# CASE STUDY OF DISSOCIATIVE IDENTITY DISORDER

Many of the common features of dissociative identity disorder are highlighted in the case of Rachel, a 40-year-old married mother of three, who presented for treatment of depression and sexual dysfunction. Although Rachel reported having experienced a very traumatic childhood and having a long history of depression and sexual fears, she initially denied other problems. Because of her sexual problem, the therapist asked that Rachel's husband attend a session to discuss possible treatment options. During this session, it became clear that Rachel was also experiencing a variety of problems that she had not disclosed during the initial assessment. Most significant to Rachel's husband were her memory problems. He described how she would frequently appear to be unable to remember what she had done even the day before. He and the children also sometimes found her in a terrified state, hiding in her room and apparently unable to recognise them. Rachel's husband also corroborated that she had grown up in a violent, abusive family and that several of Rachel's siblings reported having been severely abused, both physically and sexually.

Although initially reluctant to discuss her dissociative experiences (because she feared they meant that she was "crazy" and would be "locked up"), Rachel described striking episodes of amnesia lasting for hours, days, or even weeks. She reported having no memory for several significant events in her life such as the birth of her children, her wedding, most of her adult sexual experiences, and several significant events from her childhood and adolescence. Rachel also described frequent depersonalisation and derealisation, nightmares, and flashbacks (to traumatic childhood experiences). She also disclosed that she frequently heard voices coming from within her head, some of which sounded angry and others comforting. The voices referred to themselves as different people and claimed knowledge for the events that Rachel could not remember.

The therapist eventually diagnosed Rachel as having both dissociative identity disorder and PTSD. Because her sexual problems and depression were seen as secondary to these disorders, they were not initially -targeted in treatment. In the early phases of treatment, Rachel's therapist worked on improving Rachel's overall stability, including educating her regarding the nature of dissociative identity disorder and to the fact that she was one individual. In the

middle and later phases of treatment, Rachel and her therapist directed their efforts towards processing memories of the childhood physical and sexual abuse that she had experienced. As this work progressed, the perceived separateness of the alter identities diminished, other dissociative experiences decreased in frequency, and she developed a cohesive memory for her life. Rachel's depression as well as her sexual problems also began to dissipate.

Rachel's case illustrates many features typical of dissociative identity disorder. For one, her presenting problem was not dissociative identity disorder but it was nevertheless clearly present, as corroborated by her husband. Second, Rachel was very distrustful of the mental health system and had not previously disclosed anything about her dissociative experiences. However, to the best of her recollection, she had also never been asked about them. Third, she appeared to meet the diagnostic criteria for PTSD in addition to dissociative identity disorder and she was aware of her traumatic background before being diagnosed with dissociative identity disorder. Finally, only when the dissociative disorder was acknowledged and actively treated did she begin to make progress.