The book “Sybil” and the subsequent 1976 movie in which Sally Field portrayed a girl with more than a dozen different personalities were the result of a collaboration between psychiatrist Cornelia Wilbur and author Flora Rheta Schreiber. The goal was to have people better understand a child abuse victim who developed alternative personalities as a coping mechanism.

While the book and movie raised the profile of what is now known as dissociative identity disorder (DID), they also created some significant misconceptions.

“Do people come into my office and switch personalities in a dramatic way, with different voices. Does their makeup suddenly change? No,” said Milissa Kaufman, MD, PhD, about the character Sybil. “It may feel like that to them internally, but there’s no dramatic thing that happens.”

Kaufman, director of the Dissociative Disorders and Trauma Research Program at McLean Hospital and medical director of McLean’s Hill Center for Women, said patients with DID, a form of post-traumatic stress disorder (PTSD), often carry on very normal, high-functioning lives. She pointed to Robert Oxnam, a China scholar and president emeritus of The Asia Society, who shared his life story in the 2005 book “A Fractured Mind: My Life With Multiple Personality Disorder.”

That is because DID is a coping mechanism, usually brought on by childhood abuse, and is a kind of ingenious, unconscious way of displacing situations onto other aspects of themselves.

“It’s the ‘not me’ phenomenon,” said Kaufman. “Little children have magical thinking. It’s at this age in development where you believe in Santa Claus, or where little children personify stuffed animals. There are displaced thoughts and feelings that are difficult for them, so they are put on these other entities. It’s a normal developmental stage that children go through.”

Where DID veers from “not me” is when abuse—physical, sexual, or emotional—is introduced into their young lives.

“If you’re being abused at night, you think to yourself that can’t possibly be happening. It has to be happening to some other
little girl. It’s not me,” she said. “If a little girl is being abused at
night and has to wake up the next morning and go to school
and do sports and do homework and have to do as much as
they can to not have people get angry at them, they displace it
onto another aspect of themselves.

“A child doesn’t have many other ways to cope. They can’t go
to their parents, since that is the origin. They feel like there
are other people inside of them, and they can’t tell anybody.”

Dissociation can be found in 1-3 percent of the general
population and as high as 20-30 percent in psychiatric
populations, about the same prevalence as schizophrenia,
Kaufman said. A 1986 study by Frank W. Putman and others
in the Journal of Clinical Psychiatry found the average patient
with DID has been in the mental health delivery system for an
average of 6.8 years and has received three other diagnoses.
This reflected either misdiagnoses or comorbidities that
delayed an accurate diagnosis.

Dissociation occurs along a spectrum, from “spacing out”
while driving and missing an exit to being hyper-focused on a
topic. Along the range are memory issues, like gaps in recall,
often associated with PTSD.

“Dissociation can be
found in 1-3 percent of the
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Further along are depersonalization and derealization—which
Kaufman described as a profound detachment from sense of
self or sense of body, a sensation of being apart from one’s self,
perhaps viewing what is happening from a distance.

The furthest end of the spectrum is fragmentation of identity,
where “my feelings or my thoughts or my body feel like they don’t belong to me,” she said.

Richard Loewenstein, MD, a psychiatrist in the Trauma Disorders Program at the Sheppard Pratt Health System in Baltimore, noted in a 2018 paper in Dialogues in Clinical Neuroscience that dissociative identity disorders are among the oldest reported psychiatric disorders, with case reports appearing at the end of the 18th century.

In more recent times, DID was viewed as being “rare and exotic,” except during wartime. Yet, the diagnosis was not without controversy, even among mental health professionals, with a history going back to Freud and questions about what real memories are. That was rekindled in the 1980s cases involving child abuse at day care centers in many parts of the country.

Among the models developed at the time, one suggested DID could be produced in highly hypnotized, suggestible patients. Rather than simply reveal forgotten traumas, the theory went, hypnosis could be used to implant false memories.

DID can also be wrongly connected to malingering (exaggerated) and factitious (inauthentic) disorders, where patients make claims either with or without a motivation for personal gain. The best-known example of factitious disorder is the severe form once known as Munchausen syndrome.

