

Hypno CBT Approach in Treating Dissociative Identity Disorder: A Single Case Study

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ABSTRACT

This research article presents a single in depth case study about a case of dissociative identity disorder who was on medications for 8 years without much improvement. The 29 years old married female had derealisation, depersonalisation, hallucinations, delusions, tiredness and switched 7 psychiatrists in 8 years. The last psychiatrist referred her to the psychologist for CBT. The psychologist decided to manage the case with hypno CBT approach and the client was off medication after 14 sessions in 1 year and the psychotherapy was weaned off after 20 sessions. In this case the psychologist included the husband in the management plan and hypno CBT with family counselling worked wonderfully in treating the client.

Keywords: *Hypno CBT, Psychotherapy, Hypnosis, Hypnotherapy, DID, Multi-personality*

Definition in APA dictionary of psychology says “A dissociative disorder is characterized by the presence in one individual of two or more distinct identities or personality states that each recurrently take control of the individual’s behavior. It is generally associated with severe physical and sexual abuse, especially during childhood and is also known as multiple personality disorder.

Psychotherapy is considered as the mainstay of a multidisciplinary treatment plan for dissociative disorders (Gentile et al 2013). Various psychotherapies offered to clients with DID include psychodynamic psychotherapy, cognitive behavioral therapy (CBT), hypnosis, group therapy and family therapy. In 1830s, Antoine Despine used hypnosis as a treatment modality in the first successful treatment of DID. During hypnosis, the therapist tries to uncover and resolve traumatic experiences of the client linked to specific alters. Although hypnosis is still a commonly used modality in today’s era, there is scarcity of evidence supporting its use and is based primarily on case reports and a single case series.

Coons (1986) reported that 5 out of 20 clients with DID, treated with hypnosis and psychodynamic therapy have “complete integration” over a period of 3-years of treatment. Putnam & Loewenstein (1993) concluded that individual psychotherapy combined with hypnosis was the most commonly used treatment modality for DID by all practitioner groups.

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Received: April 18, 2024; Revision Received: May 12, 2024; Accepted: May 16, 2024

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In the present research paper, we will be discussing the efficacy of combined approach of psychotherapy and hypnotherapy in treating dissociative identity disorder cases. Gentile, Dillon & Gillig (2013) concluded that dissociative disorders need a multidisciplinary approach in which psychotherapy is the mainstay, and therefore interventional strategies must incorporate psychotherapies for treatment of DID. International Society for the Study of Trauma and Dissociation (2011) mentioned in their guidelines for treating DID patients that higher hypnotizability of DID patients as compared to other clinical population increases the likelihood of therapeutic success with hypnosis. Kluft (2012) argued that hypnotizability is a genetically mediated capacity and higher hypnotizability in dissociative disorder populations makes it inevitable that hypnosis will play a role in the treatment of DID patients. George (2019) summarized in his research paper that research on hypnosis as a cure for MPD is scant but hypnosis applied in creative ways by various researchers in tackling issues related to DID has been found effective.

Kluft (1982) mentioned in his study that 69 out of a series of 70 patients achieved unification of their personalities after treatment with hypnosis and proposed that careful integration of hypnotic interventions is benign and constructive. Boyd (1997) concluded that clinical hypnosis plays a prominent role in the successful psychotherapeutic treatment of dissociative identity disorder (DID). His study on patients who experienced intermittent sexual abuse during the 2–5 age range demonstrated that hypnosis leads to rapid recovery from DID. Bliss (1986) explored the nature of multiple personality and hypnosis. He viewed multiple personality as a form of self-hypnosis and concluded that an understanding of hypnosis can throw light on treatment of multiple personality. He also gave a detailed account of ways to use hypnosis in the treatment of multiple personality.

Putnam & Loewenstein (1993) concluded that individual psychotherapy combined with hypnosis was the most commonly used treatment modality for DID by all practitioner groups. On an average, patients received the said treatment modality twice-weekly for 3.8 years. Colletti, Lynn & Laurence (2010) presented a case study of a patient having a characteristic presentation of dissociative symptoms who was managed with eclectic cognitive-behavioral methods using hypnosis as an ancillary treatment and concluded that hypnosis can be a valuable treatment adjunct. Kluft (1992) stated that dissociative disorders are characterized by difficulties in the integration of memory and/or identity and medical hetero hypnosis is a powerful tool to reestablish a functional continuity of memory and identity in such cases.

