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A research study on the Dissociative Identity Disorder patients in Sweden

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Abstract

Dissociative identity disorder (previously known as multiple personality disorder) often results from severe trauma during early childhood and is considered as the most severe and chronic manifestation of the dissociative disorders. This study aims to explore therapies used on patients with dissociative identity disorder and to obtain an overview of the dissociative identity disorder situation in Sweden according to the experts’ perspectives. To accomplish the objectives, a qualitative research was used and the data came from three interviews with experts in dissociative identity disorder field and a short literature review was conducted. The analysis was guided by the psychodynamic and cognitive-behavioural theories with a focus on the meaning of the interview texts.

The result shows a positive trend of developments about the situation of dissociative identity disorder in Sweden. At the same time, it proves that social workers in Sweden have a long way to go in this field with therapists major in dissociative identity disorder. When it comes to therapists used by professionals, plenary effective therapies along with innovative therapies would be put in use in dissociative identity disorder field.

Keywords: Dissociative identity disorder, trauma, therapy, symptom, social worker, situation, Sweden
Preface

*Special thanks to*

All the informants in our research

Our supervisor: Mats Sundin
Contents

Abstract and Keywords ----------------------------------------------------------I
Preface ------------------------------------------------------------------------II

Chapter 1  Introduction
  1.1 Background ---------------------------------------------------------------1
  1.2 Connection to social work --------------------------------------------------3
  1.3 Aims---------------------------------------------------------------------4
  1.4 Research questions --------------------------------------------------------4
  1.5 Disposition ---------------------------------------------------------------4
  1.6 Definition of Dissociative Identity Disorder------------------------------5

Chapter 2  Earlier Research---------------------------------------------------6

Chapter 3  Theoretical Perspectives--------------------------------------------17

Chapter 4  Methodology
  4.1 Research Design-----------------------------------------------------------21
  4.2 Mode of Procedure
    4.2.1 Selection of literatures---------------------------------------------23
    4.2.2 Selection of interviewees------------------------------------------23
    4.2.3 Data gathering process--------------------------------------------23
  4.3 Data Analysis-------------------------------------------------------------26
  4.4 Essay Credibility
    4.4.1 Reliability--------------------------------------------------------27
    4.4.2 Validity------------------------------------------------------------27
    4.4.3 Generalisability----------------------------------------------------28
  4.5 Ethical Standpoints--------------------------------------------------------28

Chapter 5  Results
  5.1 Symptoms-----------------------------------------------------------------30
  5.2 Therapies
5.2.1 Psychodynamic Therapy---------------------------------------------32
5.2.2 Cognitive (Behavioral) Therapy-------------------------------------32
5.2.3 Existential Therapy / Humanistic Therapy-----------------------------33
5.2.4 Family Therapy-----------------------------------------------------34
5.2.5 Medication and other therapies-------------------------------------35
5.3 Situation in Sweden---------------------------------------------------36
5.4 Social Workers’ Responsibility----------------------------------------37
5.5 Conclusions----------------------------------------------------------38

Chapter 6    Discussion

6.1 Compare with aims----------------------------------------------------40
6.2 Compare with earlier research-----------------------------------------40
6.3 Methodology discussion-----------------------------------------------41
6.4 further research------------------------------------------------------41

Bibliography
Appendix
Interview Guide
Chapter 1  Introduction

To show our tribute to the movie ‘Identity’ that narrates a story of a patient with dissociative identity disorder whose one alternative personality kills other personalities, and at the same time, to explore intense information about dissociative identity disorder in society, we determine to operate this feasible study.

1.1 Background

There has been an old saying prevailed in psychological and social work areas presents as everyone has multiple personality to struggle for, since years ago, people started to reflect themselves, during which period they might conceive that in fact they are dominated by several different personalities. Normally, common people are able to control their different personalities and integrate them into unity condition. Nonetheless, we have to admit, other people who could not handle these complicated situations might get trapped into dissociative identity disorder (DID), which has been called multiple personality disorder (MPD) formerly.

Dissociative identity disorder, as pointed out previously, is a psychiatric problem occurs in people’s experiences of possessing two or more personalities in their bodies, every of which has its unique and special way of observing this world. In the light of DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition), from Forgash and Copeley’s quotation in 2008, DID is defined as “the presence of two or more distinct identities or personality states... that recurrently take control of the individual’s behavior”, added with “inability to recall important personal information, the extent of which is too great to be explained by ordinary forgetfulness”. Obviously, main features of DID are incoherence between events and split of self-memories, under which circumstances people would easily generate hysteria emotions and therefore each identity presents defections with others.

In Nilsson’s thesis at the year of 2007, he pointed out that Putnam (1993) based on West’s (1967) description writes: “dissociation as a psycho-physiological process that
alters a person’s thoughts, feelings, or actions so for a period of time certain information is not associated or integrated with other information as it normally or logically is” (p, 40). From this brand definition conceptualized by Putman, literally there actually exist various syndromes that survivors from DID would present, both in psychiatric phase and physical phase.

What we refer to dissociation, in academic level, is tightly bounded with the DID and its pathological form could be concluded as defensive and adaptive, by which we social workers have ways of figuring out the complexity in DID. Albeit negative as descriptions about DID show to us, reversely speaking, in its pathological form, people who are disturbed by this psychiatric problem, schism for them is a stable and secure place to hide, at the same time, to preserve their subject personality avoid being re-insulted.

Beginning in the eighteenth century, more detailed accounts in terms of multiple personality being a mental condition began appearing (“A history of dissociative identity disorder”, n.d., para. 1). Ever since the year of 1816 when S.L. Mitchill and his patient Reynolds recorded their treatment process as the first public document, cases and statements concerning DID subject begin to disseminate all over the western world slowly, in 19th century, a series of literatures were published by several experts. Though it was called the period of ‘extinct’ in multiple personality disorder research and investigation during the time of late 19th century and early 20th century (“A history of dissociative identity disorder”, n.d., para. 7) rather researchers’ enthusiastic towards MPD topic did not extinguish yet. Been perceived gradually among psychological experts and whole society, a great number of researches and investigations on dissociative identity disorder were carried out in a great number till today and even the future.

Delineated and precisely concluded by numerous experts major in psychology, psychiatry and neurology, people who are diagnosed as survivors of dissociative
identity disorder often have endured overwhelming spiritual or physical traumas during their childhood. Amongst, what is broadly known by scholars is abuse behavior, no matter in the physical level or mental level. Children who have experienced abusive treatments have higher possibilities of developing or generating various personalities, things would happen if he or she has no capability of violating abusive treatments from the family, one of their alter personalities might become a brutal character, that is to say, presences of other identities are supplementary tools for them. As information discussed above, traumas happened in earlier years could be evident source of dissociative identity disorder.

Researches before, in early years, primarily emphasized the dissociative identity disorder situation in which adolescents are trapped. Nonetheless, scholar reports investigate dissociative identity disorder within youths’ scale are increasing in recent years, the number shows that experts’ concern about dissociative identity disorder has been in culminated point ever since 1990s. ‘Most of the research and literature published concerning dissociation has concentrated on adults. However, since the late 1990 this has changed, with Frank W Putnams’ writings and publications on dissociation among children and adolescents’ (Nilsson, 2007), experts’ attentions were transferred to this situation happened on teenagers, which is to say, dissociative identity disorder is pervading around the world step by step.

1.2 Connection to Social Work

Although nowadays it is broadly acknowledged by therapists and social workers that repetitive overwhelming traumatic experience is the momentous cause for dissociative identity disorder, we cannot repudiate that under the pressure of working and living in present world might aggravate hazards of dissociative identity disorder. If it could not be stressed, the situation which possibly has chances to influence the stability of society will certainly be laid into an urgent place. The aggravate hazards will lead to the increasing rate of criminal cases which cause social problems.
Thereafter, strictly speaking of the potential influence that dissociative identity disorder patients might have within society is not only their suicidal intentions, but also arbitrary aggressive behavior during the transformation process of different personalities.

