Working with Dissociation

Dr Mike Lloyd
Chartered Clinical Psychologist
Session Outline

What is Dissociation

Dissociative Disorders

Issues for Therapy
What is Dissociation?

Dissociation describes the disconnection or lack of connection between things usually associated with each other.

(International Society for the Study of Trauma and Dissociation, 2011)
Everyday Dissociation

The ability to drive on a familiar road and let your mind wander on other matters.

The ability to be absorbed in a film or play.

The ability to protect yourself from overwhelming psychic pain.

The ability to bypass fear
The Purpose of Dissociation

A mechanism enabling the mind to separate or compartmentalise the present or memories from normal consciousness.

A common response to distressing / fearful situations where powerlessness is a key component.

Pathological dissociation is a post-traumatic defence mobilized by the patient as protection from overwhelming pain and trauma.
2016-2017

Highest ever number of reports of child abuse to NSPCC

Increase in emotional abuse and sexual offences towards children

Increase in child cruelty and neglect

The Purpose of Dissociation

Developmental / Childhood origin common

A life saving defence

It enables the attachment to an abuser to be maintained

It enables strong / conflicting emotions to be compartmentalised

Lack of development of the ‘sense of self’
The Purpose of Dissociation

Both a neurobiological and psychological response to threat

Adapting to frightening situations through behaviour (“action systems”)

A way for the internal system to protect secrets and adapt to a changing environment
Types of Dissociation

When the dissociation occurs without control, in inappropriate settings and is disruptive.

Dissociative Amnesia
Depersonalisation
Derealisation
Conversion
Dissociative Fugue
Identity Confusion
Identity Alteration
Assessment and Diagnosis

Screening tools
Dissociative Experiences Scale (DES)
Somatoform Dissociation Questionnaire (SDQ-20)

Diagnostic tools
Trauma Symptom Inventory-2 (TSI-2)
Structured Clinical Interview for Dissociative Disorders DSM-IV (SCID-D)
The people who are the very best at noticing what's happening notice it because they're looking.

Seth Godin, business guru, 2015
Dissociative Identity Disorder

Parts of the self separated into compartments – ‘alters’

Parts can ‘contain’ specific memories, experiences, emotions or styles of functioning

Persecutors and protectors, real and idealised

Alters can be distinct or subtle, with or without awareness of the ‘host’
Therapeutic Responses

To enable the person to operate more effectively in the environment

Reinterpretation of the trauma and new ways of understanding experience

The changing nature of beliefs – trust, attachment, hope, loss, emotion
Dissociative Identity Disorder

Model of Structural Dissociation
Apparent Normal Personality
Emotional Personalities

Ref: The Haunted Self
Van der Hart, Nijenhuis & Steele (2006)
Therapeutic Responses

PHASE 1: Establishing Working Alliance
Symptom reduction
Stabilisation
Setting and management of clear boundaries
Encouraging good internal communication
Getting to know the internal hierarchical system
Skills Building

PHASE 2: Treatment of Traumatic Memory

PHASE 3: Integration of thought, feelings and action

ISST-D Guidelines, 2009
Establishing the Psychotherapy

- Mutual voluntary participation
- Pragmatic arrangements
- A facsimile of trust
- Aspects of safety
- The treatment frame
Establishing the Psychotherapy

- The therapeutic alliance
- Self-psychological interventions
- Demonstration of expertise
- Dealing with the diagnosis
- Dealing with concerned others

(Kluft, RP, 1993a. The initial stages of psychotherapy in the treatment of multiple personality disorder, *Dissociation*, 6, 145-161)
Issues for Therapy

- How does internal system operate
- Type of language used
- Knowledge of alters
- Communication with alters
- Negotiation with internal system
Measuring Outcomes

Training DVDs produced for First Person Plural by Serious Media – introduction to dissociative disorders and working therapeutically.

Contributors include: Cheshire & Wirral Partnership NHS Foundation Trust, ESTD (The European Society for Trauma and Dissociation) and The Pottergate Centre