“That’s not what it looks like,” said Kaufman. “It’s a very real, very well-studied psychiatric disorder.”

“It most often is chronic,” she continued. “It typically is at the hands of a caretaker. It can be sexual abuse, it can be physical abuse, it can be emotional abuse. But generally, people who have DID have had many different types of abuse at the hands of multiple perpetrators.”

The women she works with at the Hill Center usually arrive with histories of childhood abuse, PTSD co-occurring disorders such as eating disorders, or substance abuse issues. While DID affects men, she believes many are less likely to come forward for help.

“I think there’s even more of a stigma for men to talk,” she said. “It may be that, or a lot of mental health professionals are not trained to ask questions. They may not be on alert for it, because the media depicts women most often as having this disorder, so maybe they don’t even ask.”

DID is also treatable with a three-stage set of professional guidelines established through expert consensus.

The initial stage focuses on stabilization and safety. The goal is to “get things calmed down and life in order. It can take a while for someone to feel comfortable and safe. It can take years.”

Once that is achieved, clinicians move on to stage 2, where the patient begins to process the traumatic events that have affected them. In the final stage, the emphasis is on “getting your life back, mourning what you have lost and moving on without dissociation, learning how to be in the world without dissociating.”

At the same time, scientists are exploring potential biological or genetic links that could predispose a person to DID.

Studies to date have shown that in the classic form of PTSD, the brain’s amygdala—which controls the “fight-or-flight” response—is overactive while the prefrontal cortex is not, generating a hyper-aroused state.

But in the dissociative subtype of PTSD, Kaufman said, the prefrontal cortex is overactive to the point where a person can be numb and detached.

In fact, she explained, both the amygdala and prefrontal cortex become overactive in patients with DID. “The trauma state in DID looks like classic PTSD,” said Kaufman. “In a numbed state of mind, it looks more like the dissociative subtype where, the brakes are on too tight.”

Scientists are also looking at the brain’s attentional activation system, how a person concentrates.

“People who are dissociative have a really refined ability to focus attention, particularly in multitasking,” she said, saying researchers are working to understand how the brains of people with DID have a different allocation of resources toward attentional systems.

Finally, there are also studies on potential genetic links.

“You aren’t born with DID, but you can have a genetic predisposition to dissociate, so we are also looking for genetic markers.”

But Kaufman stressed that people with DID should not give up hope.

“It’s treatable. It’s a pretty phenomenal coping mechanism when you are growing up, but it becomes disruptive when you don’t need it anymore.”
Robert is an accomplished man. He is also a survivor of child abuse that left unseen scars on his brain. Scars that resulted in mental health struggles, including alcoholism, bulimia, and dissociative identity disorder (DID)—formerly known as multiple personality disorder. But like the abuse he endured as a child, he was able to hide all these struggles, so no one knew the pain he was feeling.

“What was totally hidden from everyone was the inner torment I was experiencing. I was filled with anger and depression, and I began drinking heavily to ease the pain.”

Robert also experienced periods of time—blank spots in his memory—when he could not recall anything that happened.

Those missing periods of time were finally explained when Robert learned that he was living with DID—an illness that only develops in individuals who suffer from severe physical, sexual, or emotional abuse as newborns through early childhood and is characterized by the presence of two or more distinct personality identities.

With therapy and support, Robert has been sober for 30 years, and while he still lives with DID, he chooses not to hide it. His story is chronicled in his memoir, “A Fractured Mind: My Life With Multiple Personality Disorder.”

“I am not ashamed to have DID. I have it because I am a survivor of child abuse, and that’s not something to be embarrassed about.”

To read more about Robert or about the Deconstructing Stigma campaign, visit DeconstructingStigma.org
ANYONE SHOULD BE ABLE TO SAY “I NEED HELP.”

McLean’s addiction care provides individuals the skills they need for sustained recovery from drugs and alcohol while also treating common co-existing conditions such as depression and anxiety.

It’s not easy, but together, we will find the answers.

To learn more, visit mclean.org/addiction
ECT Gave Me My Life Back
by Brian Neville

The memory is as fresh today as the feeling that night six years ago when I got up at around 2:30am and headed into the kitchen for a snack. It was as if a switch went off—but not the lights. It was the depression that had enveloped me for six years suddenly lifting.