Moreover, a patient with mental disorder disease like DID are not able to get access to a happy, self-determined and non-discriminated life, neither opportunities of normal works without assistant from professional social workers and therapists.

1.3 The aim of the study

The main aim of our research is to get a broad understanding of dissociative identity disorder, including the symptoms, causes and especially focus on different therapies for DID patients. Moreover, we hope our research could be useful for later researchers and social workers and help more people with DID get rid of this situation and live a normal and happy life. As an ultimate prediction, in scientific facet, a bridge would be built between dissociative identity disorder conditions and social work in our investigation, through which complementary treatments or cautions for patients with dissociative identity disorder could be prevailed in society as well.

In order to accomplish this study as well as to validate the quality of it, we would prefer to operate both literature review and interviews during this process.

1.4 The research questions

1. What therapies are used for dissociative identity disorder patients?
2. What is the current situation of the dissociative identity disorder patients in Sweden according to the perspectives of experts in Sweden?

1.5 Disposition

In the first chapter of this essay, an exhaustive introduction of dissociative identity disorder is given as well as the research aims and questions. In the second chapter, a
literature review together with earlier research is presented. Chapter three is the theoretical perspectives which guided our research and also as our analytic tool. The next chapter comes the method we used in data gathering and data analysis. Chapter five presents the results of the research. The last chapter, discussion part, is about critical thinking on our study and hypotheses for further research.

1.6 Definition of Dissociative Identity Disorder

"The Diagnostic and Statistical Manual of Mental Disorders- Text Revision (DSM-IV TR)", which contains this official definition- a definition, which is accepted by mental health professionals, and is used in all research and clinical settings: (APA, 2000):

- The presence of two or more distinct personality states, (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).

At least two of these identities or personality states recurrently take control of the person's behavior.

- Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

- The disturbance is not due to the direct effects of substance abuse (e.g. blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (e.g. complex partial seizure).
Chapter 2  Earlier researches

This chapter – as both earlier research part and the literature review process, intensively, focuses on demonstrating and concluding information or data that we have obtained from earlier researches concerning dissociative identity disorder. Since we determine to carry out a qualitative research study in this field, earlier research appears to be momentous for our preceding investigations.

In order to summarize useful information from thesis or dissertations written by experts before, internet search engine (search with the keyword of ‘dissociative identity disorder in Sweden’) offers us abundant accessible ways of touching our topic, and then getting familiar with what we intend to understand. Within this process, of course, we still make use of data-base systems relevant to notions that are practical for our study as well. After scanning information all through, ultimately six dissertations are chosen as our qualified material for earlier research, with regard to which we as undergraduate students who are interested in dissociative identity disorder become aware about professional standpoints of our topic.

What we have found in earlier researches would be explained and illustrated as follows:

**Trauma, Posttraumatic Stress and Dissociation among Swedish Adolescents. Evaluation of Questionnaire by Doris Nilsson (2007):** The main aim of this research is to explore trauma as well as dissociation in Sweden with the age range of children and adolescent; meantime, getting access to evaluating reliability and validity of three self-test instruments (Dis-Q-Sweden, A-DES and TSCC) formulated for dissociative identity disorder patients is another goal as well; A second aim has been to compare the results with conclusions from other countries and to develop preliminary Swedish norms for the clinician to use. The final aim is to get effective instruments to screen for dissociation and trauma symptoms so that children and
adolescents with these symptoms can get adequate help. With the purpose of accumulating data as general as possible, the author determines to operate this study through quantitative research, which is considered as an effective way of collecting shallow but abundant information for a academic study.

Additionally, the author conceives that publications in early years mainly concentrated on adults, which has been changed since the year of 1990 when Putnam’s writing brought out cautions of youths with dissociative identity disorder, from this transformation experts including the author are put the trigger of emphasizing the importance of dissociative identity disorder.

Therefore, the author choose children and adolescent in normative groups as well as clinical groups from the age of 10 to 19 in Linkoping and all of them have been physically or sexually abused, on basis of which, questionnaires concerning those three models had been delivered to participants for testing the effectiveness of the three instruments above.

Before this quantitative research was practically brought into field, in order to guarantee the validity of this study the author conducts a pilot study. Being restrained by ethical considerations, this study is well-established in personal information confidential obligations. All answers concerning the three instruments from participants are analyzed in science statistics methods; from results the author concludes that these three instruments are verified to be effective, reliable and well-established. Clinical groups, in contrast with normative groups, have much higher scores on three instruments than normative groups; while self-reported trauma victims in normative groups get higher scores than others in the same group, though they are not so apparent when comparing with discrepancies between clinical groups and normative groups.

Moreover, final results show that Swedish adolescents have the lowest scores on these instruments among all countries have been recorded, which implies that dissociative identity disorder in Sweden is not as urgent as it is in other countries, especially in North America.
The Five Forces: Working With Dissociative States: A dissertation submitted by Shamai Currim (2004): For the purpose of investigating a series of effective measures dealing with dissociative identity disorder as well as promoting a therapy called psychosynthesis into therapeutic field, the author here introduces us the notion of psychotherapy, including its developmental history, theoretical approaches and other relative contents of it while working with dissociation. With both general questions and in-depth opening questions contained, questionnaires are delivered to professionals; the author hopes to make the community see how therapists operate in dissociation field with participants.

Questionnaires, in hard version and email version, are handed out to different professional organizations and answered by seven hundred therapists working in hospitals or social service offices, consisting questions regarding their experiences, personal thoughts to dissociation and current therapies they have used, symptoms they know about dissociation and so on. Readers could be inspired by answers explained by experienced professionals; what is more, from the author’s questionnaire novices in this field might have access to broad and comprehensive understandings of psychotherapies and dissociation.

This questionnaire is constructed complying with five forces referred on the topic, which are revealed as force-behavioral, force-psychodynamic, existential/humanistic, force-transpersonal and transhuman.

Unlike other research studies, there are merely limited instructions elucidating the researcher’s research process in this report, even in analysis part, the author uses only half a page to unfold the analytical process with interpretation process. After several rounds of repeating inspections towards data and information that have accumulated before, then the author chooses to code them meantime to classify information with different themes as behavioral, psychodynamic, existential/humanistic, and transpersonal and transhuman. Additionally, in the interpretation process, the author still address personal understandings and reflections to what are concluded from respondents’ answers.

Through generally analysis of results, we could tell that respondents are mostly
pursuing a rapport within therapeutic relationships, with which they also consider healing or curing as seek of balance and conjunction. When it comes to healing approaches, there are various types of them as a matter of fact, such as communications, journaling and cognitive restructuring and so on. Besides, respondents also give feedbacks to what they should do and should not do in contact with dissociative clients, to sum up, professionals are supposed to be reminded of their own work scopes and positions.

At last, the author summarizes and admits that his intention to promoting psychosynthesis treatment seems like a failure in this research while the direction to some extent deviates from first wish of it, meantime, the most difficult part is in reaching therapists and professionals in dissociation field.

The Experience of People Diagnosed with Dissociative Identity Disorder in The Workplace - Perspectives of Therapists by S. Vos Hons. B. Corn (2003): As the title of this article delineates, the objective of this research intends to explore the experience of people who are diagnosed with dissociative identity disorder in workplace, apparently, from therapist’ views.

