, let us consider the nature of therapy in cases of DID. I will focus on a particular therapeutic modality here, namely psychotherapy, but acknowledge that there are others.[27] The host personality dissociated from the original trauma to cope with the feelings at the time and therefore has never had to properly deal with the traumatic event. Thus, in therapy there is a focus on strengthening the host so that they are able to cope with the memories the other alters have.[28] The

[25] Rothschild (2009, 183).

[26] Tomlinson and Baker (2019).

[27] These include trauma-informed CBT, medicative interventions, psychodynamic theory, and so on. I thank an anonymous reviewer for pushing me to acknowledge this.

[28] Ringrose (2018, 23–24).

host has avoided traumatic events and left alters to deal with them. Thus, in therapy the host is encouraged to get to know the other alters and, in learning about their stories, begins to feel some of what they feel. Thus, in this therapeutic approach to DID a key aim is to help the host recover dissociated memories or memory fragments held by other alters. It has been suggested that individuals with DID have not realized the traumatic event as the memories of it are carried by particular alters, and it is the realisation of it that eventually brings the dissociated parts together. Thus, the sharing of these memories between the personalities is important for integration.[29]

As indicated here by the importance of the personalities getting to know each other, increasing communication and cooperation between personalities is important, and an emphasis on this can be found in the tri-phasic, multi-modal, trauma-focused psychotherapy recommended for DID treatment in the International Society for the Study of Trauma & Dissociation's 2011 Treatment Guidelines for Dissociative Identity Disorder in Adults. The emphasis on communication and cooperation between personalities can be seen at the first stage, which prioritises safety and symptom stabilisation, and patients learn affect and impulse regulation skills and the skills for communication and cooperation between personalities. Stage two focuses on processing trauma,[30] and stage three is centred around current and future life matters like developing healthy relationships and participating in meaningful activities.[31]

Why is increasing understanding, collaboration and cooperation between the personalities important? It enables the boundaries between the personalities to become permeable, fostering greater exchange of information, reducing memory loss and encouraging unity. Therapists can also ask personalities to call upon one another in times of need to encourage personalities to work together and support one another.[32] Thus, there is a strong emphasis on developing positive relationships between the personalities.

The therapist can help to facilitate unity between the personalities and get them all moving in the same direction. To reach this stage, the therapist must facilitate empathy and understanding between the personalities, attain equality amongst and minimise competition between personalities by getting them to let go of their need to view themselves as discrete entities, and bring them together

[29] Ringrose (2018, 48).

[30] Trauma processing is an important part of therapy for those with DID, but it must be done extremely carefully. Some personalities can become overwhelmed when trauma is recounted and self-harm or attempt suicide, and trauma material may be too harmful for some alters, like child alters, to hear. Moreover, the therapist has to check that all of the personalities are happy for the recounting of traumatic events to take place to ensure that a personality will not be punished for disclosing information. See Ringrose (2018, 50).

[31] Brand et al (2014, 170–171). See also Brand and Loewenstein (2014), and Brand et al (2012).

[32] Ringrose (2018, 44–45).

to fight the effects of trauma. This helps the personalities to work together.[33] In therapy, some individuals with DID never become fully integrated, and in such cases the aim is to achieve some level of integration and functioning between them.[34]

In fact, whether full integration of the personalities is needed is debated. Key aims, such as enabling the individual with DID to be more coherent and functional, and to resolve conflicts between the personalities and make decisions, can be achieved when the dissociated personalities are retained if communication and collaboration between them is achieved, time-gaps are eradicated, and they reach agreement of purpose.[35] As mentioned earlier, here I am endeavouring to show how those with DID can flourish with their condition, and this shows that key aims of certain therapeutic approaches can be achieved while the individual is split into different personalities, supporting this project.[36]

3. Flourishing and Relationships

In disability theology, there has been a recent push to diversify the concept of flourishing to make it more accommodating for disabled persons.[37] Theories of flourishing tell us what is ultimately good, and how one should live one's life.[38] The literature on flourishing in Christian theology is vast and includes various dimensions, such as one's health, one's vocation, and one's relationships with others.[39] I am going to focus on the importance of relationships in this paper, and there are several reasons for this. Firstly, because there are numerous dimensions to flourishing recognised in the literature, I have elected to focus on one particular element to keep this discussion nuanced. Secondly, relationships are an important component of accounts of Christian flourishing, as our relationships with God and each other are frequently emphasized.[40] Thirdly, as

[33] Ringrose (2011, 302–303). For more on this, see Pais (2009).

