Nursing care for individuals with dissociative identity disorder: a theoretical reflection in light of Peplau's Theory

Cuidado de enfermagem ao portador de transtorno dissociativo de identidade: uma reflexão teórica à luz da Teoria de Peplau

Cuidados de enfermería al portador de trastorno disociativo de identidad: una reflexión teórica a la luz de la Teoría de Peplau

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How to cite: Franco MJ, Souza TAS, Chaves SCS, Melo Filho PL. Nursing care for individuals with dissociative identity disorder: a theoretical reflection in light of Peplau's Theory. REVISA. 2026; 15(2): 144-151.: . Doi: https://doi.org/10.36239/revisa.v15.n2.p144a151

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Received: 17/01/2026
Accepted: 17/03/2026

RESUMO

Introdução: O cuidado de enfermagem ao portador de Transtorno Dissociativo de Identidade demanda sensibilidade clínica e sólida fundamentação teórica, uma vez que envolve aspectos complexos da subjetividade humana. Este estudo tem como objetivo refletir sobre a assistência de enfermagem a pessoas com TDI à luz da Teoria das Relações Interpessoais de Hildegard Peplau, destacando a relevância do vínculo terapêutico, da escuta ativa e da promoção da autonomia no processo de reabilitação psicossocial. Trata-se de uma reflexão teórica construída a partir da articulação entre os pressupostos da teoria e as especificidades do cuidado em saúde mental. A análise evidencia que a interação enfermeiro-paciente constitui o eixo central da prática assistencial, favorecendo a confiança, a empatia e a reconstrução da identidade fragmentada. Conclui-se que a Teoria de Peplau oferece subsídios fundamentais para uma prática de enfermagem integral, ética e humanizada, contribuindo para a reintegração social e o fortalecimento da cidadania de pessoas com TDI.

Descritores: Cuidado de enfermagem; Transtorno dissociativo de identidade; Teoria de Peplau; Tratamentos; Saúde Mental.

ABSTRACT

Introduction: Nursing care for individuals with Dissociative Identity Disorder requires clinical sensitivity and a solid theoretical foundation, as it involves complex aspects of human subjectivity. This study aims to reflect on nursing care for people with DID in light of Hildegard Peplau's Theory of Interpersonal Relations, highlighting the relevance of the therapeutic bond, active listening, and the promotion of autonomy in the process of psychosocial rehabilitation. This is a theoretical reflection built upon the articulation between the assumptions of the theory and the specificities of mental health care. The analysis shows that the nurse-patient interaction constitutes the central axis of care practice, fostering trust, empathy, and the reconstruction of fragmented identity. It is concluded that Peplau's Theory provides essential support for comprehensive, ethical, and humanized nursing practice, contributing to the social reintegration and strengthening of citizenship for people with DID.

Descriptores: Nursing care; Dissociative identity disorder; Peplau's theory; Treatments; Mental Health

RESUMEN

Introdução: El cuidado de enfermería a personas con Trastorno de Identidad Disociativo requiere sensibilidad clínica y una sólida base teórica, ya que implica aspectos complejos de la subjetividad humana. Este estudio tiene como objetivo reflexionar sobre la atención de enfermería a personas con TID a la luz de la Teoría de las Relaciones Interpersonales de Hildegard Peplau, destacando la relevancia del vínculo terapéutico, la escucha activa y la promoción de la autonomía en el proceso de rehabilitación psicosocial. Se trata de una reflexión teórica construida a partir de la articulación entre los supuestos de la teoría y las especificidades del cuidado en salud mental. El análisis evidencia que la interacción enfermero-paciente constituye el eje central de la práctica asistencial, favoreciendo la confianza, la empatía y la reconstrucción de la identidad fragmentada. Se concluye que la Teoría de Peplau ofrece fundamentos esenciales para una práctica de enfermería integral, ética y humanizada, contribuyendo a la reintegración social y al fortalecimiento de la ciudadanía de las personas con TID

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Descriptores: Cuidados de enfermería; Trastorno de identidad disociativo; Teoría de Peplau; Tratamientos; Salud Mental

THEORETICAL REFLECTION

Introduction

Dissociative Identity Disorder (DID) is characterized by the presence of two or more distinct personality states within the same individual and is classified among dissociative disorders, alongside depersonalization/derealization disorder and dissociative amnesia.[1, 2] In this context, dissociation refers to a disruption in the normal processes of consciousness, memory, identity, and perception, representing one of the central elements for the diagnosis of DID.[3, 4]

In addition to the traditional clinical approach, DID is also analyzed through the sociocognitive model, which proposes that, without a conscious intention to deceive, some individuals may behave as if they had multiple personalities in response to social or cultural expectations. This behavior may manifest through phenomena such as hypnosis, mediumship, and spiritual possession, and is influenced by cultural roles and social norms.[2, 3]