Aim

The aim of this research article is discuss about the effectiveness of hypno CBT in treating a case of DID. It is seen that only pharmacotherapy can help DID and lifetime counselling psychotherapeutic sessions are needed by the client. The researcher wants to understand that DID is a difficult disorder and need long term treatment but Hypno CBT is effective in treating DID completely. Since it is a clinical disorder and there are changes in the brain so it is important to understand that whether DID can be treated and can be tapered down to zero medications with regular psychotherapy.

Objective: To discuss about the effectiveness of hypno CBT in treating DID.

Research Problem: Does hypno CBT an effective technique in treating DID?

Present Case Study

Case Introduction

Background: 29 years old married female with two children one daughter and one son.

Qualification: 12th pass

Type of marriage: Arranged marriage

Presenting complaints:

- Patient was a diagnosed case of DID on medications for 8 years.
- Depersonalization and derealisation
- Presence of 4 different personalities
- Hallucinations
- Delusions
- Mood fluctuations
- Tiredness etc.

HISTORY

Childhood history: The client was born in a joint family of a remote village. She used to live with grandparents, and uncle's family. Both the parents were working in a metro city and father was educated and dominating. Mother was soft in nature. She has an elder brother and both used to stay in the village with grandmother and other family members. Financially they were good but she lacked love and affection from parents as she was being left at the age of 1.5 years with the grandmother and uncle's family. Elder brother was 5 years elder to her and was caring but dominating.

Till 7 years of age she was not treated well by Uncle's family but she didn't discuss it with the grandmother or brother. Mrs X was a very submissive, shy, and soft personality. At the age of 7 her grandfather committed suicide on a railway track and his body was into pieces. She saw the pieces of the body after which she got scared and fainted. Since parents were not there hence she was not given due care. Grandmother was old and morning so she could not be of much help. After this incident she used to get the dreams her grandfather. She was close to one of the friend who also died at the age of 15years and her name was Radha which was one of the patient.

Teenage history

Mrs X was an average student and she reported an incident of bad touch once by a 5 years old boy. She was treated badly by the aunt and there was verbal abuse. She was close to the grandmother.

18 to 29 years: The marriage was arranged and the partner is an engineer. The complete in laws family is well educated and have scientists and engineers. Client is the only one less educated hence there was an inferiority complex. Husband is loving and affectionate but the belief system of in-laws is quite different. Mother-in-law is also a psychiatric case. Just after 1 year of marriage client got diagnosed with DID and was on pharmacotherapy but with little improvement. And therefore, the client was referred to the psychologist for psychotherapy along with pharmacotherapy.

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Case Conceptualization

A diagnosed case of DID on medication, poor stress coping, sexual abuse, emotional abuse leading to childhood trauma, friction between the relations. She has 4 different personalities out of which one personality. Radha the major personality comes out whenever there used to be any friction in the marital relationship. Other personalities also used to get revealed when in stressful situation. But different personalities were associated with different stressful situations,

- Radha: Whenever there used to be marital discord
- Tantric: Whenever in laws are not listening to her.
- Bua: Whenever some-thing happens to the children
- Fatima: Whenever mild stressful situations occur.

Every personality has a different strength, dressing sense, verbal and non-verbal behaviour. For example Radha used to dress up in all red and dance.

Pre -existing vulnerabilities

Mrs X reported with poor stress coping, low self -esteem, low self-complex, doubt, paranoia, derealisation and depersonalization during episodes, depression and mood fluctuations and tiredness all the time. She was least interested in any kind of activity.

Activating events

Stressful situations in the form of marital discord, argument with family members, ill health of any family member, increase in household work load etc.

Treatment: The patient was an active participant in the first session and there was a 2hrs of cognitive history. Wherein she could reveal her childhood trauma and while going back she said nobody ever heard me or considered me right.