The author reckons that psychological problems, especially symptoms in dissociative identity disorder, are manifestations of social phenomenon and at the same time they could vibrate society’s stabilizations as well. Maladjustments raised in workplace result from misappropriated resolutions of dissociative identity disorder, amongst chronic defensive dissociation could generate dysfunction in the work place or even in social activities, which alludes to potential connections between social work and psychological field.

In this study, interpretive qualitative research is implemented by the author, from which researcher’s experience and interpretation accounts for majority. As the author regards this qualitative research is leaded by observations from the researcher, validity and reliability are emphasized as well. With regard to diversities of data collection and methods, the author describes this research as both exploratory and descriptive one, the former reflects a way of accumulating previous information while the latter
implies that the study needs to describe phenomenon precisely. Besides of interviews operated in qualitative research, questionnaires are also delivered to therapists while the researcher is having conversations with participants. Instead of planning to obtain representative perspectives of dissociative identity disorder, the author intends to have insight view of influence caused by dissociative identity disorder, so a non-probability and convenience sampling is put in use.

Thereby, when data collection stage is absorbed from interviews as well as questionnaires, several themes are generalized by the researcher and results depict that people with dissociative identity disorder might be depressed for a long time in work, meantime, it is much easier for them to forget things demanded by employers, subsequently, patients could never know when they would be caught in dissociative identity disorder symptoms, additionally they are not able or afraid of developing intimate relationships with colleagues. Another important result pointed out by the researcher is, from therapists’ observations, dissociative identity disorder could be illuminated by pressure under work places.

All circumstances referred above have great possibilities to happen in their everyday social life with dissociative identity disorder symptoms. Dissociative identity disorder, which conceived from the researcher’s study, is not only stimulated by traumatic experiences but also could be aroused by everyday life events as well.

After all these researches, the researcher finally informs us that dissociative identity disorder could be cured; self healing would occur in general cases, and after this it is not possible for patients to be trapped into dissociative identity disorder again. What should be noticed by Human Resource in a company is that they need to be aware of employees’ background and estimate if they are potential patients.

**Underwriting Considerations for Dissociative Disorders by Polly M. Galbraith, MD; Patricia J. Neubauer, PhD (2000):** In this journal, scholars’ considerations and understandings are grounded from the escalating reported numbers of people with dissociative identity disorder. It is reported that nowadays, 12-30% psychiatric patients are suffering from dissociative disorder, amongst, 3-5% of which could be
accurately diagnosed with dissociative identity disorder. Haven been increased for years, authors reckon that it is time for us to getting information of morbidity and mortality with dissociative identity disorder.

Easily interfered by other similar and well-known psychiatric symptoms, people with dissociative identity disorder usually could not be diagnosed from the beginning, in addition to which most studies about dissociative identity disorder reveals there are evidences of other diseases happen along with dissociative identity disorder that might lead to misappropriate treatments to this disease.

One of the researchers’ investigated scholars regards dissociative identity disorder as a common reactive mechanism to disastrous trauma happened in childhood, that is, children once been abused have higher risk rates of potential dissociative identity disorder symptoms. In fact, there are few most overt symptoms of dissociative identity disorder, initially are depression and anxiety presented on patients; then, explored and noted by a scientific group, substance abuse and eating disorder are the other aspects reported by people with dissociative identity disorder; the majority of patients, meanwhile, are proved to have hallucinations as well as psychotic disorders as well, amongst most of whom have been diagnosed as schizophrenia before; there is much higher suicidal rate among dissociative identity disorder patients than ordinary people owning to their struggling experiences in stressful life, moreover, self mutilation happens in almost 30% patients of dissociative identity disorder; studies show that more than half of patients are in accordance with borderline personality symptoms.

If the treatment course of events is carried out in effective and stable ways, then treatment recommendations suggest that for a steady patient it might cost 2-3 years of treatment rather for a complicated patient it would be nearly 6 years.

Researchers conclude their study from morbidity and mortality factors, they point out difficulties with concentration could be one of the most elements manifested in dissociative identity disorder symptoms, which cause dysfunctions in workplace and even worse, during education process. Without doubt, patients are in risk of possibilities of mortality since there are many other complication diseases together
with dissociative identity disorder as well.

**Multiple Personality Disorder in Europe: Impressions by Onno van der Hart, Ph.D. (1993):** In terms of abundant personal investigations of multiple personality disorder in Netherlands, in addition to which several written reports derived from colleagues who are major in this topic in other European countries, the author radically illustrate the state of multiple personality disorder in Europe. Under all information the author has gleaned during the study, Swiss psychiatrists’ reports about multiple personality disorder in systematic study are laid special attentions by the author. Lastly, for the sake of disseminating and prevailing explorations of multiple personality disorder, the author conducts a number of lectures among clinicians. Unlike the situation developed and broadly spread in North America, multiple personality disorder in Europe is far less advanced on both diagnosis process and treatment strategies. Considering the current situation in Europe, the author determines to propel the study by personal observations as well as discussions with clinicians in this field.

To start with, Netherlands where the author is most familiar with plays a momentous role in multiple personality disorder in Europe, from the author’s perspective, it could be the sole country in Europe that comparable with North America in multiple personality disorder field. While dealing with multiple identity disorder in Netherlands, experts believe that they cannot work separately, with regard to which they built a treatment network within this country that could resolve sudden circumstances, with this network professionals in Netherlands are probable to share working experiences with each other as well as being supportive mutually. Notwithstanding the situation seems indeed positive in Netherlands, clinicians still face with difficulties in treatment of severe patients. In brief, compared with other European countries, situation of multiple personality disorder in Netherlands is apparently positive.

A salient reason for us to choose this article is the author also analyzes the situation in Sweden, from what the author investigates, there is a large experimental group
dedicates to hypnosis in Sweden, which might lead to special interests in multiple personality disorder, rather in fact, the diagnosis of multiple personality disorder is largely limited. On the other hand, evidences show that once people’s awareness of multiple personality disorder arouse, the situation would be developed fleetly since there are flexible therapists with superior hypnosis skills in Sweden, in addition to which specialists also express strong interest in child abuse that is a main cause for multiple personality disorder.

Ultimately, the author concludes that although developments occur in Europe, as long as pioneers in this field still work separately and solely rather than constitute network between each other, it would be much tougher to propel multiple personality disorder in Europe, additionally they need large number of international cooperation as well. But still, professionals have already realized the importance of multiple personality disorder and devoted to establish effective system in investigating this topic.

The Sociocognitive Model of Dissociative Identity Disorder: A Reexamination of the Evidence by David H. Cleaves (1996): Instead of creating a brand-new overview by self, the author decides to challenge the skeptical assumptions about dissociative identity disorder under sociocognitive model. According to sociocognitive model, dissociative identity disorder could not be regarded as a precise posttraumatic origin, reversely, it is more likely a result from psychotherapy and wide publications of the media.

Since dissociative identity disorder is conceptualized as a posttraumatic origin disease, there are some groups appear to critique the legitimateness of existences of dissociative identity disorder. Researchers who are influenced by sociocognitive model hold the opinion that those patients with dissociative identity disorder are mistreated by therapists, after hypnosis therapists could shape patients’ symptoms through other measures; the same as the media, it causes increased number of film and video products regarding this topic, which stresses misunderstandings of dissociative identity disorder.

Following their skeptical views towards dissociative identity disorder, several
assumptions have been brought out to public so as to erecting their sociocognitive model thoughts. Initially, sociocognitive model researchers classify multiple identity enactment as the foremost part of dissociative identity disorder, which indicates people would act like they have two or more personalities after they are diagnosed as dissociative identity disorder; the second assumption, then explained as patients diagnosed having dissociative identity disorder are more likely to purchase attention through acting differently; following this assumption, another one believes that dissociative identity disorder is something rare and special that makes people think it is worthy for imitating; the fourth and fifth assumptions are suspicions about treatment and assessment of dissociative identity disorder, relatively express as dissociative identity disorder could be created by doctors’ diagnosis and be worsen by treatment afterwards; and the final assumption notes iatrogenic process have been at work in creating dissociative identity disorder and altering this phenomenon.

