An Introduction to Dissociation, the Divided Self, and DID

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What is the divided self? I

- The concept that human personality is naturally divided or segmented has been commonly believed since the 19th century.
- Pierre Janet (1907) pioneered the use of "subconscious" to describe aspects of personality which contain patterns of feelings and cognition that could be activated only by hypnosis.
- Freud proposed that the personality consisted of three parts: the id, ego, and superego.
- Carl Jung viewed personality as a multiplicity with different components that shift between conscious and unconscious activity.

What is the divided self? II

- Paul Federn, a colleague of Freud, was the first to use the term “ego state” to denote his belief that self experience can vary depending on which state is “executive” at a given time.
- Eric Berne adapted Freud’s model to delineate three main ego states: parent, child, and adult.
- John Watkins followed Federn’s model to view personality as consisting of innumerable ego states, each serving an adaptive function, and separated from each other by various degrees of dissociation. He used hypnosis to activate and work with less conscious ego states.

Dissociation I: “Normal” Psychological/Neurological

NEUROLOGICAL

- State-dependent learning
- Sleep amnesia

PSYCHOLOGICAL

- Hypnosis
- Out of body experiences
- Automatisms

Dissociation II: “Pathological” Psychological/Neurological

NEUROLOGICAL

- Organic Amnesia
- Epileptic Fugues

PSYCHOLOGICAL

- Dissociative identity disorder
- Depersonalization / Derealization
- Dissociative amnesia
- Dissociative fugue
- Conversion disorder
- Dissociative disorder NOS

Etiology of Dissociative Disorders & DID

PSYCHOBIOLOGICAL THEORY

- Dissociation linked to neurohormonal changes and nervous system dynamics (overcoupling and uncoupling).
- State dependent memory
- Explicit and implicit memory

Etiology of Dissociative Disorders & DID II

DEVELOPMENTAL/ATTACHMENT THEORY

- Detached parenting – dissociative children
- Unpredictable parenting – anxious/resistant or avoidant/disorganized attachment

TRAUMA/DISSOCIATION THEORY

- Janet's divided self
- Hilgard's "hidden observer"
- Federn/Watkins' ego-state model

Diagnosing Dissociative Disorders I

300.12 DISSOCIATIVE AMNESIA

- **Inability to recall important personal information too extensive for forgetting; not due to substance abuse or organic factors; causes significant distress or impairment.**

300.13 DISSOCIATIVE FUGUE

- **Sudden, unexpected travel with inability to recall the past; confusion about personal identity or assumption of new one; causes significant distress or impairment.**

Diagnosing Dissociative Disorders II

300.14 DISSOCIATIVE IDENTITY DISORDER (DID)

- **Two or more distinct personality states; at least two states take control of behavior; amnesia too extensive for forgetfulness (losing time); rule out substance abuse and other mental and medical problems.**

300.6 DEPERSONALIZATION DISORDER

- **Persistent detachment from mind and/or body; reality testing is intact; causes distress or impairment.**

Diagnosing Dissociative Disorders III

300.15 DDNOS

- **Predominant dissociative symptoms that do not meet criteria for any specific dissociative disorder. Examples include situations where there are not two or more personality states which take executive control, or signficant amnesia (losing time) does not occur.**

Informal Assessment of Dissociative Disorders I

CLINICAL INTERVIEW

- Extent and impact of traumatic experiences
- Ego-dystonic symptoms
- The language of “parts”
- Unexplained somatosensory symptoms
- Unresponsiveness to prior treatment

Informal Assessment of Dissociative Disorders II

THERAPY PRESENTATION

- **Assess time loss, fugues, suicidality, insomnia, flashbacks, age regression, mood swings, numbing, sexual dysfunction, phobias, anorexia/bulemia, self-mutilation, somatization, panic attacks, mania, conversion symptoms, substance abuse, depression, out-of-body experiences, hallucinations, self-destructive thoughts and behaviors.**

TREATMENT

Understanding Alters in DID

- An alter is an ego state that is separated from other ego states by an intense degree of dissociation. It is split off from the rest of the personality and operates independently.
- "Alter" refers to "alternative personality" because it takes executive control of the individual's behavior and functioning without permission and/or knowledge of the main personality.

Understanding Alters in DID II

- An alter must have a range of functions, a range of emotional responses and a significant life history of its own existence.
- Types of alters include child alters, protector and helper alters, persecutor alters, and internal self helpers, as well as others who play various adaptive roles, serve as introjects, or are related to coping with, containing, or protecting from past traumatic experiences.

Understanding Alters in DID III

- Occasionally, there are alters, usually in individuals involved in more fundamentalist religions or from more indigenous cultures, that identify themselves as spirits or demons. Attempts at exorcism or other practices are only “transiently effective” and are “therapeutically contraindicated” (Putnam, 1989).

The SARI Model (1)

SARI refers to a four stage model (Phillips & Frederick, 1995) designed to treat difficulties related to the self-division that often results from physical, sexual, emotional, and ritualized abuse as well as other forms of trauma.

1. Stage One: Safety and Stabilization

- The foundational stage
- Internal and interpersonal safety are established.
- Mastery of posttraumatic symptoms through awareness and regulation
- Ego-strengthening directed to the whole personality

The SARI Model (2)

2. Stage Two: Accessing inner resources and the origins of difficulties

- Activation of various resources: Imagery, memories, ego states related to assets and strengths
- "Safe remembering" and reconstruction of past trauma
- Synthesis of trauma states with resource states

3. Stage Three: Resolving traumatic experiences

- Renurturing and corrective emotional experiences
- Regulation of psychophysiological responses
- Renegotiation of the original traumatic event through renegotiation of related conflicts among ego states

The SARI Model (3)

4. Stage Four: Integration and New Identity

- Positive future orientation
- Acceptance of expanded identity
- Assimilation of cumulative therapy experiences
- Personality reintegration
  - Develop communication and empathy among alters/ego states
  - Suggest cooperative ventures and sharing of interior experiences
  - Facilitate co-consciousness throughout the personality

The Importance of Ego-Strengthening

Ego-strengthening is arguably the most important element in all successful therapy.

It is the cornerstone of the SARI model, designed to treat posttraumatic and extreme stress, organic, and developmental stresses.

TREATMENT ISSUES: Boundaries and Limits I

THERAPIST AVAILABILITY

- **Phone contact**
- **Extra sessions/Crisis intervention**
- **Multiple roles**
- **“Special treatment”**
- **Absences**

TREATMENT ISSUES: Boundaries and Limits II

FEES

- Lowering of fees
- Raising of fees
- Cancellation policy

TREATMENT ISSUES: Boundaries and Limits III

THERAPIST RESPONSIBILITY

- **Therapy contract**
- **Clarifying & strengthening roles of partnership**
- **Emergencies/Risk assessment**
- **Context for memories**
- **Working through traumatic transferences and counter-transferences**