And every day since, I thank the doctors who helped me achieve that goal—through electroconvulsive therapy (ECT).

I was a successful businessman with a good life when I woke up on an early morning in 2006, feeling a bit blue. After six months, I started wondering why I wasn't getting pleasure out of anything anymore and sought help. It came in the form of prescription medication, which did nothing to lift the darkness that was enveloping me.

I've developed some theories over the course of my journey. Everyone has experienced what I call "SS" or "situation sadness." It could be over the loss of a job, a friend, or a spouse. But sooner or later something comes along to get you out of that situation.

Depression is different. The worst thing in my day was when my first eye opened in the morning. The second worst thing in my day was when my second eye opened. It meant I had to get up and put on an act, trying to please people and fake everything. I got sick of faking my day.

I've since learned depression is a physical illness, just one you cannot see. There can be a lot of causes, but the bottom line is the chemistry in your brain is out of whack. Medication can help some people, but I got sick of taking one drug after another with no change in my day-to-day life.

So, in 2009, someone suggested I go to McLean Hospital and talk to them about ECT. What did I have to lose?

Yes, I know the treatment has a bad reputation, largely because of a scene in "One Flew Over the Cuckoo's Nest." That was a movie! Jack Nicholson was acting! And the practice of medicine has come a long way in the intervening decades of treating depression.

I had 54 treatments over the course of two years. And unlike in the movie, I didn't feel a thing. Today, you get general anesthesia and a muscle relaxant. You wake up and go home. I would get headaches, and I have lost some memories. But those side effects are better than what I had from taking pills.

I would walk out after treatment and feel like a totally different person. I used the time in between to go to the gym and work out, and I carefully watched what I ate.

Even that morning in November 2011.

I went back to bed, and for the first time in five years, I was excited to start the day. I canceled my next treatment, and I haven't gone back. No pills either.

I'm writing this because I want to bring hope and comfort to people with depression. But even more so for their friends and family. We know what we're going through. It's the people around us who don't understand. I was that person.

My message: I had everything to win with ECT treatments. And guess what? I did.

Brian Neville is a 54-year-old Massachusetts resident who was treated for depression at McLean Hospital.
Pathways Academy:
Meeting the Needs of Students With Autism

Started in 2000, McLean Hospital’s Pathways Academy is a year-round school designed and dedicated to meeting the psychological, social, and academic needs of students aged 6 to 22 with autism spectrum disorder (ASD). There are two educators for every four students at Pathways, and each classroom has a maximum of four students. The Pathways program also offers the students significant clinical support, including from psychologists, occupational therapists, speech and language pathologists, and nurses.

To meet their students’ needs, the Pathways staff adhere to a philosophy that includes approaches that aren’t typical in other school settings. One of these differences is the Pathways focus on flexibility—designing educational plans that cater to the child’s needs instead of forcing students to conform to a rigid, predetermined structure. Roya Ostovar, PhD, director of Pathways Academy, who established this philosophy in 2001, explained that this approach is particularly critical for students with ASD.

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LEFT: In McLean’s child and adolescent treatment programs, therapy is delivered in ways that make it a fun and positive experience.
“Every child deserves and must have the opportunity to learn and reach their full potential in a supportive and understanding environment that meets their needs, as opposed to requiring a student to change how they learn to fit a school's preconceived teaching method,” explained Ostovar. “I believe it is an ethical and moral mandate for clinicians and educators to meet the needs of this population and not erroneously treat them as students who are incapable of learning.”

That focus on the student’s needs includes a commitment to avoiding formal punishment, which allows each student to begin the day with a “clean slate.” Meanwhile, punishment in other educational settings often involves taking away things that support and teach social skills, such as a field trip.

“A lot of the other schools use a method called applied behavior analysis,” said Laura S. Mead, MSEd, Pathways Academy’s educational administrator. “It looks different in different settings, but it is generally based on looking at behaviors you want to increase and those you want to decrease, with the kids either earning points or having them taken away. However, for a lot of kids on the spectrum who also have strong anxiety, that’s a recipe for huge meltdowns.”