Rather, the author denies these assumptions and finds out that data collected by sociocognitive model researchers are mostly fake and invalidate, their assumptions, similarly, are based on incorrect information. Moreover, supporters of sociocognitive model of dissociative identity disorder suggest to neglect patients’ symptoms and professional skills are unnecessary, which implies that those supporters are not able to make efforts for treatments of dissociative identity disorder either. Other date also shows that, for most patients diagnosed with dissociative identity disorder, nonspecific treatment could not improve their situation and obviously, ignoring symptoms is not the way out of dissociative identity disorder.

Not intend to totally repudiate the significance of iatrogenesis that referred by supporters of sociocognitive model, the author endorses that clinicians should be equipped with adequate trainings and educations.

Somatoform Dissociation, Psychological Dissociation, and Specific Forms of Trauma by Glenn Waller, et al. (2000): Forasmuch as we have gleaned information about dissociative identity disorder, we found out that somatoform dissociation would happen to patients with dissociative identity disorder, which stimulates us to choose
this research article as another relevant research material.
From the authors’ earlier research and scientific background, childhood trauma – sometimes lead to dissociative identity disorder in individuals’ latter life – could result in somatoform dissociation, being trapped into this kind of symptoms, patients will fail to feel somatic experiences in proper ways. This study is linked to the hypothesis that instead of non-contact forms of trauma, physical traumas in childhood is the core reason for somatoform dissociation.
An unselected random sample is fluently adopted by the authors, amongst 72 clinical patients accepted measurements of childhood trauma, psychological dissociation and somatoform dissociation. In consistence with the aim of this study, results illustrate that somatoform dissociation has direct relations with physical abuse and trauma in childhood, rather, psychological dissociation is more relied on other non-contact traumas.
Except for what the results indicate above, somatoform dissociation is regarded as a defensive measure towards ambient traumas where there might be a threat or injury to individuals by the authors as well. Given all these conclusions addressed by the authors, at the end of the study they suggest that adequate treatments as well as assessments focus on somatoform dissociation should be promoted as soon as possible.

Conclusion:
In the light of six accurate earlier researches that have been wholly summarized by our group, we get several connotations in following aspects that lead us to investigate in-depth information:

- The relationship between trauma and dissociative identity disorder – almost every piece of paper admit that trauma is the exact main reason for patients carrying out dissociative identity disorder; overwhelming traumatic experiences in early ages laid the foundation for those who are caught in dissociation problems. Moreover, everyday’s daily life piles up might stimulate patients’ conditions as well.
• Symptoms of dissociative identity disorder – except for acting as other persons, patients may additionally trapped into physical symptoms as well, which means the somatoform dissociation that addressed by authors.

• Therapies as well as healing means – communications, journaling together with cognitive restricting are frequently mentioned in authors’ descriptions that seem to work for patients with dissociative identity disorder. It is also possible for patients to unfold self-treatment behavior with the help from social workers and doctors under general circumstances.

• Relativities between dissociative identity disorder and social work – according to the authors, there is an escalating number of patients diagnosed with dissociative identity disorder among psychiatric patients, which indicates our stabilization of society might be wavered, the manners of society would be partly broken and measures should be done by social workers.

• Situation in Sweden – the authors recognize that the situation of dissociative identity disorder in Sweden now cannot catch up with it in North America; meantime the domestic and international connections between Swedish social workers and other professionals are mostly in lack.
Chapter 3  Theoretical Perspectives

Psychodynamic theory and Cognitive-behavioural theory are chosen in analysing the results as analytical tools. To find out the internal connection between therapies for DID and social work theories, is one of our objective. Psychodynamic therapy evolved from psychodynamic theory and has been clinically applied to DID and other forms of personality disorder. The practice of cognitive-behavioural theory is Cognitive-behavioural therapy (CBT) especially helps dealing with anxiety, depression, social phobias and personality disorder problems (Payne, 2005).

Psychodynamic Perspective

Psychodynamic perspective, referred to as psychoanalytic theory sometimes, is based on inner conflicts and how these conflicts affect a person’s development. Psychodynamic perspective believes that behaviour comes from movements and interactions in people’s mind, therefore, it use different kinds of skills to interpret people’s inner world by using observation on people’s behaviour (ibid). It emphasizes how mind stimulates people’s behaviour and a person’s social environment has an influence on both minds and behaviour (ibid).

The principle founder of psychodynamic theory is Sigmund Freud (1856-1939) He believed that psychological change is controlled by inner forces. (Crain, 1992) Another famous contributor of psychodynamic theory is Erik Erikson. His theory emphasizes on personality development. He believes that individual progress goes through eight stages of psychosocial development and each stage brought about various virtues such as trust, competence, and a sense of self (Preisser, 1997), which might be useful in analyzing the causes of DID. Freud and his followers’ work and the developments of their work compose the psychodynamic theory today.
Psychoanalytic theory consists of three parts: developmental theory, psychoanalytic personality theory and treatment theory (Payne, 2005). The theory of human development argues that children are thought to go through a series of developmental stages. One of the major causes of dissociative identity disorder is persistent trauma from childhood which account for the importance of the care for the children in their developmental stages.

Psychoanalytic personality theory thinks that people are a complex of drives forming the id which is controlled by the ego. Id is the personality component made up of unconscious psychic energy that seek to satisfy basic needs and to avoid pain or unpleasure by increases in instinctual tension (Fraud, 1933). The id pushes us to act to chase after our need but the results are not always what we expect. One of the important features of personality is the how ego and superego manage conflicts and control over the id. When the defence mechanisms, which are brought into by the ego do not work well or break down, personality disorder may then come out.

According to Payne, “treatment theory required therapists…making themselves as anonymous as possible so that patients project their fantasies onto the therapists. (Payne, 2005, p.77)” The treatments focus on revealing the unconscious ideas and hidden feelings of the patients. This is what therapists do in dealing with DID patients. Once the hidden thoughts are revealed and properly understood, the conflicts would not cause abnormal in behaviour (ibid). Treatment theory also concentrates on how people deal with relations with the outside world by extending rational control over their lives.

Overall, psychodynamic theory, as a rich source of ideas for interpreting behaviour, has provided abundant sources of thoughts for practice in therapeutic or clinical work and it also plays and important role in many practices in social work.
Cognitive-behavioural Theory

Cognitive-behavioural theory mainly focuses on defining and addressing people’s problem with behaviours, especially in anxiety, depression, panic, phobias, stress, bulimia, obsessive compulsive disorder, post-traumatic stress disorder, bipolar disorder and psychosis (Blenkiron, 2010). It may also help with people have difficulties with anger, like pain or fatigue.

Unlike psychodynamic therapy, it focuses more on looks for approaches to improve patients’ states of mind now, instead of on the causes of their distress or symptoms in the past (ibid). In other words, it emphasizes on the present rather than the past. Moreover, it has a preference for taking note of the external and observable rather than the internal and reported. Despite the difference between psychodynamic therapy and cognitive-behavioural approach, both of them share a view that the failings lie in the individual and that it is to the individual that treatments are addressed (Howe, 1992).

The main aim of cognitive-behavioural social work is to increase desired behaviour and reduce the undesired ones so that people act appropriately. In this way, it will result in increasing patients’ capacity for living a happy life and also bring about stability to the society (Payne, 2005).