[34] See Pais (2009).

[35] See Ringrose (2018, 59–60), and Gingrich (2020, 173).

[36] My reliance on the medical literature here is susceptible to critique. There has been a recent push in fields such as mad studies for the rejection of a biomedical approach to discussions of mental health. For an overview of this discussion, see Beresford (2020).

[37] See, for instance, the discussion of the concept in relation to intellectual disabilities in Dow (2022), and the discussion in relation to disabled children in Oberholzer (2019). For a discussion of virtue and happiness in cases of those with spinal-cord injuries, see Clifton (2013). For a discussion of neurodiversity and thriving that is informed by theology, see Leidenhag and King (2023). For more on theology and thriving, see King and Whitney (2015). For an understanding of flourishing based on accountability, see Torrance (2023).

[38] Leidenhag and King (2023, 828).

[39] These elements of flourishing in a Christian context are identified in Messer (2021).

[40] These are identified in Messer (2021) and Burdett and Lorrimar (2019, 242–243). They are emphasized in McKirland (2023) and Boehm (2022).

one will see, relationships can have significant implications for the flourishing of those with DID. For these reasons, I will focus specifically on relationships when considering flourishing for those with DID.

For humans, one way that a relationship with God can be established is through the indwelling of the Holy Spirit. This facilitates union with God and enables the sanctification process to take place (where the believer works with the Holy Spirit towards virtue and against sin). A relationship with God is fundamental to one's ultimate good as a Christian. It is thus an essential component of Christian flourishing.[41]

Regarding our relationships with one another, religious communities can be extremely caring and supportive and bring one into contact with a group of like-minded people. When one is part of such a group in which people care about you due to shared values, shared beliefs, and a desire to maintain harmonious group-relationships, one can obtain significant psychological benefits.[42] Thus, the social element of religion can be beneficial.

Relationships with others also enable one to help others on their journey towards flourishing. One can shift one's focus from one's own flourishing and occupy oneself with the flourishing of the other.[43] Thus, relationships are not only a crucial component of our own flourishing, but they also enable us to contribute towards others' journeys towards flourishing.

Thus far, I have provided a rather brief summary of how relationships can contribute to flourishing from a Christian perspective. However, in this article I will ground my discussion on a particular theological account of flourishing that has been proposed in the literature on theology and mental health by John Swinton.

Swinton claims that our understanding of flourishing is not to be limited to the absence of suffering, pain, or distress, but is defined by God's transformative presence. Crucial in Swinton's account is the concept of shalom, often translated as 'peace' but also signifying the state of wholeness, completeness and harmony that characterises God's initial plan for creation. It is said by Swinton to be the human 'dwelling in peace' in all of their relationships, including those with God, self, other humans, and creation. Shalom is identified with the person of Jesus, who is said to be the embodiment of peace. It is through Jesus that groups are united, hostility eradicated, and peace proclaimed to all. When applied to mental health, health is not understood to be the absence of illness, but is understood as 'learning what it means to encounter God's presence', even in the midst of suffering. Thus, mental health does not necessarily require the absence of mental

[41] For an extended argument for this, see McKirland (2022).

[42] Van Tongeren (2024, 116–117). I acknowledge, however, that an unsupportive religious community may have the opposite effect, and could be detrimental to flourishing.

[43] See Setran (2018). For more on flourishing at the end of life, see Perkins (2021).

health challenges but can instead involve people learning to live well in the presence of God with their condition.[44]

As we can see, relationships are fundamental to this account of flourishing. It is a peaceful relationship with God that is of primary importance, as that is what flourishing is ultimately understood to be. However, this also impacts one's other relationships, as Jesus is said to be the source of peace that unites groups and removes hostility. Thus, this account of flourishing extends to one's other relationships as well.