Historically, the first objective study on DID was conducted by Antoine Despine in 1836 in France, involving the case of Estelle L'Hardy, a young woman who alternated between contrasting states of consciousness. This case anticipated what is now recognized as a dissociative manifestation resulting from intense childhood trauma. Current literature reinforces this association between DID and recurrent childhood trauma, which favors the fragmentation of consciousness as a defense mechanism.[5] Freud also addressed the phenomenon of dissociation, understanding it as a fragmentation of the ego, in which different psychic states remain dissociated from primary consciousness.[6]

In the context of health care, especially in nursing, the management of DID presents specific complexities that require clinical sensitivity and solid theoretical training. The construction of therapeutic bonds and continuous observation of patient behavior are fundamental to effective care. In this scenario, Hildegard Peplau's Theory of Interpersonal Relations stands out, which since 1952 has provided a solid foundation for mental health care, emphasizing the nurse–patient interaction as an essential therapeutic tool.[8, 9]

The principles outlined by Peplau are highly applicable to care in cases of DID, as they foster the construction of relationships based on trust and acceptance, making the nurse an active agent in promoting the patient's social and family reintegration. They contribute not only to treatment adherence, but also to the restoration of citizenship and individual autonomy. Since its formulation, Peplau's theory has helped to understand nursing care as an interaction that promotes mutual growth and reciprocal learning, offering a conceptual pathway for care practices based on trust, respect, and patient autonomy.

In light of this, this theoretical reflection seeks to discuss the applicability of Peplau's Interpersonal Theory in nursing care for individuals with DID, highlighting how its principles can foster therapeutic bonding, emotional integration, and psychosocial rehabilitation.

Methodology

This is a theoretical reflection developed from the critical and interpretative analysis of the scientific literature and the assumptions of Hildegard Peplau's Theory of Interpersonal Relations, applied to the context of nursing care for individuals with Dissociative Identity Disorder (DID). The reflective process was guided by a conceptual and interpretative approach aimed at understanding the interaction between theory and practice in the field of mental health. The construction of the text followed three interconnected movements: [11]

1. Theoretical foundation: a narrative review of national and international publications addressing DID, mental health care, and the application of nursing theories. This stage aimed to contextualize the phenomenon and provide theoretical support for the reflection, without the intention of methodological exhaustiveness.
2. Conceptual articulation: analysis of the central principles of Peplau's Interpersonal Theory—orientation, identification, exploitation, and resolution—as structuring axes of the reflection on the care process. This articulation made it possible to discuss the nurse's role in promoting therapeutic bonding, recognizing patient subjectivity, and reconstructing fragmented identity.
3. Reflective synthesis: development of critical interpretations regarding the applicability of the theory in caring for people with DID, considering the ethical, relational, and practical challenges of mental health nursing.

As this is a theoretical reflection, no empirical data were collected, and the ideas presented result from the integration of theoretical references, professional experience, and conceptual interpretation of the phenomenon studied. The study respects the ethical principles of scientific research and academic production, with proper citation of the sources used.

Reflective synthesis

Hildegard Peplau's Theory of Interpersonal Relations offers a fertile foundation for understanding nursing care in contexts of psychological suffering, especially in situations where identity fragmentation and emotional vulnerability require bonding, empathy, and active listening.[12] In caring for individuals with Dissociative Identity Disorder (DID), Peplau's principles illuminate the therapeutic process as an intersubjective trajectory, constructed in four phases—orientation, identification, exploitation, and resolution—in which nurse and patient establish a therapeutic partnership aimed at reconstructing autonomy and integrating the self.

Orientation and identification: bonding as the starting point for the reconstruction of the self

The beginning of the therapeutic process is marked by the encounter between nurse and patient—a moment in which the foundations of a relationship that must be, above all, human, ethical, and empathetic are established. The orientation phase represents the awakening of genuine care: the nurse approaches the individual, recognizing their uniqueness and offering a form of listening that legitimizes their pain and their multiple internal voices. In this context, to orient is not to instruct, but to empower the patient to recognize themselves as the protagonist of their own therapeutic process.[3, 13–14] Listening, at this level, goes beyond communication technique—it becomes a therapeutic instrument that allows the capture of emotional nuances, silences, and resistances, revealing aspects of suffering that do not always emerge in explicit speech.

Identification, in turn, symbolizes the moment when the patient recognizes the nurse as a reliable support figure, capable of understanding and responding to their needs. For people with DID, whose experience of self is fragmented, this recognition is profoundly therapeutic, as it favors subjective reintegration and a sense of continuity of one's own existence.[15] By welcoming the different expressions of personality and the patient's emotional oscillations, the nurse legitimizes each part of the self, offering a space of acceptance and coherence that the external world often denies.[16]

This stage requires a sensitive and observant stance. Subtle signs—such as withdrawal, mood swings, suicidal ideation, or abrupt behavioral changes—must be perceived as communications from the unconscious, expressions of the internal struggle among dissociated identities. Thus, active listening and empathy become care devices capable of transforming vulnerability into therapeutic dialogue.[16,17] The relationship built at this stage transcends the technical role: it is the first step toward restoring trust and emotional autonomy.

