

**FIRST  
PERSON  
PLURAL**



**dissociative  
identity  
disorders  
association**

## **Support Workers**

### **Supporting someone with Dissociative Identity Disorder**

#### **What is Dissociative Identity Disorder (DID)?**

DID is a coping mechanism which allows a child who is being repeatedly and severely abused from an early age to survive, by storing the knowledge of the abuse and everyday living in separate compartments in the brain. It is maintained by the ongoing development of strong amnesic barriers.

This logical coping mechanism allows the child to experience ordinary life uncontaminated by knowledge of the abuse and becomes the normal developmental pathway for their brain; invaluable while the abuse is on-going, but it often causes considerable distress when no longer required.

It allows feelings, thoughts, sensations, perceptions and memories to be firmly compartmentalised.

People with DID often experience themselves as more than one separate person. These are known as: - alters or parts, (two of the terms used to describe the different personality states that someone with DID experiences.)

Parts or alters may be: -

- Different ages
- Different genders and sexual orientations
- Have different experiences
- Fulfil different roles
- Have age appropriate use and understanding of language for the alter who is dominant in the body at that time - 'out'

Each alter has its own enduring pattern of perceiving, relating to and thinking about the environment and self that are built on their own experiences - e.g. a child part who was three in 1995 when they were abused, experiences themselves and presents as a 3 year old in the present, thinks the abuse is still happening and it is still 1995 when it is really 2019.

Some people have always known they have parts and were abused. For others there is total amnesia.

You will be meeting someone with DID because for whatever reason their lives are causing them some distress and they are seeking help and support.

For you this can feel confusing if you do not understand what may be happening in the present, and what experiences could lead a person to be in such a contrasting state to their normal way of interacting. It is how the brain has developed, how it has been hard wired for survival and it takes a long while for changes to happen, as this involves "re-wiring" not just cognitively changing behaviour patterns.

## **Supporting through partnership working and respect**

Informing yourself with a basic understanding of the origins and consequences for someone with DID will allow you to quietly and confidently be with the person, offering support that is helpful, appropriate and non-intrusive. This allows your client to feel enabled to face and address many of their problems for themselves.

You will be expected to work within your organisations policies. It is important that these are shared with your client, with whom you can begin to establish a relationship based on partnership working, openness and trust.

Your role will be to help your client to identify what, if any, changes they would like to work towards, including developing grounding/ stabilising techniques which will enable them to stay more fully in the present.

It is important for you and your client to be clear about what is safer and more appropriate for discussion in the therapy room and what can be addressed with you in your role as a support person.

Part of your role is to help your client to find ways of containing the trauma. It is the role of therapy, not the support worker, to explore trauma origins and enable the person to live a more integrated life.

You support all parts to begin to understand themselves and other parts better. This is described as internal communication and co-operation. Help them to think about what they like doing, what is triggering for them and how they can learn to identify their own individual triggers. They can then plan to either avoid them or manage the impact.

You are helping your client to manage everyday living. When necessary, this may include helping develop coping strategies, which are possible and appropriate in the current time.

Treat each part with genuine respect and interest, validating their reality; be non-judgemental and never dismiss, belittle or say you will only speak with the older parts.

When you are with your client you are ‘working’ at all times even if it does not feel like it. Being there fully and engaging appropriately with them will offer an alternative way of being heard, cared for and validated that was unlikely to have been a part of their childhood.

## **Practical Supporting**

Helping to keep the person you are supporting safe, alongside supporting them in managing daily living will be a big part of your role, whilst working within realistic and sustainable boundaries. While your client will always be the expert on themselves, it helps to understand how dissociation develops, the role it filled while they were being abused and the consequences in later life.

Help your client to identify some of the daily difficulties that they would like your input in managing. This may include making and keeping appointments, the amnesic barriers between parts can make this very hard. The part who holds this information may be unable to share it with other parts; therefore, you need to help your client to develop strategies for managing this. Making telephone calls, visiting the doctor, filling in forms, shopping, personal hygiene, eating and sleeping habits; these are just a few areas that are often problematic for someone with DID.

Abuse in childhood annihilates trust and the ability to form healthy relationships. This will still affect your client in the present. Understanding this enables you to stay grounded when experiencing different parts coming out who may have differing ways of relating to you.

It is unnecessary to know the individual parts' stories in depth, but a level of basic understanding provides a context that helps you to stay connected when a switch occurs.

Learning to respond age appropriately and accept whoever is out can help the whole system to begin to feel validated, more grounded and remain functional. Over all this becomes empowering.

Learning to trust is a long painful process. You can be an important part of this by clearly and consistently demonstrating solidity, openness and continuity.

Your client may share what sound like impossible things but within ritual and organised abuse those things were all too possible; some may have been presented through illusion and lies but the child has no way of knowing this. It is their truth, their reality.

Using age appropriate language is essential, as a three old can be very capable but will not be able to understand if she is 'talked to' as though she is the adult who may have been in the body a few minutes earlier.

You will be helping your client with many aspects of their life; supporting them in developing skills they had been denied in childhood while demonstrating a healthy, caring, professional relationship that is based on genuine respect for all parts but does not involve rescuing.

If contact between regular times with your client is a possibility and if your client finds this helpful everyone should be clear about what this means. Contact between regular times should be kept to a minimum, be brief and stay within defined boundaries. You should pre-agree with your client how and when you can be contacted, in what kind of circumstances, what can be asked for / discussed and the kind of response they can expect. Many unsettling misunderstandings occur when this approach is not clearly and firmly maintained.

Crisis times are inevitable, prepare for these when things are going smoothly. Pre-arrange and agree with your client what you will do if a crisis occurs and you are worried for their safety. They may not be happy with you for sticking to this crisis plan while they are in a crisis but, once through it, they are likely to realise you did only what you had previously discussed and agreed. And this is empowering and helps to build or re-establish trust.

Do not share too much information about yourself. People with DID often have little sense of who they are and want to know a lot about others in a desperate attempt to fill that void. Within a client / support worker relationship this is not appropriate. Be clear about what you feel is OK and beneficial to your developing relationship and what is not. You are entitled to your privacy.

### **Hold onto your reality**

Supporting someone with DID can, at times, be challenging. Being clear, transparent and consistent in what you are able to offer and sustain allows this to be an enriching experience for both of you.

Real change comes through your ability to work within the boundaries you have established and your understanding about and acceptance of DID.

Do listen, support, encourage and care.

Ensure you hang onto your reality at all times. This may be hard to achieve.

For some parts the decisions you have to take (e.g. maintaining boundaries) in your role can feel devastating and rejecting at the time. However, such difficult decisions are necessary for developing the open and trustworthy relationship you are beginning to establish.

Recognising the feelings this provokes for both of you, whilst remaining clear, helps to repair any ruptures and can be a big step forward in your relationship leading to progress in the recovery your client is doing through their relationship with you

Make sure you have appropriate DID aware supervision in place.

**Resources: -**

First Person Plural's training DVD – 'A Logical Way of Being' is presented by three people who have DID and three clinicians who work with DID clients. This film helps to give a basic and clear understanding.

Mind's booklet "Understanding Dissociative Disorders" gives a plain English overview. It was originally written by FPP's Kathryn Livingston BEM

This booklet was written by  
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