Karen Steves, Pathways Academy milieu manager, added that all staff have been trained in crisis de-escalation, which also helps to minimize emotional outbursts. She said that “restraints are rare” and that physical intervention only occurs when a student “is in danger of hurting themselves or others.”

“We preach natural consequences,” explained Steves, who has been at Pathways for more than 17 years. “If you’re yelling and screaming, other kids aren’t going to want to be around you.”

Another important pillar of the Pathways approach is to consistently provide the students with various types of support throughout the day, regardless of the setting. This includes sensory integration support—exposing the students to sensory stimulation in a structured, repetitive manner—social and self-regulation skills training, and developing coping strategies.

Ostovar explained that students “can’t learn these skills well if they are happening in isolation,” so all staff have been trained to provide support in all these areas, which, in turn, promotes generalization of skills—taking a skill learned in one setting and applying it in another setting.

Ostovar, who is internationally recognized for her extensive work and expertise in autism spectrum disorders, oversees the training and service delivery. She is a published author, and her books, including “The Ultimate Guide to Sensory Processing Disorder: Easy, Everyday Solutions to Sensory Challenges” and “5 Things You Need to Know About Social Skills Coaching,” are incorporated into the training and treatment approach.

According to Ostovar, the switch to this seamless approach to teaching and caring for students created an optimal environment for learning, wherein students are calm and able to negotiate socially. “It was a wonderful transformation over the past 17 years,” said Ostovar. “We saw a significant decrease in behavioral challenges at school and challenges at home reported by parents.”

These educational and behavioral advances lead to different positive outcomes, depending on the student’s goals. For instance, one Pathways graduate recently graduated magna cum laude with a bachelor’s degree in psychology from a local public university, while another student left Pathways to return to his local public high school to take classes and play on the football team.

“The overarching goal in special education is always to move kids to a less restrictive setting,” said Mead. “You always want to bring them back to their district if you can. But for a lot of kids, the goal when they come here is to help them to like school again, to have a place where they’re willing to come learn. For some kids, this will be where they want to stay and graduate.”

While Ostovar is heartened by the continued success of Pathways students, she remains concerned about how they will fare after they leave the program. That is why she recently established a new pilot program that teaches older students the transitional skills they need to be successful in adulthood.

“Of course, Pathways is an amazing place to learn,” said Ostovar. “However, I want our students to be prepared and have the skills they need to live an independent, happy, and productive life after they leave the program. My wish is to prepare our students more effectively for when that time comes.”

LEFT: Pathways Academy staff, like occupational therapist Jennifer Zack, MS, OTR/L, are committed to providing exceptional care for their students.
McLean Hospital has launched its first-ever podcast—Mindful Things. This new audio series explores mental health through frank, in-depth, personal, and sometimes difficult conversations about the many things that affect our mental well-being.

The series features a wide variety of guests, including clinicians, advocates, and celebrities, and covers a wide variety of topics, such as depression, anxiety, and trauma, with virtually no subject being off limits. Along with interviewing guests to get their unique perspectives, our podcast host discusses his own experience living with mental illness.

Mindful Things is available via several platforms, including Spotify, Stitcher, and iTunes. Check it out.
McLean Hospital provides professional education opportunities for a wide range of mental health and allied health professionals, including psychiatrists, psychologists, nurses, social workers, nationally certified counselors, nursing home administrators, and educators. We look forward to seeing you at one of our courses in 2019. For more information, visit mclean.org/continuing-education

**Mentalization-Based Treatment for Adolescents (MBT-A) Workshop**  
May 2, 2019  
The Conference Center at Waltham Woods  
Waltham, MA

**Mentalization-Based Treatment (MBT): Basic Training 2019**  
May 2–4, 2019  
The Conference Center at Waltham Woods  
Waltham, MA

**Addictions 2019 Conference**  
May 3–4, 2019  
Boston Marriott Cambridge Hotel  
Cambridge, MA

**Psychiatry 2019 Conference**  
June 13-15, 2019  
Fairmont Copley Plaza  
Boston, MA

**Attachment 2019 Conference**  
September 13–17, 2019  
Boston Marriott Cambridge Hotel  
Cambridge, MA

**2019 Technology Summit**  
October 28–29, 2019  
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