

# Joanna Ringrose

## ABSTRACT

### **Dissociative Identity Disorder & The Dissociative Disorders: An Exploration of Contemporary Theory & Practice**

The dissociative disorders have suffered as a result of too little attention. They have been omitted from the curriculum of training programmes and from introductory text books. The concept of Dissociative Identity Disorder (DID) has suffered from the additional problem of scepticism over its validity. These setbacks have resulted in missed diagnoses which, in the case of DID (and sometimes Dissociative Disorder Not Otherwise Specified, DDNOS) can have major consequences for clients because practitioners may not take account of their other identities in therapy. In these circumstances, clients are unlikely to substantially improve.

This study examines the assessment and treatment of the dissociative disorders as outlined in DSM-IV-TR, paying particular attention to DID and DDNOS (American Psychiatric Association, 2000). Using data from interviewing specialists in the field, along with material gathered from the literature and an heuristic enquiry, several products (a journal article; a seminar and training manual and three booklets) have been written and disseminated by way of a contribution to right this deficit.

Prior to the main study, a six item questionnaire asking therapy practitioners about their knowledge and experience in the field of dissociation was completed by 19 volunteer subjects. All respondents reported they had worked with a client with dissociative symptoms and the majority (14/19) had worked with a client with a specific dissociative disorder. Nearly all (16/19) reported that dissociation was an area they wanted to increase their knowledge.

The main study was embarked upon based on these findings and the aforementioned problems outlined in the literature. Potential participants were sourced using the internet to find the contact details of leading specialists in the field of dissociation. All eight volunteer participants from the UK, the US and the Netherlands were found through introductions from three of these direct contacts. The sample was thus opportunistic, purposive and used the snowball technique. Each respondent participated in an interview lasting between one, and one and a half hours, where they were asked eight open ended questions about their therapy with clients with a diagnosis of DID or DDNOS. The questions tapped three broad category domains; 1.) assessment and diagnosis, 2.) treatment and 3.) problems associated with this work. The interviews were then transcribed verbatim and analysed using an adapted form of grounded theory analysis (Glaser & Strauss, 1967) in combination with the constant comparison procedure (Strauss & Corbin, 1990). Three main findings emerged from the data, the literature and the heuristic enquiry. Firstly, respondents reported frequent misdiagnosis of DID and outlined the reasons and the consequences of this for clients and practitioners. Secondly, the outline of the dissociative disorders in DSM-IV-TR did not accurately reflect respondents' experiences of them in many respects. The main differences were that 1.) Dissociative Amnesia (DA) Dissociative Fugue (DF) and to some extent Depersonalisation Disorder (DP) are rarely seen as disorders but are often seen as symptoms of DID and DDNOS. 2.) Therapy differs greatly if DP is presented as a disorder, to when it is seen as a symptom of DID or DDNOS, thereby partially supporting the notion there are two distinctly different forms of dissociation, detachment and compartmentalisation (Holmes et al, 2005). 3.) DID was reported to comprise of a number of clusters of symptoms which include the remaining dissociative disorders that is; DA, DF, DP as well as several symptoms found in the Somatoform Disorders (SD) and symptoms which denote the client has Distinct Identities (DI). For example, the client finding belongings amongst their possessions that they cannot account for. A model has been drawn to represent the major symptom clusters of DID and DDNOS and reasons and explanations given for the choice of components for each. 4.) Respondents' conceptualisations of DDNOS differed widely, resulting in the same diagnosis being given to

clients with different presentations. As a result, a second model has been devised to best depict the configurations respondents offered, thereby creating a new conceptualisation which I have called Dissociative Disorder with Fragmented Identity (DDWFI).

The third major finding was that respondents used several therapy approaches and techniques and adapted their traditional approach to working in order to accommodate the needs of these clients. The consequences of these findings have been discussed. Particular attention has been paid to the implications they have on how therapist practitioners are currently trained and recommendations for changes to future programmes have been suggested.