The idea of cognitive-behavioural theory comes from learning theory first and developed into clinical psychology using a cognitive-behavioural therapy (CBT) based on psychological research. Social learning theory argues that most learning is obtained by people’s perceptions and thinking about what they have experienced through coping the example of others around them (ibid). Cognitive-learning theory, as well as cognitive-behavioral theory, illuminates fundamental process through which a person’s thinking influence behavior and how behavior and the environmental response or consequences of that behavior influence a person’s thinking (Greene, 2009).
The application and practice of cognitive-behavioural theory is the CBT which aims to change how patients think (Cognitive) and what they do (Behaviour). It helps people make sense of overcoming problems by breaking down it into five small parts, which makes it easier to see how they are connected and how they affect people’s behaviour. The five parts are: the situation, thoughts, emotions, physical feelings and actions. The order and procedures of the five parts can be illustrated like the pictures drawn by Blenkiron (2011) below:

A simplified diagram of procedures of CBT

And the same situation could lead to two very different consequences, depending on how you consider the situation (ibid).
Chapter 4  Methodology

As stated in the preamble, our initial motivation of carrying out the investigation in DID field derived from a movie named *Identity*. Before starting the research, we didn’t know that multiple personality disorder has been renamed to dissociative identity disorder and our cognition of DID only remained on the surface. We were only aware that DID is a kind of mental disorder which belongs to psychiatric field. Besides, we have learnt a number of psychological theories related to social work. It stimulates our aspiration to investigate the professional treatment for DID patients and how to apply the social work theories to the practical work to deal with people with DID problem.

4.1 Research Design

We chose a combination of dialectics, hermeneutics and postmodernism as our starting position.

Dialectical approach is one of a paramount philosophy factors in qualitative interview. It stresses on contradictions between the same statement and perspective, therefore, to generate brand-new knowledge on accordance with comparisons of two-side opinions or points (Kvale & Brinkmann, 2009). Taking our research topic, dissociative identity disorder as an example, dialectical approach is fit for analysis conflicts between divergent personalities of one person.

Hermeneutics, as one of the most prevalent philosophy science implemented in carrying out a research, is study of interpretation of texts. Therefore, the central theme of hermeneutics is the interpretation of meaning and it also focus on the interpreter’s foreknowledge of a text’s subject matter. Hermeneutics aims to obtain a valid and common understanding of the meaning of text (ibid). Our research questions requires us focusing on interviewees’ knowledge and the meaning of their understanding towards DID.

Postmodernism (postmodern thought) consistently intentional object the core
conceptions of modernism, which refuses to concede the integrity of modern universe systems of knowledge. It focuses on local contexts, language, meanings, delineations, narratives and social reality where knowledge is validated from practice (Kvale & Brinkmann, 2009). Due to the above mentioned features, it is evident for us to reckon that postmodernism is a practical tool for qualitative research mainly. In accordance with postmodernism, we also believe that different cases varies differently especially in psychiatric field. Social workers and therapists should not treat different patients with a same therapy. Even for one therapy, there are diverse approaches confronted with different clients.

Though it seems like a reasonable tool, there are several disadvantages have been critiqued for long. Some experts who exert themselves to investigate philosophy science comment postmodernism as too sceptical and dogmatic (Alvesson & Skoldberg, 2009), which reveals a lack of constructivity concerning postmodernism. Therefore, we selected a combination of three philosophies to make up for the disadvantages of a single one.

Since our purpose is to study the different therapies for DID patients and its connection to social work, we need to collect the information from experts and professionals who are specialized in this area. (In order to find the answer of our research questions, we think that qualitative research fits our research the best.) We then plan to gather experts’ point of views, experience, skills, knowledge, and working cases by making semi-structured interviews. On account of the time, language and area limitation, we only finished three interviews; each of them lasts about one hour. Although we have already got abundant data, in order to guarantee the accuracy of our results and increase the validity of our research, we utilize a methodology triangulation. We did a short literature review to compare, prove and supplement our results.

Aftertranscribing the three interviews word by word, we analyzed the data focusing on the meanings by using hermeneutics interpretation and meaning coding, meaning condensation method. According to the earlier research and our research questions, we
chose four themes: symptoms, therapies, situation in Sweden, and social workers’ responsibility.

During the whole process of our research, we kept taking ethical issues, reliability, validity and generalization into consideration.

4.2 Mode of procedure

4.2.1 Selection of Literatures
The process of selection of literatures was favored and supported by our professor and the Hig library. In the preliminary conception stage, our professor who has done research in DID area suggested us reading a literature called *Multiple Man* (1997) written by Adam Crabtree as our enlightened reading materials in DID. We obtained this book with the help of the library as they borrowed it for us from a university in Norway free of charge. Then we got another book named *Rewrite the Soul* (1995) by Hacking, Ian in the library. Besides, we also found several relevant articles and earlier research via Internet. These literatures together as all, offer us an overall understanding of DID and provide inspiration for us in the following research.

4.2.2 Selection of Interviewees
As we are doing a qualitative research, the way we selected our informants are quite different from simple random sampling or cluster, stratified sampling. With a view to our research questions, we narrow the range down to experts who work with dissociative identity patients, for instance, therapists in clinic, professional social workers, or personnel in related organizations or institutions. However, because of the language, time and distance limitation, we only found therapists in clinic who work in DID field. Fortunately, one of them had connection with social workers before and after the interviews, we got enough data for our questions.

4.2.3 Data Gathering Process
The data for our qualitative research mainly came from interviews, while the rest of
the data were gathered from related literatures, earlier researches and documents.

After the determination of the research topic, we know that on our way forward, we are bound to run into twists and turns; but we had got ourselves psyched up for the coming obstacles. The process of getting access to the field is very troublesome since we do not know much Swedish and are only undergraduates. Fortunately, we got considerable assistance from our supervisor and professors. We have contacted field assistances and a psychiatric team in a middle-sized Swedish city, however, the former deal with problematic neighbors and they have not met people with DID problem, and the latter only work with people who are addicted to drug and the psychiatric illness caused by addiction. We sent emails to the Swedish Psychiatric Association but got no reply. Owing to the area and time limitation, we dropped the idea of going to the Karolinska Institution in Stockholm asking for help. Through unremitting efforts, we finally found therapists and experts from psychiatric clinic in a middle-sized Swedish city.

We made three interviews altogether. The first interview was made with an experienced therapist who has been working in DID field for 25 years. It went very well and lasted about 70 minutes. During the interview, we recorded both by mp3 and mobile phone in case that one of them may not work or not be very clear, and followed an interview guide (see Appendix) with our most concerned questions on it. He speaks very fluent American English, thus there’s no language problem and he gave us very detail information of DID’s symptoms, different therapies and cases.

The second interview was conducted with a knowledgeable expert working in the psychiatric clinic. He has been working with DID patients for 10 years and has had access to social workers before. In fact, this interview was finished by two times. The first time, we interviewed him about 15 minutes and acquired basic information of our interview questions and some recommended reading materials; the second time was a more formal interview which lasted about one hour. He also gave us
considerable useful data including symptoms, different therapies (especially psychodynamic therapy), and what social workers can help with DID. It is worth mentioning that he allowed us recording the interview at first but in the middle of the interview, he asked us to stop recording any more. It is the first time we came across with this situation; as a result, we respect his request and close the voice recording equipment.

The third interviewee is a therapist in the clinic and work with patients with all kinds of personality disorder. As he hasn’t been working in this field for a long time, his answer of our questions were more on a theoretical and academic level without many cases. Consequently, this interview only took 40 minutes and we recorded it as well.

