

Dissociative Identity Disorder

Princess Alexandra Hospital Health Service District Mental Health Service

What is Dissociation?

Dissociation is a mental process where there is a lack of connection between, thoughts, feelings, actions or sense of identity. This disconnection is termed **splitting** and exists at a sub-conscious level. The process of dissociation exists on a continuum. Mild dissociation experiences are common such as daydreaming or 'highway hypnosis', where a person drives from 'A' to 'B' but does not remember the details of the journey.

What is Dissociative Identity Disorder (DID/MPD)?

DID/MPD is the severe and chronic experience at the opposite end of the spectrum. The dissociative process may lead to discrete states that can take on identities of their own. These states are called '**alternate personalities**' or '**alters**' and are internal members of the '**system**'. Changes between these personalities, or states of consciousness, are described as '**switching**'. This behaviour was an originally adaptive, healthy reaction to intolerable situations. However, in adult life dissociative behaviours can be problematic. People living with DID/MPD have Post Traumatic Stress Disorder (PTSD), in fact it has been suggested that DID/MPD is itself a chronic form of PTSD.

What Causes DID/MPD?

DID/MPD is developed during childhood, before seven years of age, during the sensitive time that the individual's personality is being formed. It is the result of:

- **Ongoing and severe neglect** and abuse (emotional, physical and/or sexual)
- **Trauma** (such as witnessing the death of a parent, war)
- **Ritual/Satanic abuse** (the condition is deliberately induced by cults to produce compliance and amnesia)

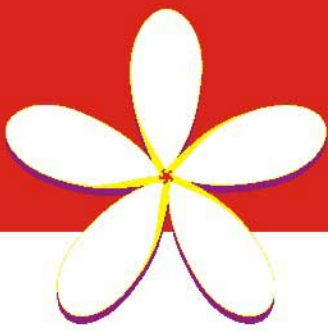
Evidence suggests that people living with DID/MPD have a biological predisposition for auto-hypnotic phenomena, a high level of hypnotisability.

What are the Signs/Symptoms of DID/MPD?

- Loss of time 'blackouts' unrelated to drugs, alcohol or neurological disorders
- Spontaneous trance states staring including talking to oneself
- Objects or new clothes appear without knowing where they came from
- Alcohol and drug abuse
- Inability to recall large portions of childhood
- Sudden and obvious changes in mood, behaviour, even appearance
- Flashbacks or ab reactions in which they seem to be reliving the traumatic experiences
- Auditory and visual hallucinations
- Somatic or physical complaints
- Headaches up to severe migraines
- Abdominal pain
- Chest pain
- Vaginal or anal pain
- Changes in vision



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- Choking sensation
- Co-morbid Mental Health problems
- Depression
- Mood Swings
- Anxiety
- Sleep disorders
- Eating disorders
- Suicidal ideation and self-harm (cutting or burning)

How Does DID/MPD Affect a Person's Life?

Many people living with DID/MPD can interact and function very normally. However, experiencing the symptoms of chronic defensive dissociation may lead to serious problems in work, social, and daily activities. DID/MPD is often described as a highly creative 'protective and survival' technique, allowing the individual some areas of healthy functioning during periods of extreme stress and dysfunction. People living with DID/MPD may dissociate to avoid situations, people places and things, such as smells, music, colours, etc. that are associated with or remind them of the childhood trauma that created the disorder. The experience of any intense emotion - anger, fear, joy, sadness - may result in a conscious or subconscious decision to avoid and 'switch'. This array of symptoms and co-existing disorders leads to difficulties with diagnosis. Research has documented that people living with DID/MPD have been misdiagnosed for up to seven years, and treated for a variety of mental health problems before receiving accurate diagnosis and treatment.

What treatment is available?

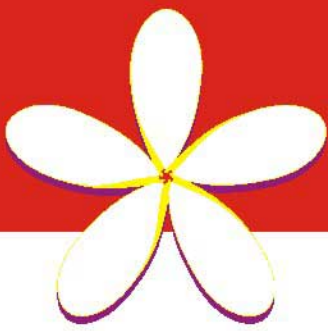
The problems associated with dissociation are responsive to the appropriate therapeutic treatment. Medications have generally proven ineffective, except with the treatment of additional disorders such as anxiety, depression and post-traumatic stress disorder where the serotonin re-uptake anti-depressants (Prozac, Aropax, Zoloft) have provided some relief. Selecting a specialist therapist in seeking treatment is vital.

Therapy is very focused, intense and can continue from seven to twelve years. Essential to therapy is mapping the system, where the various alters and their purpose is identified. A person living with DID/MPD has a number of choices with the goal of therapy and the form of therapy used:

What are the goals of therapy?