Treatment plan followed with outcomes

Session	Plan of Action	Outcome
1	1. Cognitive history taking in detail.	1. To go to the root cause and build trust. 2. Rapport building
2	1. Hypnotherapeutic de-cluttering done 2. Cognitive distortions identified. 3. Journaling for cognitive restructuring addressed for overthinking along with letter to self.	1. For removing mental clutter 2. Identification of cognitive distortions. 3. Working on self worth and self love
3	1. Reviewing the journal with the client for change in the cognitive pattern. 2. Teaching her stop card 3. Journaling on negative thinking	1. Restructuring of overthinking cognitive distortion 2. Stop card helps in stopping negative thinking. 3. Working on self worth and self love

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Session	Plan of Action	Outcome
4	<ol style="list-style-type: none"> 1. Hypnotherapeutic restructuring of the traumatic event by following hypno-drama 2. Journaling on cognitive distortion on self-blaming and global blaming 3. ABC CHART Taught 	<ol style="list-style-type: none"> 1. Correcting of traumatic patterns leading to positive reappraisal and following the pathway of hope and resilience post trauma. 2. Working on self-worth and self love
5	<ol style="list-style-type: none"> 1. Mindful breathing technique 2. Reviewing ABC chart 3. Journaling of cognitive distortion on black and white thinking and fallacy to change 	<ol style="list-style-type: none"> 1. To work on stress coping 2. Correcting of traumatic patterns leading to positive reappraisal and following the pathway of hope and resilience post trauma 3. Learning to change the belief system to desirable one.
6 to 16	<ol style="list-style-type: none"> 1. Courtroom drama on conflicting events happening in day to day life 2. ABC reviewing 3. Reviewing the journals 4. Journaling on self- esteem and self confidence 5. Repeated psycho-education about the disorder and symptoms 6. Family counselling 	<ol style="list-style-type: none"> 1. Restructuring of the desired cognitive patterns. 2. High self-esteem and good 3. Improved Coping strategies 4. Good communication style 5. Self love and self worth 6. Balanced state of mind.

Techniques like stop card, affirmation, cognitive rehearsal, ABC chart and courtroom drama was taught session by session to enhance stress coping.

Slowly and gradually the medicines were tapered and the client doing fine', maintenance session of psychotherapy continued for 3 months and then the client was weaned off from the therapy. Initially the sessions were once in a week and second month to 5th month twice in a month and later once in 2 months. It has been 3 years now client is doing great.

DISCUSSION

The client had a traumatic childhood and there was lack of trust because she was left with the grandmother during her initial years of life. From 1.5 to 21 years grandmother was the primary caretaker and was very strict hence trust was not developed properly. Brother and aunt were dominating hence she could not develop confidence and Ericksonian second and third stage of development was not taken care of. Likewise all the stages till 21 could not develop and she developed poor coping mechanisms towards stressful situations. Kluff (2012) argued that hypnotizability is a genetically mediated capacity and higher hypnotizability in dissociative disorder populations makes it inevitable that hypnosis will play a role in the treatment of DID patients. Trauma related to Grandfather's death, sexual abuse and repeated emotional draining situations led to further development in derealisation

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and depersonalization. Kluft (1982) mentioned in his study that 69 out of a series of 70 patients achieved unification of their personalities after treatment with hypnosis and proposed that careful integration of hypnotic interventions is benign and constructive. Due to sexual abuse in childhood there was paranoia related to the partner and hence one personality used to hate the partner.

She used to get the episode whenever there used to be excessive workload, or any stress from any side any one personality used to surface. Hence the client was decluttered with hypnotherapy, hypnodrama of the traumatic events, and CBT psychotherapeutic techniques were followed along with family counselling and psycho education. Boyd (1997) concluded that clinical hypnosis plays a prominent role in the successful psychotherapeutic treatment of dissociative identity disorder (DID). His study on patients who experienced intermittent sexual abuse during the 2–5 age range demonstrated that hypnosis leads to rapid recovery from DID. Therefore the psychologist and psychiatrist worked as a team and discussed the case bi monthly and the medicines were titrated accordingly leading to a good outcome. Now Mrs. X is absolutely fine and have good stress coping mechanisms and off medications and therapy for past 3 years.

CONCLUSION

Dissociative identity disorder has a deep rooted childhood trauma and unresolved conflicts. When the psychologist supports the client to resolve the conflict and helps in rescripting the traumatic events then the cognitive patterns are restructured and solidified leading to healthy mental patterns and desired behaviour. HYPNO CBT is the best approach to manage the case of DID.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: CShahi, D. & Kairy, A.D. (2024). Hypno CBT Approach in Treating Dissociative Identity Disorder: A Single Case Study. *International Journal of Social Impact*, 9(2), 72-78. DIP: 18.02.009/20240902, DOI: 10.25215/2455/0902009