We chose to do semi-structured interview in all the three interviews. Semi-structured interview is between focused and structured methods and utilizes the techniques from both (May, 2001). During a semi-structured interview, the order of asking questions is less important and the interviewer is freer to probe interesting points that arise and can also follow what the interviewee concerns (Lyons & Coyle, 2007). We worked out the main points of the interview and the main areas we want to cover in advance, with writing an interview guide including suggested questions. Semi-structured interview seeks to obtain descriptions of the interviewee’s lived world with respect to interpretation of the meaning of the described phenomena (Kvale & Brinkmann, 2009). In our investigation, we major concern is on the meaning of the interview content in order to get our answers.

Apart from the interviews, we also made literature review at the beginning stage of our research and it is presented in the earlier research chapter. According to Szuchman & Thomlison (2004), literature review helps investigator to verify the research topic and questions in greater details by considering what other researchers have said about the topic, how they investigated it, and what their studies revealed. “Before you can design a study that will contribute to psychological knowledge, you need to have a good idea of what is already known (McBurney & White, 2007)” A
literature review and the study of related earlier research allows us to get a basic impression and understanding of what we are going to investigate. Besides, through comparison with the literature review, we can make our results more valid and rigorous.

4.3 Data Analysis

The analysis of our interview texts are decided to focus on the meaning interpretation. The main objective is to sift, categorize and organize the large amounts of data we collected in the data gathering stages so that the themes and interpretations can address our research questions. We established an initial framework and analysis plan in advance which followed the instruction of what Grinnell & Unrau (2005) stated in their book and changed it into the way fit us best. Here are the six steps that we made our analysis:

Step 1: Prepare the data in transcript form

The three recorded interviews were all fully transcribed verbatim by both of us analysts. The transcription was not only made up of the words said by interviewees, but also the nonverbal interactions between us, for instance pauses, interrupt, laughters and so on. In addition, considering the ethics, we didn’t reveal any personal information of the clients mentioned in the interviews. The transcription is about 30 pages and we prepared it well for the following analysis.

Step 2: Preview the data

As Grinnell & Unrau (2005) explained, before launching into coding and interpreting the data, it is crucial to be familiar with the entire data by reading all the available interviews which we are quite agree with. Both of us read the entire transcription thoroughly and during the process of reading it, some preliminary reflections and rough classification of meaning units came up.

Step 3: Meaning coding (First-level coding)

Meaning coding refers to attaching one or more keywords to a text section for the purpose of later identification (Kvale & Brinkmann, 2009). Once finishing
transcribing and previewing the data, we began the first-level coding by identifying meaning units, fitting them into categories and then assigning codes to categories. We put similar content into a meaning unit and then summed up the meaning units in four themes: Symptoms, therapies, situation, social workers’ responsibility.

Step 4: Meaning condensation (Second-level coding)
Meaning condensation intends to condense ranges of interpretations into concise forms, on basis of which interpretations’ central meaning would not be replaced. In general descriptions, meaning condensation is a procedure in which long texts could be precisely concluded as brief formulations (ibid). The first-level coding provided a solid foundation from which to further refining the data analysis process (Grinnell & Unrau). In this step, we condense and abstract the texts that fit within each theme but some valuable and key sentences were remained the same.

Step 5: Meaning interpretation
Unlike meaning condensation or meaning coding that intends to summarize texts, meaning interpretation, reversely, aims at expanding contents of the text, increasing more words than original version with explorations of in-depth meanings rather than stay at the superficial frames. When meaning coding and condensation were completed, we started interpreting and revealing the themes arose from the data. Below each theme, three interviewee’s views were presented and then a short summary was made by us analysts.

Step 6: Assess the trustworthiness of the results.
The details of this section will be exposited in the credibility part below.

4.4 Essay Credibility

4.4.1 Reliability
Reliability refers to the consistency and trustworthiness of the research findings and often be checked by the issue of whether a finding is reproducible at other times and by other researchers (Kvale & Brinkmann, 2009). Taking reliability fully into consideration, first of all, we paid attention to the wording of our interview questions
in order to avoid ambiguity and misunderstanding. Besides, during one interview, we asked the same thing more than once by another wording so as to make sure of the consistency of their answer. Moreover, the same interview was transcribed by two different persons (both of us) for the sake of intersubjective reliability.

4.4.2 Validity

Validity in qualitative research refers to the accuracy of researchers’ findings, in other words, whether investigators see what they think they see. (Grinnell & Unrau 2005) Triangulation is considered as a useful strategy in enhancing validity in qualitative research. Researchers can make substantial strides in overcoming the intrinsic bias that comes from singular methods, lone analysts and single-perspective interpretations by using triangulation (Patton, 2004). For the purpose of guaranteeing the validity, we used methodology triangulation, a combination of interviews and literature review; analyst triangulation- both of us transcribed the same data and compared the two transcript texts and discussed in the coding and interpretation steps; theory triangulation by using various theories so as to assist the analysis process.

4.4.3 Generalisability

Internal generalisability and external generalisability are two different types of generalisability in qualitative research. The former one refers to the generalisability of results within the setting studied while the latter is generalisability beyond setting (Robson, 2002). As we were not doing a case study, our investigation on therapies is based on a general situation. Additionally, our results came from three experienced experts. Therefore, we believe that our results could be applied and fit in most DID field and has a comparatively high generalisability.

4.5 Ethical Standpoints

It is well acknowledged among social work academics and practitioners that ethical
issues, morals and values are inevitable part of social work (Banks, 2006). Thus we kept ethical consideration in mind throughout the entire research process. We informed the interviewees about our interesting points, purpose and procedures of our research project and get their consent in advance. We asked for permission if we could record the interview before it started. When the interviewee refused to be recorded, we respected his request. When did the transcription and analysis, we made sure that our transcribed text is loyal to the interviewee’s oral statements and tried our best not to misunderstand their meaning. In the stage of writing the report, we kept our promise without disclosing private information of the cases they mentioned to maintain the confidentiality.
Chapter 5   Results

Interviews were conducted with three professional therapists working in dissociative identity disorder field in psychiatric clinics, two of them are experienced therapists and the other one, yet is a novice who just graduated from university. They all have received systematic training on trauma and dissociative identity disorder area, whilst, their experiences concerning this originate from clinics where they dedicate their knowledge for.

On account of the adherence to the study’s philosophy science that leading a fundamental position in the analysis and results pattern, within this chapter we break down interviewees’ illustrations as well as rich descriptions from interpretations into different parts and then capture the distillations of them (Kvale & Brinkman, 2009).

Precise themes, which coded from interpretations, are presented as follows:

5.1 Symptoms

As cited in other academic descriptions of dissociative identity disorder – it is a disability of integrate functioning and destructions of consistent memories, all therapists we interviewed also admit that the primary rule of recognizing dissociative identity disorder is manifesting different (at least two) personalities, each of which regularly take dominant control of the body.

There is always a subject personality; rather other split personalities are usually called as ‘alternate personalities’. From what our interviewees told us,

“Symptoms, yeah...the first thing you need is the definition of it, it seems like there is a personality that we are frightened of, there are many persons -- two or more different personalities on your own. Their own ego, their own self, their own characteristics, they are very different.”

Referring to this, the first therapist in our interview also brought out it with cognitive
behavioral therapy that reckons dissociative identity disorder as role-playing, which he strongly repudiated. In terms of behavior showed by dissociative identity disorder patients, he said:

“There are some people who can do that, they use their abilities to get away from bad experiences, avoid going to prison or cheating the court. But in general, patients become somebody else, role-playing is not enough. I do meet some role-playing in my therapy process; people could act like different roles, but you can tell the difference, very obvious, different personalities.”