- **Co-operation within the system**
The therapist and person work towards a system where dissociation remains, but there is an understanding amongst the various alters as to when and where they may be active. This involves the establishment of the processes of co-consciousness, where two or more alters can be present at the same time, and co-presence, where the emotional influence of two or more alters are present at the same time.
- **Integration is the process**
Whereby the disjointed system becomes connected into one functional personality and the individual no longer experiences the hallucinations, switching, loss of time etc. This process is long and arduous, with therapy requiring a working through of the original trauma and purpose of the splitting that created each alter. The individual must learn new 'survival', coping techniques for experiences that they previously would avoid. Integration, pre, during and post is experienced as a death and can involve physical, mental and emotional difficulties. Counselling and support is essential following integration to avoid regressive





splitting and a return to dissociative behaviours.

- **Partial integration**

Can be an option for people who chose to continue with a dissociative life. The person living with DID/MPD may decide that only the dangerous, angry, self-harming alters will be integrated.

What form of therapy is available?

- Hypnosis is a common treatment during which people relive the traumatic memories in a safe environment, ultimately learning to interrupt and control the dissociation process. Hypnosis is also sometimes used to access the alters for the purpose of joining and integration.

What is EMDR?

EMDR is an acronym for Eye Movement Desensitisation and Reprocessing. Also known as ‘Reprocessing Therapy’, EMDR is a complex therapeutic approach that stimulates the brain’s information-processing system. The traumatic experiences such as those of people living with DID/MPD are described to be stored in the brain without being processed sufficiently. EMDR therapy brings these experiences to mind where the disturbing emotional and physical sensations are re-experienced. Re-processing in a safe environment, assists the person to have insight into their past, cognitively assess the situation and ultimately learn more adaptive behaviours for coping with stressful life experiences. This treatment is used extensively with PTSD and is suggested to be a very efficient and successful therapy as therapeutic goals are reached at a rapid rate and are maintained.

What help is available?

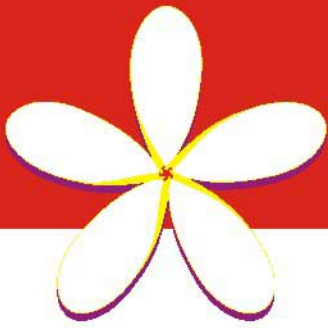
- See your local GP or have an assessment conducted by a mental health professional - a GP can advise/refer you
- Counselling and therapy, in particular Cognitive Behavioural Therapy and alternative therapies
- Australian Psychological Society (APS) toll free 1800 333 497 for a referral to a psychologist who practices in your area

What support services are available for Consumers and Carers?

- The Brook RED Centre Phone 07 3846 4209
- Stepping Stone Club House Phone 07 3847 1058
- Schizophrenia Fellowship Phone 07 3358 4424
- GROW Queensland Phone 07 3394 4344
- Mental Health Association Queensland (MHAQ) Phone 07 3271 5544
- ARAFMI (Association of Relatives and Friend of the Mentally Ill) Phone 07 3254 1881 or 1800 35 1881
- Queensland Transcultural Mental Health Centre (QTMHC) Phone 07 3240 2833.
- For language interpretation Phone 131450, request an interpreter then ask to be connected to the QTMHC on Phone 07 3240 2833
- Harmony Place – Multicultural Centre for Health and Wellbeing Phone 07 3891 7911
- The Healing Centre Aboriginal and Torres Strait Islander Community Health Service Phone 07 3393 0055



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Mental health websites to visit.

- Auseinet informs, educates, and promotes good practice in mental health promotion, prevention, early intervention, and suicide prevention across the lifespan – auseinet.flinders.edu.au
- Australian Commonwealth – www.mentalhealth.gov.au
- Department of Health and Ageing – www.mentalhealth.gov.au/
- Australian Mental Health Consumer Network is a nationwide network that promotes access, equity, and participation for consumers of mental health services – www.amhcn.com.au
- Comic is a group of adults who are interested in the wellbeing of children of people with a mental illness – www.angelfire.com/home/comic/
- HealthInsite is a Federal Government service that provides easy access to quality health information – www.healthinsite.gov.au
- Infoxchange Australia contains links to useful websites and services relevant to mental health and psychiatric disability – www.infoxchange.net.au
- Mental Health Association – www.mentalhealth.org.au
- MindIT is an online partnership of the Queensland Alliance and Mental Health Association that provides information about mental health and psychiatric disability, services in Queensland, policy and legislation as well as current events and discussion – www.qld.mentalhealth.org.au
- Queensland Health – www.health.qld.gov.au
- SANE Australia is an independent national organisation committed to improving the wellbeing of people seriously affected by mental illness – www.sane.org or 1800 688 382
- Queensland Transcultural Mental Health Centre (QTMHC) – www.health.qld.gov.au/pahospital/qtmhc

Disclaimer: The information provided is to be used for educational purposes only. It should not be used as a substitute for seeking professional care in the diagnosis and treatment of mental health disorders.

Your Mental Health Service is available 24 hours a day 7 days a week Phone 1300 858 998

For further information refer to the booklet: Information for Consumers and Carers available from your health service

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