

## **Sharn Waldron**

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Sharn Waldron is a psychotherapist and counsellor with 15 years experience. Sharn is a member of the UKRC, BACP and UKCP (FIP.). She has experience working in industry, government agency's and in community health. Appointments can be made by telephoning 01986 892255.

### **What is dissociation?**

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Dissociation is a mental process, which produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense of identity. During the period of time when a person is dissociating, certain information is not associated with other information as it normally would be. For example, during a traumatic experience, a person may dissociate the memory of the place and circumstances of the trauma from his ongoing memory, resulting in a temporary mental escape from the fear and pain of the trauma and, in some cases, a memory gap surrounding the experience. Because this process can produce changes in memory, people who frequently dissociate often find their senses of personal history and identity are affected.

Most therapists believe that dissociation exists on a continuum of severity. This continuum reflects a wide range of experiences and/or symptoms. At one end are mild dissociative experiences common to most people, such as daydreaming, highway hypnosis, or "getting lost" in a book or movie, all of which involve "losing touch" with conscious awareness of one's immediate surroundings. At the other extreme is complex, chronic dissociation, such as in cases of Dissociative Disorders, which may result in serious impairment or inability to function. Some people with Dissociative Disorders can hold highly responsible jobs, contributing to society in a variety of professions, the arts, and public service -- appearing to function normally to co-workers, neighbours and others with whom they interact daily. There is a great deal of overlap of symptoms and experiences among the various Dissociative Disorders, including Dissociative Identity Disorder (DID).

#### **How does a Dissociative Disorder develop?**

When confronted by an overwhelmingly traumatic situation from which there is no physical escape, a child may resort to 'going away' in his or her head. Children use this technique as an extremely effective defence against acute emotional and/or physical pain. By this dissociative process, thoughts, feelings, memories and perceptions of the traumatic experience can be separated psychologically, allowing the child to function as if the trauma had not occurred.

Dissociative disorders are highly creative survival techniques because they allow individuals enduring hopeless circumstances to preserve some areas of healthy functioning. However, when a child has been subjected to repetitive physical and sexual assaults over an extended period of time, defensive dissociation becomes reinforced and conditioned. This is because the dissociative escape is so effective, children who are practiced at it may automatically use it whenever they feel anxious, frightened or threatened, even if the anxiety-producing situation is not abusive. Even after the traumatic circumstances are long past, frequently the leftover pattern of defensive dissociation remains. Chronic defensive dissociation may lead to serious dysfunction in work, social and daily activities. Repeated dissociation may result in a series of separate entities, or mental states which may eventually take on identities of their own. These entities may become the internal personality states of a Dissociative Identity System. Changing between these states of consciousness is often described as 'switching'.

### **What are the symptoms of a Dissociative Disorder?**

Individuals with Dissociative Disorders may experience some of the following symptoms: depression, mood swings, suicidal tendencies, sleep disorder including insomnia, night terrors and sleep walking, panic attacks, phobias, flashbacks (reactions to stimuli or triggers), alcohol and drug abuse, compulsions and rituals, psychotic symptoms (including auditory and visual hallucinations) and eating disorders. Further to this, individuals with Dissociative Disorders can experience amnesia, headaches, trances and out of body experiences. They may also self-harm and commit acts of violence on other people.

### **Who can develop Dissociative Identity Disorder?**

The majority of individuals who develop Dissociative Identity Disorders have a history of repetitive, overwhelming and at times life threatening trauma at a sensitive developmental stage of childhood (normally before the age of nine) however they may also be predisposed biologically to develop dissociation. In our culture the most frequent precursors to Dissociative Disorders are extreme physical, emotional and sexual abuse in childhood. Individuals who have experienced other childhood trauma such as natural disasters, war, abduction and torture may also react by developing Dissociative Identity Disorder.

Whilst most of the literature in Dissociative Identity Disorders reveals that it is mostly females who are diagnosed with the disorders, the latest research indicates that the disorders may be just as prevalent but less diagnosed amongst men. This is because men with Dissociative Disorders are more likely to be in treatment for other mental illnesses or alcohol and drug abuse, or they may be in prison.

### **Do people with Dissociative Identity Disorder have ‘multiple personalities’?**

A person diagnosed with DID feels as if she has within her two or more entities, or personality states, each with its own independent way of relating, thinking and understanding and remembering about herself and her life. If two or more of these entities take control of the person’s behaviour at a given time then a diagnosis of DID can be made. The terms that therapists and individuals with Dissociative Identity Disorder commonly use for these entities are ‘alternate personalities’, ‘alters’, ‘parts’, ‘ego states’, ‘identities’, and ‘states of consciousness’. These alternate states may appear to be very different but they are all manifestations of a single person.

### **Can Dissociative Identity Disorders be cured?**

Yes they can! Dissociative Identity Disorders are responsive to individual psychotherapy as well as to a range of other treatments including medications, hypnotherapy, music, drama and art therapy. The course of treatment is long term, intensive and at times painful as it involves remembering and reclaiming the dissociative traumatic experiences. Psychotherapists and professionals have successfully treated individuals with Dissociative Identity Disorder from a variety

of backgrounds and settings. Help with information or finding a therapist can be obtained by contacting the UKSSD (United Kingdom Association for the study of Dissociation) [www.ukssd.org](http://www.ukssd.org)