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COMPREHENSIVE REVIEW

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Conceptualizing multiplicity spectrum experiences: A systematic review and thematic synthesis

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Abstract

Background: Dissociative identity disorder and depersonalization–derealization have attracted research and clinical interest, facilitating greater understanding. However, little is known about the experience of multiplicity of self outside of traumagenic or illness constructs. Consequently, this systematic review explored how people identifying as having multiple selves conceptualize their experiences and identity.

Methods: A comprehensive search of qualitative studies reporting lived experiences of multiplicity was conducted through PsycINFO, PubMed and Scopus (PROSPERO ID: CRD42021258555). Thirteen relevant studies were retrieved ($N = 98$, 16–64 years, conducted in the United Kingdom, the United States, Hungary and Poland).

Results: Using line-by-line thematic synthesis, four analytical themes were developed: multiplicity: disorder versus experience; impact of understanding multiplicity; importance of supporting multiplicity; and continuum of experiences.

Discussion: This review highlights heterogeneity within multiplicity-spectrum experiences, emphasizing the need for person-centred, individualized understanding, separate from mental health conceptualizations. Therefore, training in person-centred individualized care to promote self-concept clarity is needed across health, education and social care. This systematic review is the first to synthesize voices of people with lived experience across the multiplicity spectrum, demonstrating how qualitative research can contribute to advancing our understanding of this complex phenomena with the community, acknowledging reciprocal psychosocial impacts of multiplicity and providing valuable recommendations for services.

KEYWORDS
dissociation, dissociative identity disorder, mental health, psychosocial life events, systematic review

1 | BACKGROUND

Individual behaviours develop over time and can change depending on what is expected of the individual given their social role in any given situation (Fleeson, 2004). This behaviour becomes the unified self and sense of consciousness, which is relatively stable over time. However, for some, traumatic experiences and events can interrupt this process. Dissociation is a common coping strategy when escape

from danger is not possible and yet staying present is not tolerable (Sar, 2011). Some dissociative experiences can be conceptualized as defence mechanisms, used a means to protect the individual (Simeon & Abugel, 2006).

Dissociation is defined by the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) as 'disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior' (American Psychiatric Association, APA, 2013, p. 291). Dissociative disorders include dissociative amnesia, dissociative identity disorder (DID), other specified dissociative disorders (OSDDs) and depersonalization-derealization disorder within the DSM-5. Ten to twenty-seven per cent of people meet the criteria of a dissociative disorder (Sar, 2011) and 11.4% in non-clinical populations (Kate et al., 2020).

Specifically, DID is characterized as having 'two or more distinct personality states', in addition to gaps in memory recall, which cause significant distress to the individual (Reinders & Veltman, 2021, p. 1). Comparably, multiplicity describes the experience of being more than one self and is not a diagnosis. Multiplicity is associated with a lack of distress, and impairment in functioning, and often does not involve amnesia between selves; however, some people who experience multiplicity have received a diagnosis such as DID or OSDD (Young Voices Study, 2021). Due to the heterogeneity of dissociative experiences, multiplicity can encompass various presentations as described in this review. Continuum within this context can be defined as a range of experiences that involve similar characteristics from 'subclinical' expressions to clinically significant symptoms, which are typically observed in individuals diagnosed with disorders such as DID. The experiences of those who identify as multiple vary widely from distressing and life threatening when identities lack communication and engage in harmful behaviours, to life saving or enhancing through internal support and positive relationships (O'Connor, 2016). The understanding of positive experiences outside of medicalization has not yet been conceptualized formally.

However, prevalence rates of multiplicity-spectrum conditions are difficult to extrapolate due to limited reporting and identification, although suspected to be between 4.6% and 46% (Loewenstein, 2018). Indeed, Ross et al. (2002) acknowledged many individuals do not meet clinical criteria as a result of a lack of negative impairment; however, they do align with other descriptors of dissociative experiences. Thus, there is a need to understand the wide spectrum of experiences multiplicity encompasses to consider how an awareness of multiplicity can exist outside of an illness model, reducing stigma and thus stigma related distress surrounding multiplicity (Eve & Parry, 2021; Parry et al., 2017).

Key Practitioner Messages

- Multiplicity experiences are phenomenologically distinct from clinical dissociative experiences and require understanding of how each system operates to inform language use and support.
- Holistic, person/system-centred therapeutic support can create a reflective space in which the system can make choices as to how to live well, without judgement or stigma. People and systems with lived experience of multiplicity explain their multiplicity as life-enhancing and positive.
- Relationships with support providers and peers can directly influence psychosocial functioning, both positively and negatively.
- This review stresses the importance of a non-judgmental, de-stigmatizing and person/system-centred approach to creating therapeutic spaces and conversations with a population that reports feeling largely misunderstood by professionals.