Exploitation: the awakening of autonomy and the reconstruction of identity

The exploitation phase corresponds to the moment when the patient, supported by a solid therapeutic bond, begins to use more actively the resources offered by the interpersonal relationship.[18] Here, nursing care goes beyond the assistive dimension and becomes a space for emotional growth and experimentation. The nurse acts as a mediator of the self-discovery process, encouraging the expression of feelings, the confrontation of internal conflicts, and the reconstruction of a coherent narrative about oneself.[18–19]

DID challenges the notion of linear identity, and the nurse's role is precisely to facilitate dialogue among dissociated parts, promoting integration and mutual recognition. Peplau conceives this phase as a process of reciprocal learning: the patient learns to understand their own reactions and emotions, while the nurse learns to interpret suffering from new human perspectives.[20]

At this stage, daily care—encouraging hygiene, nutrition, body care, and attention to the environment—acquires symbolic value. These are simple actions that reconnect the individual to the materiality of life, reaffirming their existence and strengthening the perception of continuity among the various parts of the self.[21] By sustaining this process with patience and coherence, the nurse offers a safe therapeutic environment in which the patient can recognize themselves without fear of judgment or rejection.

The exploitation phase also highlights the tension between dependence and independence. The nurse must balance support and distance, avoiding relationships of emotional dependence and encouraging the patient to gradually assume protagonism in their own care.[20,22] Thus, the interpersonal bond becomes an instrument of emancipation rather than control. The focus shifts to strengthening self-awareness and the capacity for self-management of suffering—essential aspects for rehabilitation and social reintegration.

Resolution: the consolidation of autonomy and continuity of care

The resolution phase symbolizes the maturation of the therapeutic relationship and the consolidation of the subjective reconstruction process. At this point, the patient achieves greater emotional stability and capacity for self-management, demonstrating that the interventions have been meaningfully internalized.[23] The nurse, who was previously a mediator and facilitator, now becomes a symbolic reference of support, whose presence continues to offer security and confidence even in the face of gradual distancing.

For individuals with DID, resolution does not imply the complete disappearance of dissociative symptoms, but rather the development of internal resources that allow them to live with multiplicity in an integrated and functional way.[24] The nurse plays an essential role in this process, supporting the patient during the transition between the therapeutic environment and social life. This continuity of care, even after discharge, reflects Peplau's understanding that the interpersonal relationship is a spiral process—cyclical, evolutionary, and transformative for both parties.

Practices such as individualized follow-up, empathetic listening, and reinforcement of coping strategies are crucial to prevent relapse and promote the maintenance of emotional stability.[24–26] In addition, the shared development of a discharge plan and the involvement of

the family support network expand the community dimension of care, strengthening autonomy and preventing psychological decompensation. In this context, the nurse acts as a link between the individual and their environment, promoting continuity of care that recognizes the patient as an active subject rather than merely as a bearer of a disorder.

The application of Peplau's principles to the care of people with DID transcends technique and is situated within the field of transformative human encounter.[27] The interpersonal relationship, when grounded in trust and empathy, becomes a space for re-signification, in which the patient can reconstruct a sense of self and experience care as a possibility of reconciliation with their own history.

By recognizing the patient as a multiple subject, the nurse broadens their own understanding of the complexity of human identity. Thus, nursing care, illuminated by Peplau's Theory, ceases to be a punctual act and becomes a process of co-evolution between caregiver and cared-for, in which both are mutually transformed.

This perspective reaffirms the power of nursing as a relational science and as an ethical practice, capable of restoring humanity to the therapeutic space and promoting mental health not only through cure, but through recognition, listening, and genuine bonding.

Conclusion

Peplau's Theory of Interpersonal Relations proves to be a fundamental framework for nursing care for individuals with Dissociative Identity Disorder, as it values the nurse–patient relationship as a therapeutic instrument and promotes a comprehensive, empathetic, and humanized approach. The interpersonal bond emerges as the central axis of care, enabling the nurse to act as a mediator of autonomy, self-integration, and the patient's psychosocial reintegration, thereby contributing to quality of life and citizenship.

However, there is a recognized need to expand empirical research to support care protocols and public policies capable of strengthening evidence-based practice, as well as to ensure continuing education and adequate working conditions for professionals.

Thus, this study reinforces that the application of Peplau's Theory not only enriches nursing practice but also expands therapeutic and human possibilities in mental health care, consolidating the role of the nurse as an agent of transformation and of meaning-making in the caregiving process.

Acknowledgments

This study was funded by the authors themselves.

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