This is reflected in Swinton's suggestion of what is required for mental health. Peace with God is of course emphasized, as is peace with creation. Of particular interest here, however, is peace within minds – understood to be a state of inner harmony that helps people to live well, even when they experience psychological distress – and peace between minds – developing relationships of mutual respect, understanding, and care, as the quality of one's connections with others can have a huge impact on one's mental health. As suggested here, one's relationships and interactions with others can have a significant impact on what happens in one's own mind.[45]

Following Swinton, I will illustrate the applications of these elements of mental health to our discussion of DID in the next section by highlighting the pastoral benefits this element of his theological account of flourishing can have for those with DID, in dialogue with the wellbeing concerns discussed earlier. This will help us to show the practical benefits of Swinton's theological account of flourishing for those facing mental health challenges.

4. Dissociative Identity Disorder and Friendship

Now, let us illustrate the pastoral benefits of Swinton's theological account of flourishing in cases of DID. While I recognise the importance of the presence of God within Swinton's account, my focus here will be on more practical matters, and so I will highlight how the impact of shalom on relationships between minds can in turn have a positive impact within the minds of those with DID.

Here, I shall focus on the potential benefits of a particular form of relationship: friendship. I acknowledge that friendship is not something particular to Christian communities, and thus the benefits it may bestow upon those with DID may also apply to those with the condition outside of Christian communities. However, here we are particularly focused on how those with DID can flourish in a Christian context, and our suggestion of friendship as something that can help those with DID builds on Swinton's theological account of flourishing. One must remember that God's presence is key to Swinton's account of flourishing and that

[44] This is drawn from chapter 1 of Swinton (2025).

[45] See Swinton (2025, 21–22). This is expanded on in chapter 2 of Swinton (2025).

the peace found in Jesus also impacts relationships between individuals as well as the individuals themselves. We can see friendship as something that can result from the uniting of groups and reduction in hostility attained through Jesus. Indeed, friendship has been a prominent and important area of discussion in Christian theology.[46] Thus, our discussion here will be linked to our theological context.

Also, here I am focusing on how those with DID can flourish with the condition. I acknowledge the fact that those with DID can express desires to achieve the integration of their personalities,[47] and thus they may ultimately see life without the disorder to be flourishing for them. However, as noted previously, many of those with the condition will not achieve the full integration of their personalities, and Swinton's account of flourishing shows how they might still be able to attain flourishing while they have DID.

Now, let us look at the implications of friendship for those with DID. Joanna Leidenhag has defined friendship as 'delight in a habit of reciprocal love for the sake of the good of the other, and which is ordered towards mutual happiness.'[48] This echoes Swinton's emphasis on the importance of relationships of mutual care, respect, and understanding. As one can see from this, friendship is a particular form of relationship, one that is enriching as it is ordered towards happiness and love and involves delight in the other's good. One can establish friendships with other humans and with God.[49] Here, I am going to consider how friendship might be thought to contribute towards the flourishing of those with DID, and how this may help to address some of the difficulties with wellbeing those with DID face.[50] I will briefly consider the benefits of friendships with others for the individual with DID, but note that my suggestions here are relatively uncontroversial and not particularly novel. However, of more significance will be my exploration of the benefits of friendship between the personalities.[51]

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[46] For more on the importance of friendship in Christianity, see Hauerwas (1990) and Inge (1998). For a discussion of the Biblical understanding of friendship, see Fitzgerald (2007).

[47] See, for instance, the case of Henri discussed in Sagan (2019).

[48] Leidenhag (2021, 354). For discussions of friendship and disability, see Swinton (2015), Swinton et al (2011), Vuk (2023), and Reinders (2015).

[49] Leidenhag (2021, 355). Indeed, there are accounts of the indwelling relationship in which it seems to resemble friendship. Eleonore Stump characterises the indwelling relationship as one in which the Holy Spirit and the believer are present with one another in a loving relationship in which the love is freely given and freely accepted. See Stump (2013), Stump (2019), and chapters 4 and 5 of Stump (2018). This is reminiscent of the love that is emphasized in cases of friendship.

[50] In my previous work I have considered how the Christian community and God can help those with DID to address these wellbeing concerns in the eschaton. See Cawdron (2025). However, my focus on friendship means that our approach to this issue in this paper is novel.

