

Dissociative Identity Disorder: case presentation resolved in 5 sessions

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Abstract

The dissociative identity disorder (DID: formerly known as Multiple Personality Disorder) is the manifestation of the presence of two or more distinct identities or personalities which recurrently take over the control of the behaviour (DSM-IV). In this paper a case of Multiple Personality Disorder, treated in 5 sessions, is presented.

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Case presentation

C.S., 45-yr-old Caucasian male, born in Southern Italy presents with the following problem: am I a woman or a man? He had been the administrator of a family-owned enterprise (restaurant) for over 25 years. Though the eldest of three males, he however never had had decisional power, but executed what was dictated by the younger brothers or by the father. Two months ago, after a violent quarrel with his brothers, he resigned and since then has been working together with his father in a camera shop. He has always taken care of his parents, who are in good health. He is engaged to a woman. When asked to explain his dilemma on whether he is a woman or man in more details, he narrates that everytime he has to make a decision, he becomes anxious, often panicking, then his mind suddenly goes blank and he turns into a woman who takes control, and with great calm makes the decisions. Once the woman has enacted the decision, he returns to his male state. The female identity is of the same age as he. Even though he has never actually minded "her" presence, now he definitely wants to find out his real identity. Should he turn out to be a woman, then the first thing that he would like to do is to pack up his suitcase with woman's clothes and go to another city and dress up like a woman. While he talks, he is continuously interrupted by telephone calls on his cellular phone. The calls are made by his parents and he answers in a meek submissive way: "Yes, mommy.." or "Yes, daddy"..."don't worry I'll do that right a way, I'll fix it"..etc. Finally, he adds that he has a recurrent dream regarding the female presence, and firmly believes that he is of aristocratic origin, maybe of pharaonic origin and therefore he would like to do regressive hypnosis. At the end of the session he is given the following prescriptions:

- 1) to turn off his cellular phone from 3 p.m. – 6 p.m. daily
- 2) to draw out his dream.

C.S. comes back to the office with a big smile on his face. "Not only did we turn off the phone, but we turned it off from 3-9 p.m.!" (When he speaks, he does not use the "I" form, but the "we" form, and when questioned about this, his answer was very simple: "Because there's two of us!") His non-verbals clearly show that his attitude is more positive as compared to the first session, less submissive. During the session the intrinsic metaphors of his dreams are extrapolated using Symbolic Modelling (Lawley and Tompkins., 2003). Furthermore, key words of his vocabulary are explored for their hidden meaning by using the Meta-Model (Dilts et al., 1982), and then redefined. His attention is also directed to the fact that he tends to degrade himself and to underestimate his capacities: "I'm not capable of, I can't, I'd never be able to.." Therefore, a third dissociation is created by inviting him to place another alter on his shoulder whose duty is to reprimand him every time he lacks in self-esteem. The prescriptions given at the first session are reconfirmed.

At the third session the clients refers general well-being. His relationship with his fiancée is functioning much better. States of anxiety are less, and the woman personality had appeared only twice during the week, whereas before she would appear daily. He uses his cellular phone only occasionally, and he has started to create a barrier between himself and his parents, often saying "no" to their requests. The utilization of the "we" form is less frequent, and substituted by the "I" form. Time-Line (Andreas e Andreas, 1993) is applied reframing his experiences with the woman identity and getting to the first time "she" appeared. This occurred when he was 16 and his father denigrated him in a very violent

way for something that he had not done. He was unjustly punished and was locked up in his room for 3 days. His parents' attitude towards C.S. had always been depreciative since he was a child and often accompanied by punishment. On the other hand, they frequently would exalt the younger brothers. At that point the presence of the female personality is revalued, explaining to C.S. that *her* presence had a fundamental role in protecting him from the psychological abuse he suffered. C.S. is guided out of the trance and he appears serene. The session is ended, advising him to continue with the third alter, making sure that he avoids self-denigrating actions. For the sake of brevity, the fourth and fifth session will be described together. The clients returns, saying that the woman identity was no longer present. It is *he* that now makes the decisions and carries them out, without any sign of anxiety. During the fourth session he is introduced into a relaxation technique (to be published) and on the fifth session regressive hypnosis is carried out. At the end of the session he admits that it is now two weeks that the woman state has not presented herself and that he has stopped using the cellular phone. He has made future projects for a new type of working activity and feels that he is his own boss and recognizes himself as a man. He believes that he no longer needs psychotherapy.

Comments

An individual, who has been a victim of neglect or abuse, has difficulty in constructing personal boundaries and consolidating a stable and coherent identity through time (Tad J., Woodsmall W., 2001). DID is resolved when the subject is capable of identifying themselves as the only person responsible for their behaviour throughout the various moments of life. According to Briere (1997) dissociative disorders have a common underlying mechanism, in that the defensive mechanism of the conscience or the experience is a way to diminish the contact with emotionally disturbing stimuli (which are clearly connected to the trauma). Huntjens et al (2002) have demonstrated that DID patients have a normal implicit memory. Forrest (2001) proposes the following hypothesis: ...” *that the experience-dependent maturation of the orbitalfrontal cortex in early abusive environments, characterized by discontinuity in dyadic socioaffective interactions between the infant and the caregiver, may be responsible for a pattern of lateral inhibition between conflicting subsets of self-representations which are normally integrated into a unified self. The basic idea is that the discontinuity in the early caretaking environment is manifested in the discontinuity in the organization of the developing child's self.*”

At this point we would like to underline the importance of an incongruous and incoherent behaviour on behalf of the caregiver, which would lead to confusion in the child's mind, and therefore induce the necessity to create new identities to justify the external trauma. In fact, in our case it was sufficient to explain the “function” of the protective identity for him to integrate her into a sole Self, and therefore resolve the DID.

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