

## State of the Art of Clinical Work with DD/DIS in Europe

- Germany's Answers
- Michaela Huber
- ISSD e.V., Germany

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## 1. Begin of the discussion in Germany/Persons 1990-1995

- Luise Reddemann, MD, in her inpatient clinic in Bielefeld, together with Anne Jürgens and others who learnt e.g. from Onno v.d.Hart, later Ellert Nijenhuis, both taught in Germany
- Arne Hofmann, MD, returning from Palo Alto and then in charge of an inpatient unit within a psychiatry-clinic in Oberursel.
- Michaela Huber, Psychotherapist and Journalist, with her outpatient clinical work, trainings, and publications
- 1995, ISSD-Congress Amsterdam: Foundation of the German ISSD study group, Speaker: Michaela Huber
- 1997, ISSD-Congress Montreal: Michaela Huber gets the „International Distinguished Achievement Award“; 2005 International ISSD-congress: Ursula Gast gets the David Caul Memorial Award
- Since 1995 regular annual meetings of the ISSD Germany, e.g. with contributions by US and Netherland colleagues (Kluft, Nijenhuis etc.);
- Austrian, Swiss and Luxemburg colleagues joined the German ISSD.

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## 1. Beginnings (Publications)

- 1786: First publication ever: Gmelin: Case of a „changed“ personality, Fall einer „vertauschten“ Persönlichkeit (Materialien für die Anthropologie, Bd. 2)
- Fiction: Translations from the US like „Sybil“ (1976), „Aufschrei“ (When Rabbit Howls), „Ich bin viele“ (The Flock); Nonfiction: Important translations of books by Putnam (1989), Ross (1989)
- Most important year: 1995. Michaela Huber: Handbook: Multiple Persönlichkeiten (sold more than 30.000 copies); special volume of „Hypnose & Kognition“, on Dissociative Identity Disorder; foundation of „Vielfalt e.V.“ (Multitude), a special interest group for DD and DID; congress on multiple personalities by a support organization (Wildwasser) in Bielefeld; congress-publication: „Der aufgestörte Blick“
- After 1995 a flood of publications in fiction, non-fiction, newspapers, and magazines; treatment units for trauma and DD in Bielefeld, Bad Wildungen, Oberursel, Bad Bevensen, etc.

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## 2. First Difficulties

- Inpatient clinics, insurances, surveillors, etc. were in contrast to the „down-to-earth“-experiences of consultants, lawyers, psychotherapists, and other clinicians. „Belief or non-belief-discussion“ of DID, also in the media; slowly more acceptance.
- Most colleagues who treated DD/DID had to rely on expert meetings, trainings in treating DD/DID, reading books, and their own experience.

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### 3. Scientific studies

- DFG-supported research project on "Diagnosis and Treatment of Dissociative Disorders" at the Clinic for Clinical Psychiatry and Psychotherapy, Medical School Hannover and at the Clinic for Psychotherapeutic and Psychosomatic Medicine  
Bielefeld ; Vielfalt-survey about what helped DID-personalities to establish external safety, 2004; „side results“ in PTSD-studies; some publications in the pipeline on clients reporting ritual abuse in clinical and counseling settings... More see link below.
- More than 50 theses for M.A. or Ph.D (MD), mostly on the phenomenology of DD/DID and/or diagnostic instruments
- Ursula Gast, 2002: postdoc thesis relation to qualification as a university lecturer: Komplexe Dissoziative Störungen. Konzeptionelle Untersuchungen zur Diagnostik und Behandlung der Dissoziativen Identitätsstörung und ähnlicher Erkrankungen. Habilitationsschrift. Medizinische Hochschule Hannover.
- Diagnostic instruments and validation studies: FDS (extended DES; Freyberger et al., 1998), SKID-D (Gast et al, 2000), validation-study of the SKID-D (Rodewald, 2005); DDIS (Overkamp, 2005, doctoral thesis: Differentialdiagnose bei der Dissoziativen Identitätsstörung)
- More see [http://scholar.google.de/scholar?q=Deutsche+Studien+zu+dissoziativen+St%C3%B6rungen&hl=de&as\\_sdt=0&as\\_vis=1&oi=scholar](http://scholar.google.de/scholar?q=Deutsche+Studien+zu+dissoziativen+St%C3%B6rungen&hl=de&as_sdt=0&as_vis=1&oi=scholar)

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### „The many“ and their organizations

- Best: „Vielfalt e.V.“ (multitude), a group of experts and affected personalities, collaboration not always easy but searched for by clinicians
- Self-help groups in internet, some suspicious of being infiltrated by perpetrators, some more controlled, some collaborating with clinicians, other more critical.

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## Networks national/international

- ISSD e.V., registered society since 1997, collaborating with ISSD (now ISST-D), getting more independent from them, prognosis: will be „German Society for Trauma and Dissociation“ in 2011. One or more meetings/congresses per year, very often with participation of colleagues in Austria, Switzerland, Luxemburg, sometimes UK, Netherlands, Israel....
- DeGPT (German ISSTS): more for single trauma and favoring evidence based studies, but collaboration.
- Websites: [www.dissoc.de](http://www.dissoc.de) (not actualized)
- List of Michaela Huber (1.200 colleagues in Germany, Austria, Switzerland and other countries), Newsgroup, very active.

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## Self-Help-Organizations and Sites

- Vielfalt e.V. ([www.vielfalt-info.de](http://www.vielfalt-info.de)), most important group of experts and DIDs
- Trauma und Dissoziation ([www.dissoziation.org](http://www.dissoziation.org))
- [www.infonetz-dissoziation.de](http://www.infonetz-dissoziation.de) (Medical University of Hannover, not actualized)
- [www.blumenwiesen.org](http://www.blumenwiesen.org) (multiples)
- [www.disforum.de](http://www.disforum.de)
- [www.spiritsofsurvival.opfernetz.de](http://www.spiritsofsurvival.opfernetz.de)
- And others

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## 6. What should be done?

- Long-term support for severely dissociative personalities (consultation, inpatient and outpatient psychotherapy and (psychiatric) care, etc.
- Better co-operation of responsible colleagues; implementing structural dissociation theory in all psychotherapy trainings; conceptual integration of therapeutic approaches; more scientific studies, esp. outcome studies „What helped?"; support for more theoretical and clinical studies; more networking.

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