



Christa Kruger Training on dissociation and dissociative disorders in South Africa

It is a privilege to use this opportunity to introduce to the readership the International Society for the Study of Trauma and Dissociation (ISSTD), my involvement in it, and the implications for South African psychiatry, including implications for training on dissociation and dissociative disorders.

It was my long-standing research interest in the phenomenon of dissociation – why it happens, how it works, how it affects people – that drew me to ISSTD initially. And it was the nature of the organisation – the quality of the teaching, the richness of the writing and research coming from ISSTD, the helpful and compassionate attitudes of the members, and the genuine sense of community – that have made me remain a grateful member over the years. A member of ISSTD since 1995, I currently serve as a director on the ISSTD Board and a member of its standing Scientific Committee, Core Conference Committee and Governance Committee. In addition, I previously served on the ISSTD's International Academic Task Force and Task Force for the Internationalisation of Dissociation. The ISSTD is an international, non-profit, professional association organised to develop and promote comprehensive, clinically effective and empirically based resources and responses to trauma and dissociation and to address its relevance to other theoretical constructs (ISSTD, <http://www.isst-d.org/>). The vision of ISSTD is that social policy and health care will address the prevalence and consequences of chronic trauma and dissociation, making effective treatment available for all who suffer from the effects of chronic or complex trauma; and its mission is to advance clinical, scientific, and societal understanding about the prevalence and consequences of chronic trauma and dissociation.

The annual conference of the ISSTD – a highlight in the year – is in the process of moving from November to April. The next conference, the 32nd Annual Conference, with the theme of "Mastering the Complexity of Trauma and Dissociation: A Major Training Event", will be held at the Hilton Orlando Lake Buena Vista in Orlando, Florida, USA, 16-20 April 2015. A link to the conference web page can be found on the ISSTD's home page (<http://www.isst-d.org/>). My involvement with the ISSTD has provided opportunities for fruitful international research collaboration. A group of us published a few articles in 2014, one of which was a review of the empirical research on dissociative identity disorder (DID) (Dorahy et al., 2014). This review article followed after two letters written by us in response to others' published articles (Martínez-Taboas et al., 2013; Sar et al., 2013). In addition, two articles were published in the Australian and New Zealand Journal of Psychiatry, which focused on the problems around institutional responses to child sexual abuse, and the role of the Australian Royal Commission in

investigating these (Middleton et al., 2014a and 2014b). We also had the opportunity to respond to a subsequent published commentary (Middleton et al., 2014c). In another collaborative project, a group of us are conducting a web-based survey entitled "Approaches to trauma treatment by mental health professionals". The aim of this research study is to determine how different mental health professionals understand and treat people who present for help with problems related to traumatic stress. Please see: (http://canterbury.qualtrics.com/SE?SID=SV_bf958k0Utp7fl11) to participate in this 10-15 minutes survey that has been approved by the University of Canterbury Human Ethics Committee. We would appreciate your participation very much.

My own research has also benefitted from the above international collaboration in that a partial replication of the methodology of the 'TopDD'-study by Brand and co-workers (Brand et al., 2009, 2013; Stadnik & Brand, 2013) is being used in a local study on dissociative disorders (DDs) in the Pretoria region. The objectives of this study include screening for patients with DDs among psychiatric patients; describing local variations in the clinical picture of the DDs; monitoring treatment progress and outcome in patients with DDs; and evaluating available local non-public-mental-health services for DD patients. Furthermore, the merits of the DSM-5's incorporation of possession trance in the main diagnostic criterion for DID – as a cultural variant of DID, and an alternative to 'distinct-personality-state DID' – are being evaluated. Preliminary findings about a cohort of participants in this local study at Weskoppies Hospital were presented at the recent 31st Annual Conference of the International Society for the Study of Trauma and Dissociation (ISSTD) in Long Beach, CA, USA, 23-27 October 2014 (Krüger, 2014). The proportion of patients with DDs among these psychiatric in-patients of 10% is similar to international studies. Preliminary analyses did not confirm a close relationship between possession experiences and DDs as suggested by the DSM-5's inclusion of possession in the main criterion for DID. The sample has since been extended to Tshwane District Hospital, a regional hospital in Pretoria, and further analyses are being performed. Previous local dissociation-related research has included the development and validation of a scale to measure the intensity of dissociative states at the time that they occur (Krüger & Mace, 2002); a study of quantitative EEG changes that occur in the brain during dissociative states using the above state scale and spectral analysis of EEG – the first of its kind (Krüger et al., 2013); a preliminary contextual model of dissociation (Krüger et al., 2007); and a qualitative study of the influence of conflicting socio-cultural discourses on individual dissociation (Krüger, 2009). The developed state scale of dissociation has also,

i.a., been used in a controlled treatment outcome study that demonstrated evidence of the benefit of cognitive analytic therapy for treating DID (Kellest, 2005).