Therefore, in addition to what we have concluded in the first paragraph above, changes between different personalities should be obvious as well as visible, instead of temporary camouflages or role-playing sections, these behaviors must be a lasting and durative loop, which might lead patients to a break-down situation at last. Other two interviewees otherwise mentioned other symptoms that might appear in early stages of dissociative identity disorder patients: hallucinations, immense headaches or pain in body, depression and anxiety, loss of memories, hearing inexistential voices, depersonalization (disruption of body and thoughts), suicidal behavior or attempts. Patients with dissociative identity disorder, according to their perspectives, could be confused by these symptoms in their social life, communications, and relationships with others; meantime, if they are occupied by a violent and aggressive personality, there might be a threat to the harmony of society.

5.2 Therapies

When asked our interviewees about ‘treatments’ of patients with dissociative identity disorder, they expressed their intentions of seeking balance between patients’ different personalities and lending themselves to assistant them to coping with traumatic memories; what’s more, they made efforts to proceed and reconnect integrations of personalities of patients, to help patients with their rebuilding connections to ambient
society as well. In line with their understandings of treatments to patients, they both delineate us several most commonly and numerously used therapies focus on resolving different patterns of dissociative identity disorder:

5.2.1 Psychodynamic Therapy
Interviewees involved into this study wholly approve of this kind of therapy in treating patients with dissociative identity disorder; it is designed to elicit patients’ different personalities and put them in exposure process rather than eschew them. At the same time, through the process of ‘exposure’, psychodynamic therapists also exert to illuminate patients a way of confronting with their traumatic memories.
To sum up, psychodynamic therapists seek for guiding patients’ different personalities to coexist situation instead of purely pursuing personalities’ integration that make patients believe is a way of ‘killing’ other alternate personalities.
As revealed in the theory chapter concerning psychodynamic perspective, while handling dissociative identity disorder cases, what is required under this kind of perspective is to understand and explore clients or patients’ inner conflicts and subsequently, to help them with constructing correct understandings of self as well as confronting with those traumatic experiences.

5.2.2 Cognitive (Behavioral) Therapy
This therapy, to some extent emphasizes communications with patients through sensitive talking, with which therapists would support patients to correct their dysfunctions of feelings or memories in dissociative identity disorder as well as change their ways of thinking, amongst the effectiveness of these corrections is focused immensely.
Unlike the almost consolidated perspective on psychodynamic therapy, when we talked about cognitive (behavioral) therapy, interviewees thus separated into two extreme different groups of standpoints.
In terms of descriptions and explanations from the first interviewee, cognitive (behavioral) therapy hardly accepts the existence of dissociative identity disorder, not
to mention cure this disorder.

“The cognitive behavioral model does not even accept the existence. So it’s all role-playing things. It’s not an effective model.”

“In general I would say 95% of the people working in this house are CBT – cognitive behavioral therapist.”

“CBT is very much like a cookbook has certain things maybe the same things with other procedures.”

From interview notions above, we could tell that cognitive (behavioral) therapy is well-constituted or strictly structured when put into practice, thus absence of flexibility might be an obstacle for therapists to invent seminal strategies. Cognitive (behavioral) therapy has already been developed as the most widespread treatment model for dissociative identity disorder in Europe, from our interviewees’ point of view; furthermore it would be broadly disseminated around the world within several years. All in all, cognitive (behavioral) therapy lays emphasis on finding out the reason why patients are trapped into dissociative identity disorder, rather psychodynamic therapy merely concentrates on citing problems.

5.2.3 Existential Therapy / Humanistic Therapy

Existential therapists summarize existential therapy / humanistic therapy as a method lays emphasis on individual abilities of adjusting to certain situation or personalities, moreover, in contrast with psychodynamic therapy that focuses on coexistence. Existential therapy / humanistic therapy reversely puts its attention on integration of diverse personalities and brings patients back to living in harmonious life, albeit the hypnosis is commonly considered as one of techniques in existential / humanistic therapy.

“And so existential therapists will understand the language of clients with different
personalities, and use that language try to draw out that personality and deal with...”

“Existential therapy is the freest model.”

“Existential and even much deeper psychodynamic therapy-- going back to those memories and maybe it take another personality to go back to those experiences or memories to deal with them before...”

They also demonstrated that existential therapy / humanistic therapy is more or less associated with psychodynamic therapy, on basis of which these methods essentially require professionals to being acquainted with skills of directing patients to be able to deal with their previous uncomfortable experiences, then subsequently therapists are supposed to take an eye on hereafter situation that might happen to patients with dissociative identity disorder.

5.2.4 Family Therapy
Mentioned by the second and third interviewees, family therapy seems to be a brand-new concept for us as authors, thus there are overt discrepancies between their statements. With the second interviewee’s descriptions of family therapy, which is concluded and practiced through his years of clinical experience, the feature of family therapy is to grab distillations from different therapeutic methods, including cognitive (behavioral) therapy, psychodynamic therapy, existential therapy and others:

“I mean like family therapy, there are very simple...Family therapy is like different therapies, in family therapy you can use different methods, I mean it’s like... going further and further without arguing, of course it may have arguments with... developing dialogues of different perspective, it may be shocking that are completely different perspectives. The point is to getting the code, you can compare it with what I thought about you, and then you say something about the family or group work.”
The third interviewee who is proved to be a novice on this topic, however, stands on the opposite side of what the second interviewee explained concerning family therapy. From his point of view, family therapy is an effective way of involving the patients’ families into therapeutic process, through enhancing awareness of symptoms and treatments of dissociative identity disorder. Rebuilding up or reuniting harmonious relationships between family members, meanwhile intensifying the cooperation between each other so as to create a more comfortable surrounding for patients.

Variances appeared between these two therapists indicate, after all, understanding conflicts might be exist in the same concept, specialized therapists are acquainted with inimitable professional skills that work for them. At least on basis of information given by the third interviewee, family therapy is somewhat associated with micro-system in social work practice, within which scope requires the participations of family.

5.2.5 Medication and other therapies

With the exception of aforementioned therapies that prevailed by three interviewees we have contacted and communicated with, they still referred to other therapies that might work for patients.

Medication, although there is not any typical identified effective medication invented for patients with dissociative identity disorder, minority of them could be implemented in clinic therapeutic process as well. In terms of our investigations online, together with what our interviewees constructed for our research, medication could be successful in decreasing patients’ anxiety and distress, as a result of which they would be cool down.

“In many ways you can... (Drawing picture) you can do different methods, like... sensitive speaking and like exposure, hypnosis and ... drawing images.”

Inspired by therapists’ innovation capacities, art therapy or music therapy are
becoming flourish in treating dissociative identity disorder patients. Empirical skills work powerfully, thus, creative therapies like art therapy and music therapy offer patients to expose and express themselves with pleasure of delighted techniques rather than stiff and orthodox therapies.

5.3 Situation in Sweden

Possibly as a complex question to answer, when we were looking forward for emancipatory descriptions from interviewees, instead of being satisfied with feedbacks given by experienced therapists whose opinions were similar as ‘better than North America’. The novice therapist unravelled his personal consideration towards dissociative identity disorder situation in Sweden:

“I have the feeling because I heard my colleague has a number that younger people being worse in Sweden. I mean that at the mean time, psychiatry getting more effective and schools getting more effective to notice when people feel bad so they come to psychiatry sooner compare to the 80s or 70s or something.”

Although in Sweden, the young people appear to be much easier diagnosed with dissociative identity disorder according to the therapist’s delineations, in treatment sphere, there is a fleet upheaval trend spread within Swedish psychiatric clinicians. With the shift developments of clinical techniques as well as exoteric perspectives in this field, in addition, the larger properties of people who are aware of the situation of dissociative identity disorder, we could draw the conclusion that being motivated by these circumstances and ingredients, the situation of dissociative identity disorder in Sweden would become the overarched centre within Northern Europe continents.