[51] I thank an anonymous reviewer for pushing me to highlight this as the primary contribution of this paper.

Now, I acknowledge that flourishing for Swinton centres on the presence of God, so it may be something that individuals with DID can experience while they are struggling with the wellbeing concerns raised earlier. However, in showing that friendship can help to address these wellbeing concerns, we can show how shalom, when applied to relationships between people and to individual minds, can positively impact the mental wellbeing of those with DID.

As Swinton has suggested, one of the key factors causing feelings of hopelessness and a lack of self-esteem in people with mental health conditions is their exclusion from the relational and material resources from which people ordinarily derive their worth and value. Personal relationships are an important source of hope, as they are sources of warmth, empathy, respect, positive regard, care, and commitment. Due to this, they can result in an increased sense of hope for a better life. Understanding is also a key feature of such relationships and is fundamental to the rehabilitation of those with mental health problems.[52] Thus, personal relationships like friendship can be of significant benefit to those with mental health conditions, including DID.

Regarding cases of DID, we previously noted that those with DID often struggle to develop social relationships because of their fears of discrimination as a result of their condition, and their worries about what will happen if there is a switch of personalities in the presence of the other. The formation of friendships may help to combat this as it could help those with DID to feel more comfortable with others. If others are genuine friends to those with DID, they will refrain from discriminating against them and will accept the possibility of switches of personalities due to their love for the individual and desire for the individual's good. Thus, we might expect the integration of those with DID into Christian communities in which there is a strong emphasis on friendship to be extremely beneficial.[53]

Several elements of friendship can help with this. Relationships of love like friendship require one to get to know the other, as to truly love the other for who they are one must get to know them.[54] In friendship, one gets to know one's friend intimately.[55] Another key theme of friendship is trust, as it is typically thought that one can trust one's friend so much that one can disclose closely guarded secrets to them.[56] This can help the individual with DID to get to know and trust

[52] Swinton (2000, 138–141). As this suggests, consideration of the benefits of friendship for those with mental health conditions is not particularly novel. However, what our discussion here adds is a nuanced account of how it can help those with DID specifically, particularly when it comes to how friendship between the personalities can be of benefit.

[53] I note that confirmation of whether these benefits would be obtained would require empirical research.

[54] Zagzebski (2023, 51).

[55] Edgar (2016, 129).

[56] Fitzgerald (2007, 285).

the other, which may help them to feel more comfortable with social relationships.

As previously noted, personalities can differ in their attitudes towards others, and thus the relationships people develop with each personality can differ significantly. Rothschild, when working with Sarah, says:

> a huge fear of uniting alters is that in the unification, "someone," that is, an alter, will die. It is not always just the patient who carries this fear or suffers grief over a lost identity. An important part of the work was the relationship I, as therapist, had with each of the personalities embodied by Sarah. It became very important to recognize my own countertransferential [sic] mourning for particular alters as they were no longer distinct presences with whom I could interact.[57]

Thus, one can develop different relationships with each of the personalities and can get to know them all individually. As previously mentioned, the attitudes towards others that personalities can have can differ significantly, meaning that the relationship one has with each personality may look different. Some relationships may be more positive, others more negative. We need not see this as an issue, however, as the individual with DID is still provided with the goods associated with friendship through the relationships others have with particular personalities.

Thus far, we have focused on the benefits of friendship for those with DID. But what about the benefits for those that befriend those with DID? The passage from Rothschild we just quoted in which she expressed her grief when one of the personalities was integrated as now the personality was no longer available for her to interact with as a distinct presence is of significance here.[58] This highlights a key benefit that those interacting with individuals with DID might experience. They may get the opportunity to befriend and get to know a variety of different personalities through their relationship with those with DID. Of course, the nature of the relationships may vary with each personality. However, the fact that in getting to know an individual with DID, one could be given the opportunity to interact and develop relationships with a multitude of different personalities, displays that there are unique benefits that befriending those with DID may come with. This shows that the benefits of friendship in DID cases are not only one-way. Interacting and developing relationships with those with DID can also have unique benefits for the other party, as it may provide them with the opportunity to get to know and develop relationships with a multitude of different personalities.

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[57] Rothschild (2009, 185).

[58] Rothschild (2009, 185).