With regard to the abovementioned contextual model of dissociation (Krüger et al., 2007), the question remains how the phenomenon of dissociation and the DDs can be studied in South Africa given the dearth of relevant indigenous language to describe these phenomena in detail. Is it acceptable to continue using English as a tool for studying dissociation and the DDs locally, since English is being used for much of the rest of psychiatric and medical practice and training, as is evident from the publication of local textbooks of psychiatry in English, and from the local psychiatry curricula? In this regard, see the chapter on DDs in the new South African textbook of psychiatry for a case of amafufunyana presenting as DID (Krüger, in Burns & Roos, due for publication in 2015). The chapter on DDs in the new textbook was aimed at making the concept of dissociation and the DDs accessible to medical students and psychiatric registrars in their early years of specialisation. Notwithstanding the summary in the chapter of several 'ways of understanding' dissociation and the DDs, the following might represent easy ways of explaining to a colleague from another discipline what dissociation and the DDs are: Dissociation is the brain's way of handling difficult information, for example, traumatic events or child abuse, information that is too painful to bear, or information that is in conflict with one's experiences or expectations. As for many other disorders, a certain degree of dissociation may be normal. It is only when dissociative symptoms become severe enough to cause clinically significant distress or disability in social, occupational, or other important activities, that they become a disorder. DDs mean there are significant problems with one's awareness, consciousness and sense of self. For example, one blocks out traumatic memories, or one "struggles to keep it all together". When more severe, there might be "breaks" in consciousness where a person may be unaware of behaving in contradictory ways, as if controlled by different forces at different times.

In terms of aetiology, psychological trauma, particularly complex, chronic, ongoing relational trauma (such as is found, e.g., in chronic childhood sexual abuse), leads to DDs. This link between trauma and dissociation (i.e., that trauma causes dissociation) is well-established and supported by substantial empirical evidence (Dalenberg et al., 2012; Dorahy & Van der Hart, 2007; Dorahy et al., 2014). Such ongoing relational trauma can be described as betrayal trauma – the trust of the child in a caregiver is betrayed when that caregiver abuses the child (Freyd, 1996; Freyd & Birrell, 2013). This type of relational trauma is usually associated with a disorganised attachment pattern in the child which contributes to ongoing abuse (Sachs, 2013). DID, for example, is currently understood as a chronic complex posttraumatic developmental disorder that usually begins before the age of 5-6 years, usually

as a result of chronic childhood abuse. The alter identities result from the inability of many traumatised young children to develop a unified sense of self that is maintained across various discrete behavioural states (Howell & Blizard, 2009; Putnam, 2006).

Adult patients with DDs may present more often in casualty departments or general medical settings than in psychiatric hospitals, and may be identifiable provisionally by a confusing polysymptomatic clinical presentation; prominent comorbidity; incongruent affect (detachment from emotional pain); abrupt mood changes; and inconsistency in attendance, presentation and the patient's account (e.g., a history or complaints of severe acting-out behaviour in a pleasant, compliant patient) (Hunter, 2004). Psychiatric hospital admission may be necessary at times when DD patients are at risk of harming themselves or others, or when their dissociative or posttraumatic symptoms are overwhelming or out of control. An important implication of DD patients' confusing clinical presentation for South African psychiatry is that DD patients need to be identified in general hospitals and other general medical settings. This might be achieved if general medical practitioners and other health professionals could be optimally educated about DDs and the effects of complex, chronic, ongoing relational trauma and childhood abuse. DDs are relatively common and problematic, and warrant proper training of undergraduate medical students in the diagnosis, provisional supportive management, and appropriate referral of patients with DDs.

To this end, and in light of the limited time available (and in some cases no time available) in South African undergraduate medical curricula for teaching medical students about DDs, the abovementioned chapter on DDs in the new South African textbook of psychiatry should fill an important gap. Another important implication for South African psychiatry is that consultation-liaison psychiatrists have a big role to play in the diagnosis and appropriate treatment of DD patients. In this regard, the consistent and cross-regionally equitable establishment of psychiatric units in South African general/regional hospitals, and the appointment of psychiatrists at those general hospitals are extremely important. Interested readers might consider membership of the ISSTD as a rich resource for learning more about dissociation and DDs, and about dealing with the effects of complex, chronic, ongoing relational trauma. Membership fees are calculated on a sliding scale according to a country's position in global economic categories. Membership benefits include free access to the Journal of Trauma & Dissociation, access to ISSTD training opportunities such as the Professional Training Programme at reduced rates, access to free member resources, and many more.

If more South African psychiatrists and other health professionals could develop expertise in the field of dissociation and DDs, it would aid in service delivery for the many South African patients who suffer from the effects of complex trauma.

Christa Kruger is a specialist psychiatrist at Weskoppies Hospital in Pretoria and a Professor in the Department of Psychiatry at the University of Pretoria. All cited references can be obtained from the author. **Correspondence: Christa.kruger@up.ac.za**