2 | RATIONALE

Dissociative disorders are some of the most highly contentious and poorly understood mental health disorders, which has resulted in a lack of appropriate support and timely access to services (Loewenstein, 2018). Over the past 40 years, recognition and understanding of these disorders has started to develop, and as such tailored service provision has begun to meet some of the needs of the population. However, there remains a paucity of understanding surrounding multiplicity-spectrum experiences, especially for people who identify as multiple but for whom multiple selves do not cause functional difficulties in day-to-day life. For people who experience the presence of inner multiplicity but do not suffer distressing consequences from their multiplicity experience, they can feel misaligned, misinterpreted and overlooked by the medicalization of their inner world. Consequently, there is a need to mobilize knowledge, advance understanding and learn from this group of people who have been under-represented in research thus far. Therefore, this systematic review explores conceptualizations of multiplicity-spectrum experiences as reported by those with lived experience, to advance understanding of what constitutes multiplicity-spectrum experiences and what helpful support would look like. Developing theoretical understanding of experiences of the self will aid tailored support and communication. This in turn will aid understanding of the clinical problem, as well as experiences that fall outside medicalization.

Previous research has suggested that people with dissociative disorders lack insight into their own experiences; thus, an overwhelming amount of research surrounding this often-contested experience is centred on professional understandings (Sar, 2011). Notably, Klaas et al. (2017) suggested gaining accurate insight into individual experiences can aid psychosocial functioning, highlighting the importance of lived experience voices. Inaccurate understandings of

experiences often result in stereotypical reactions, misconceptions and even violence (Corrigan et al., 2016; Tang et al., 2010). Sariaslan et al. (2020) identified that individuals with a psychiatric disorder were three to four times more likely to be subjected to violence. These negative reactions are often experienced with greater intensity for those who have 'unusual' experiences including dissociation and psychosis (ISSTD, 2011). As a result, individuals often are reluctant or unable to engage with support services due to stigmatization and misunderstanding (Gronholm et al., 2017), in spite of understanding suggesting early intervention for 'unusual' experiences aids treatment outcomes (Golay et al., 2016). Personal accounts can provide insight and context into people's conceptualizations and provide an accurate perspective on this under-researched area (Loewenstein, 2018). To our knowledge, this emerging but vital body of research in relation to multiplicity-spectrum conditions lacks a formal systematic review, which will be influential in the development of appropriate service and policy provision, to help mitigate against negative outcomes relating to the misinterpretation of multiple-self experiences. This systematic review explores conceptualizations of multiplicity-spectrum experiences, as elucidated by experts by experience (people with personal experiences of multiplicity-spectrum experiences), offering the first review and meta-synthesis to articulate the lived experienced voice, mobilizing multiplicity-spectrum research.

3 | METHOD

The method of this review was reported in line with PRISMA 2020 guidelines (Page et al., 2021). A pre-planned comprehensive search strategy was used as a result of a pilot search to systematically identify relevant literature. Due to the limited research base available, a rigorous systematic literature review approach was required to identify all literature, in comparison to a more general narrative review, which are often non-exhaustive. Data were synthesized using Thomas and Harden's (2008) thematic synthesis methodology. In line with this methodology, a critical realist epistemology was adopted to recognize the process of reinterpreting the interpretations of the original authors of the reviewed papers, following the reflective accounts offered by their participants (Danermark, 2019). The review was registered on PROSPERO (ID: CRD42021258555) prior to searches being run.

3.1 | Selection criteria

Qualitative and mixed-method studies that reported the experiences and perspectives of people with direct lived experiences of multiplicity spectrum experiences were eligible for inclusion. Due to the lack of consensus surrounding multiplicity experiences, there were no restrictions on age or diagnostic status of study participants. Non-English articles were excluded due to funding constraints for translation services, along with studies that used structured questionnaires as the sole method for data collection. Studies that did not include data directly from those with lived experiences, such as solely professional perspectives, were also excluded. Finally, research that focused on alternative conditions, contexts and phenomena that were not relevant to the research question were excluded (e.g., peritraumatic dissociation, trauma and religion).

3.2 | Data sources and searches

PsycINFO, PubMed and Scopus were searched from April 1993 to December 2022, in line with the publishing of the Dissociative Experiences Scale-II, which is the most widely validated screening tool to measure dissociative experiences (Carlson & Putnam, 1993). The development of the scale highlights an understanding of the variance in experiences, although only focuses on those aligning to medicalized understanding. The following search string was utilized: (Multiplicity OR Dissociation OR Depersonali* OR Dereali* OR 'Multiple personalit*' OR 'Dissociative Identity Disorder' AND Qual*) and searches focused on title/abstract/keywords for relevance. Further sources were identified through forward and backward searching using reference lists of included studies.