The discussion so far is likely to seem relatively uncontroversial to readers. As mentioned previously, the benefits of friendship to those with mental health conditions is well noted by the likes of Swinton, and we have no reason to think this would not hold in DID cases. The following points are more novel, however, and these arise through consideration of the other two wellbeing concerns for those with DID highlighted earlier, namely the negative relationships that can exist between personalities and the distress caused by memory gaps.

As previously mentioned, the therapeutic approach to DID we focused on seeks to address these issues by fostering greater unity, collaboration, understanding, and communication between personalities, reducing competitive relationships between them and making the boundaries between them more permeable, leading to the sharing of more information and less memory loss. Thus, when it comes to dealing with negative relationships between personalities and memory gaps, making sure the individual with DID is in therapy with a trained practitioner is paramount. The Christian community should certainly not be seen as a substitute for appropriate therapies, however they can help by encouraging the individual with DID to see a trained therapist.[59]

However, there are reasons to think that friendship can also be useful in addressing these wellbeing concerns for those with DID. Through their encounters with friendship in the Christian community, perhaps, with the encouragement of the community, the individual with DID grows to see friendship as an ideal for their relationships with others, including the relationships that the personalities have with one another.

If the personalities were to then look to develop friendships with one another, this could have substantial benefits. The desire for the good of the other and mutual happiness that characterizes such relationships could reduce the negative and competitive relationships personalities have with one another, as they would be looking to help, rather than harm, one another. This would help to justify Swinton's point that relationships with others can impact one's own mental health, as it would show that relationships of friendship, when modelled by the personalities themselves due to their experiences of them in Christian communities, can be of significant help to the mental wellbeing of those with DID in reducing internal conflict. Thus, peace between minds can help to foster peace within minds.

We can provide further support for this. Jo Ringrose has suggested that even in cases where the behavior of alters appears to be self-sabotaging and working against the host, such as with harming the body and getting into risky situations, it is actually intended to be helpful. Ringrose gives the example of a young alter that was unhelpfully pushing the host to pick up the phone to their abusive

[59] For more on how the church can use psychiatry appropriately, see Kinghorn (2015).

father. On the surface, the behavior looks unhelpful, but the young alter had learned that the best way to deal with the father's abuse was to let it happen and get it over with as quickly as possible. Thus, this behavior was actually intended to be helpful, but the alter did not know they now had other options.[60]

Relationships of friendship between personalities may help to address these difficulties too. Although the other alter was seeking to be helpful, if they had learned from the host what the host thinks is most conducive for their own good and happiness, they would know that this behavior could prove to be extremely destructive and damaging. Thus, relationships of friendship could help in these circumstances too, as the understanding one gets of what one's friend sees to be conducive for their own good and happiness can help to prevent personalities from performing destructive behaviors that are intended to be helpful. It might also help the host to learn about the reasoning behind the alter's behavior, which can potentially improve their relationship as they would learn that it was not intended to be harmful.[61] Earlier, we also highlighted the importance of trust in friendships, and thus such a relationship may help the host to trust the intentions of the other alters more, and vice versa. This might help to improve their relationship further and perhaps even reduce conflict.

Furthermore, friendship might encourage the personalities to get to know one another, increasing understanding between them and leading to greater sharing of information, potentially helping to address the memory gaps issue. As mentioned earlier, in getting to know the other alters, the host can begin to learn about their stories and feel some of what they feel, which can help them to recover dissociated memories and reduce memory loss. Thus, personalities getting to know one another in friendship may even help with the memory gaps issue.

The development of relationships of friendship between the personalities may also help them work together and attain agreement of purpose, furthering the unity between them. It seems intuitive to think that the reciprocal love, mutual happiness, and desire for the good of the other that is characteristic of friendship may prompt the personalities to consider the desires and good of their fellow personalities, encouraging them to work with each other in pursuit of each other's good. This might help them to collaborate towards goals of mutual benefit, enabling them to work together in pursuit of an agreed purpose. This could help to foster greater unity between the personalities.

It must be noted that facilitating collaboration and communication between personalities such that they can share information and memories more easily and have less competitive relationships is crucial in DID therapy, as we acknowledged earlier when outlining therapy for the condition. One might think,

[60] Ringrose (2018, 46).