Displayed in the earlier research chapter, the situation in Sweden now is apparently positive to some extent. No matter from the standpoint of exoteric academic atmosphere or public awareness on this topic, circumstance in Sweden seems
elegantly bright on the road forward; moreover, a comparative advanced social welfare system which is considered as the paradigm model for people with psychological problems like dissociative identity disorder could become another essential merit in dealing with dissociative identity disorder.

The question is, nevertheless, as a European country where immigrants are becoming crowded, possibilities associated with dissociative identity disorder within immigrants groups should be converted into social workers’ provenance scopes as well.

5.4 Social Workers’ Responsibility

Given as the increasing criminal rate that arouse by patients with dissociative identity disorder, and the potential detriments they might bring to society, our interviewees found out that social workers’ inferences are proved to be valuable. Adequate acknowledgements of dissociative identity disorder could help social workers with eschewing unnecessary detours in treatments of clients with dissociative identity disorder, that is to say, except for therapists who are professional in this field; social workers have opportunities to encounter with patients when participating in work.

With regard to symptoms of anxiety and distress that patients with dissociative identity disorder might have, honestly speaking, they are in need of much more cautions and prudent treatments than ordinary people. Not so often would they spend time with other people within social circles, special services supplied from social workers should be put into considerations as well. Together with this, in order to promote the patients’ living conditions as well as avoid them to being excluded by ordinary groups, particular systematic social procedures are reasonable to be stipulated for dissociative identity disorder clients.

“A person has really traumatic experiences, especially sexual abuse that is a main cause, and he or she can’t deal with memories, sometimes the result just can be he or
she wants to be someone else.”

Our interviewees purported that catastrophic traumas, especially sexual abuse within families, are the very reason for patients being beset with dissociative identity disorder. According to information depicted by our interviewees, altogether with the main cause – sexual abuse traumas in childhood-- for dissociative identity disorder, there is one possibility for patients with dissociative identity disorder to be entirely cured – on condition that social workers could intervene with abusive families in early phase, and subsequently eliminate the concealed root hazards of being beset with dissociative identity disorder since patients are mainly endured with overwhelming traumas. If only abundant preventing measures in early stage could be adequately implemented by social workers, from our predictions, there would be fewer opportunities for people to be disturbed by dissociative identity disorder.

In the light of psychodynamic perspective and cognitive behavioral theory deciphered in previous chapter, which inform social workers to be able to apply corresponding theoretical instruments in dealing with dissociative identity disorder clients, through the way of understanding clients’ experiences and assist them to confront with traumatic past events.

5.5 Conclusions

On basis of rudimentary investigations, condensations and deepened analysis of interpretations during interviews carried out by us, we summarize four indeed well-structured themes relevant to our research questions from shallow level to in-depth level.

After getting a fundamental acknowledgements of symptoms showed by patients with dissociative identity disorder, which include disruptions of personalities, anxiety, distress, hallucinations, substance abuse and so on; the next achievement we obtain from analysis in result chapter is directly connected with one of the research questions – therapies operated by therapists, from which we become acquainted with
various treatments of dissociative identity disorder for the very first time within academic clinic scope. Not only should therapists complement traditional and steady therapies such as psychodynamic therapy that emphasizes exposure of problems, cognitive (behavioral) therapy that focuses on communications as well as practical treatments hereafter, existential therapy / humanistic therapy concentrates on integration of divergent personalities and the family therapy that claims to converge these therapies altogether, but also they are requested or approved of putting seminal therapies like music therapies or medication into clinician use.

Furthermore, for the purpose of answering our second research question, we conclude our explorations and the perspectives we got from the experts of the dissociative identity disorder situation in Sweden. Within this part, from both earlier research information and interpretations of interviews, we conclude that the situation in Sweden has great opportunities to be stimulated and improved in few years.

Taking the Swedish outstanding social welfare system as well as developments of experimental techniques into account, without any doubt, dissociative identity disorder would be more escalating emphasized than today in future.

As regards the fourth significant theme in the result chapter, the ‘What Should Social Workers Do’ pattern is formulated on ground of building a bridge between the dissociative identity disorder investigations with social work, depicting that perceptions of dissociative identity disorder should be taken into consideration and more importantly, playing a momentous role in interfering with abusive families so as to prevent clients from being trapped into dissociative identity disorder in early phase.
Chapter 6  Discussion

Respecting the results concluded by us in this research, we come to realize that brand-new therapies (including music therapy and other innovative therapies) along with a bulk of traditional therapies (psychodynamic therapy, cognitive behavioral therapy, existential therapy / humanistic therapy and family therapy) should be integrated with each other so as to generating available treatments for patients with dissociative identity disorder. The typical sociocognitive model referred in the earlier research chapter, which insists that dissociative identity disorder is purely intimating behavior rather than a disease, is declared to be untrue according to our interviewees’ descriptions of manifestations of patients with dissociative identity disorder.

6.1 Compare with aims
The aim of this study is to obtain an overview of dissociative identity disorder, concerning its symptoms and especially on therapies that used for patients; more importantly, to provide useful information for social workers on basis of the dissociative identity disorder situation in Sweden. Always remind us of the core aims in this study, we could say; through sufficient qualitative investigation instruments including literature review as well as semi-structured interviews, our expectations and aims of this study are ultimately accomplished in logical manners.

6.2 Compare with earlier research
Different from the previous investigations searched by us that put special interests in carrying out quantitative research, our findings are root in series of qualitative research and lay emphasis on depicted delineations from which plenary information could be summarized.

The consistency of dissociative identity disorder situation in Sweden emerges between the message from earlier research and result from interviews, although developments in this field are not so flourished as which in North America, experts are still confident in the further fleet growth of dissociative identity disorder in
Sweden. Therefore, for the purpose of impelling this process, international and domestic cooperation between experienced professionals should be involved in the course of development; constrained thoughts might withdraw either experts’ positivity or patients’ conformability to some extent. Social workers, positively speaking, could be stated in prominent positions concerning handling dissociative identity disorder clients, in both offering social support and protecting them from being excluded. Thereafter, elimination of dissociative identity disorder could be complemented by social workers with the help of intervening into abusive families.

6.3 Methodology discussion
In spite of all accomplishments obtained by us, it is still a pity for us not to be able to contact with dissociative identity disorder patients in this study, which results from our time limitation together with deficient contact sources. If we could get access to the dissociative identity disorder clients, we would apply participation observation and interviews with them to our research. By observing clients and interacting with them in their normal activities, researchers could see the social world as the research subjects see it and of understanding their interpretations of the lived world (Engel & Schutt, 2009). In that case, we would use another analysis method: Interpretative phenomenological analysis (IPA) instead to explore in detail individual personal and lived experience and to examine how the clients are making sense of their personal and social world (Lyons & Coyle, 2007).

6.4 further research
In further study progressive research, if there is any possibility, we appeal to conduct elaborate academic interviews with dissociative identity patients. By means of directly getting familiar with them, we might have greater opportunities to understand their inner world and lived experience. For a further study, we are interested in the practical application of all kinds of therapies as well as their living and treatment condition in Sweden. If possible, we also want to make a comparison of the situation of dissociative identity disorder between Sweden and other countries, for example, China or America.
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**Websites**


Appendix

Interview Guide

Ask for permission of recording the interview.

Interview questions:

1. Could you describe the symptoms of patients with dissociative identity disorder?
2. How can you diagnose if they have the illness.
3. What’s the cause of DID
4. What therapies do you use for the patients?
5. What are the differences and similarities between different therapies?
6. How does the therapy function in practical application?
7. Is there any disadvantages of each therapy?
8. Could you give us some examples or cases?
9. What do you think of the situation of DID in Sweden?
10. Do you have any cooperation or communication with other organizations or institutions in DID field?