[61] Ringrose (2018, 46).

therefore, that I am arguing that the flourishing of those with DID must ultimately result in the integration of their personalities.

However, this is not what I am arguing at all, as I am seeking to show how those with DID can flourish with the condition. Communication and collaboration between the personalities is crucial for this, as it can help them to resolve conflicts, work through issues, and make decisions when, for instance, one personality wants to go to university but another wants a career in dance. Reaching agreement of purpose between the personalities is important, and this can be facilitated through communication and collaboration and does not necessarily need complete integration.[62] Since friendship between the personalities might help to foster this communication and collaboration in prompting them to get to know one another in mutual happiness, it might help to contribute towards their wellbeing without causing complete integration. I acknowledge, however, that some individuals with DID may choose to fully integrate, and think that their choice should be fully respected.[63]

I also note that if friendship does help to foster communication, collaboration, and the sharing of information between personalities, it may also help the individual with DID attain the integration of their personalities if that is the route they choose to go. While this paper is focused on the flourishing of those with the disorder, I would welcome this implication, as it would still reflect the ability of friendship to help individuals with DID to achieve their desired outcome.[64]

As one can see from this, there is good reason to think that the wellbeing of those with DID can be better facilitated through the development of friendships, and helping to facilitate these relationships of friendship is a way that Christian communities can contribute towards the flourishing of those with DID, whether those relationships are with others in the community, God, or between the personalities themselves. Friendship enables those with DID to have access to the benefits that come with personal relationships with others. Moreover, if the personalities develop friendships with one another, it could help to reduce the competitive relationships between them and may even contribute to the reduction of memory gaps, which can be a key source of distress for those with DID. Thus, we have reason to think that friendship can significantly contribute to the wellbeing of those with DID. This shows the pastoral benefits of Swinton's account of flourishing for those with DID, as it shows how shalom, when applied between individuals and within individual minds, can be of significant help to those with DID.

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[62] Ringrose (2018, 59–60).

[63] Ringrose (2018, 59–60). I make a similar point regarding the existence of DID in the eschaton in Cawdron (2025).

[64] For more on my stance on full integration, see Cawdron (2025).

5. Friendship in the Church

Thus far, we have shown that friendship may help to facilitate the wellbeing of those with DID, illustrating the pastoral benefits of Swinton's theological account of flourishing. However, as acknowledged earlier, friendship is not particular to Christian communities. We have built our discussion on Swinton's theological account of flourishing, but to truly embed this discussion within its theological context it is important to apply it to the church. I will do so by showing how the church can help to facilitate friendship for those with DID. This is also important for friendship between personalities – the primary contribution of this paper – because this may be prompted by the experiences of friendship had by the individual with DID in this community.

Crucial in the process of forming friendships is meeting and having regular contact with others, as people tend to befriend those that they have regular contact with.[65] Thus, to help those with DID cultivate meaningful friendships within the church community, it is key for those with DID to meet, and have regular contact with, those in the community. For this, it is important for the church to be a safe, friendly and embracing community.[66] However, many people with mental health conditions have had negative experiences in the church as they report being abandoned, having their condition associated with demon possession, or being told that sin is the cause of their condition.[67]

As mentioned in our discussion of wellbeing concerns for those with DID, fear of discrimination is one of their key barriers when it comes to forming meaningful relationships, and we have already considered how friendship can help with this. However, for those with the condition to enter the church community and form those friendships within this space in the first place, we must address the negative stigmas and prejudices that have resulted in those with mental health conditions having negative experiences in the church. How can the church become more accommodating and provide those with DID a space in which they can develop meaningful friendships? How can the church function as a place of peace for those with DID?

For this, it is important for the church to incorporate mental health education in their pastoral and congregational activities.[68] This is clearly crucial in cases of DID since it will help to reduce harmful prejudices and build understanding and

[65] Swinton (2000, 146).

[66] This is proposed in Susanta (2025).

[67] Susanta (2025), 7. For more on the cause of these attitudes and how they can be reformed, see Webb (2012).

[68] Susanta (2025), 9. For more on how this education can be implemented, see chapter 10 of Swinton (2000).

tolerance.[69] Thus, mental health education may help to reduce prejudice while increasing understanding and tolerance and may enable those in the church community to know how they can best cater for the unique needs of those with DID.[70]

Yohanes Krismantyo Susanta has also suggested integrating mental health awareness into preaching and liturgical practice.[71] For example, discussing Biblical figures that faced mental health challenges could help those with mental health conditions feel more included, and at home, in the church. One example is the depression Elijah experienced when fleeing to Horeb[72]:

> Elijah was afraid and ran for his life. When he came to Beersheba in Judah, he left his servant there, while he himself went a day's journey into the wilderness. He came to a broom bush, sat down under it and prayed that he might die. "I have had enough, Lord," he said. "Take my life; I am no better than my ancestors."[73]

Highlighting passages such as this during preaching and liturgical practices may help those with mental health conditions like DID feel more at home in the church, as it may help them to feel like the theological tradition they are a part of acknowledges and speaks to their condition. It may also help to further reduce stigma among other members of the church community in raising awareness and making considerations of mental health challenges part of church practice itself.

The example used applied to mental health conditions more generally. Are there any that apply to DID in particular? There is an example from the theological literature that may help here. When trying to understand the mind of Christ, some scholars have suggested that Christ has two spheres of consciousness – one human, the other divine – with the divine sphere containing the human sphere while the reverse does not obtain. DID has been used as a way of understanding this, as it particularly resembles cases of one-way amnesia where one personality is aware of the other and their experiences but the reverse is not the case.[74] This is a theological example that could be used to help those

[69] As remarked in an earlier footnote, one also has to be careful when discussing traumatic events with those with DID. Education on the condition will also help others take care with such topics.

[70] For more on the importance of language when reducing stigma surrounding mental health, see Arrandale (1999).

[71] Susanta (2025, 9–10).

[72] Susanta (2025, 4).

[73] 1 Kings 19: 3–4 (NIV).

[74] See Bayne (2001), Hasker (2017), and Le Poidevin (2023, 71). To be clear, assessment of this model of the mind of Christ will largely depend on its Biblical, theological, and philosophical warrant. However, this implication for those with DID is helpful to note nonetheless.

with DID feel more at home in the church, as it helps to illustrate connections between DID and the mind of Christ.

These are just some of the ways that the church can help to reduce stigma for those with DID and other mental health conditions and promote their feeling at home in the church.[75] We might speculate that this would increase the likelihood of those with DID continuing to engage with the church community, increasing the opportunities for them to develop meaningful friendships with members of the community. Their participation in this community may also help them to develop their relationship, and even friendship, with God, which is key to their flourishing on Swinton's account. This will provide those with DID access to a welcoming and supportive spiritual community in which they can develop friendships with others and further explore their relationship with God. This all suggests that the church providing a safe and welcoming space for those with DID can help those with the condition to cultivate friendships in, and flourish as a part of, the church community.

6. Conclusion

In this paper, we have shown there is good reason to think that friendship can be of significant benefit to those with DID, illustrating the pastoral benefits of Swinton's theological account of flourishing. Friendship can help to alleviate some of the key wellbeing concerns caused by the condition, and thus helping those with DID to develop friendships is a way the church can promote their fruitful participation in Christian communities. I began by providing an overview of DID, and then proceeded to highlight the importance of relationships to accounts of Christian flourishing, focusing particularly on Swinton's account. Then, I showed why we might think that friendship can contribute towards the flourishing of those with DID in a Christian context, of particular interest being the suggestion that friendship between the personalities can be of significant benefit to those with DID, and considered how the church can help those with DID to develop meaningful friendships with members of the church community.

I note that there are significant limitations to this study. It is theoretical in nature, drawing from the psychiatric literature on DID and the theological literature on friendship and flourishing to show how we can conceive of friendship as something that can help those with DID. Working out whether this works in practice will require a more empirical approach that studies cases in which an individual with DID participates in a Christian community. However, the theoretical work done here certainly seems to suggest that the church can

[75] See also chapter 9 of Swinton (2000), for discussion of how a community mental health chaplain can be of further help here.

help those with DID through helping them to develop relationships of friendship and prompts encouragement that this could be of benefit to individuals with the condition.[76]

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