3.3 | Data extraction and synthesis

Data (all text included within 'results' or 'findings') were extracted into NVivo software (2020). Data not presented qualitatively were excluded. General characteristics of each study were extracted (e.g., year published, country and data collection method) in addition to qualitative findings (see Table 1).

Thomas and Harden's (2008) thematic synthesis method was used for the purposes of secondary data synthesis, in which the most salient codes, descriptions and relationships were aggregated into descriptive themes, before generating analytic themes. Thematic synthesis was chosen due to the heterogeneity within the included studies in terms of their approach to data and the interpretations presented, in addition to the experiences discussed. The review encompassed a critical realist underpinning, which sought to develop cumulative and interpretative meaning making related to the personal accounts reported. An inductive approach was utilized due to the lack of research in the area, to ensure the synthesis reflected subjective experiences (Clarke & Braun, 2013).

3.4 | Quality assessment

The Critical Appraisal Skills Program (CASP) for Qualitative Studies Checklist (2018) was used as a framework to critique the trustworthiness, relevance and transparency of results of included studies. The CASP checklist has been widely used within healthcare research and syntheses (e.g., Angus et al., 2013) and has been favourably compared to alternative appraisal tools (Malpass et al., 2009).

TABLE 1 Characteristics of included studies.

Authors and date	Participants	Data collection	Analysis	Country
Blunden and Billie. (2021)	2F, 0M, *Mage* unknown	Reflective case study	Co-produced idiographic, person-centred account	UK
Černis et al. (2020)	4F, 8M, *Mage* 36.3	Semi-structured interviews	Thematic analysis	UK
Ciaunica et al. (2021)	18F, 6M, *Mage* 23.3	Open-ended questionnaire	Thematic analysis	UK
Floris and McPherson (2015)	5F, 2M, *Mage* unknown	Semi-structured interviews	Framework analysis	UK
Fox et al. (2013)	1F 0M, *Mage* unknown	Phenomenological-based interviews	Narratology	USA
Heriot-Maitland et al. (2012)	6F, 6M, *Mage* 30.5	Semi-structured interviews	IPA	UK
McRae et al. (2017)	12[a], *Mage* 39	Semi-structured interviews within a focus group	Content analysis	USA
Orlof et al. (2021)	0F, 1M, *Mage* 30	Client letters between psychiatrist	Clinical case description	Poland
Parry et al. (2018)	5F, 0M, *Mage* 46.6	Semi-structured interviews	IPA	UK
Perry et al. (2007)	0F, 5M, *Mage* 21.8	Semi-structured interviews	IPA	UK
Pietkiewicz et al. (2021)	6F, 0M, *Mage* 32.2	Semi-structured interviews	IPA	Poland
Ribáry et al. (2017)	6F, 0M, *Mage* 24	Semi-structured interviews	Case vignettes	Hungary
Zeligman et al. (2017)	0F, 5M, *Mage* 56	Semi-structured interviews	Non-linear phenomenological approach	USA

Abbreviations: IPA, Interpretative phenomenological analysis; Mage, Mean age.
[a]Gender not known.

4 | FINDINGS

4.1 | Results of the search

A total of 4,740 records were retrieved and exported to EndNote X9, which were screened by title and abstract. After duplicates were removed, the primary investigator assessed articles by title, abstract and full text review using EndNote X9. Discussions about inclusion were held between authors throughout the process (ZE and SP). Disagreements about inclusion were settled by a decision from the third author (KH).

Full texts of 81 papers were read, after which 15 papers remained for inclusion. The predominant reasons articles were excluded were due to the lack of focus on personal experiences ($n = 25$), not specific to multiplicity-spectrum experiences ($n = 19$), professional exploration only ($n = 6$) and quantitative research ($n = 6$). After the papers were appraised using the CASP tool, 13 papers were included in the final qualitative synthesis (see Figure 1).

4.2 | Quality assessment

Two studies were excluded based on quality, as the publications did not address all initial questions in the CASP checklist: clear aims, appropriate qualitative method and appropriate research design. The remaining 13 studies scored between 14 and 20, indicating moderate to high quality research; there was no cut off point after the initial three items being met for the purposes of inclusion. As the review considered individual perspectives regarding multiplicity experiences, studies of higher quality were not privileged in the discussion to ensure parity and diversity across voices (Thomas & Harden, 2008). In keeping with qualitative research methods, the sample sizes were small but appropriate for the method utilized.

5 | ANALYSIS

Analysis of the 13 studies resulted in the development of four analytical themes, (1) 'multiplicity: disorder versus experience', which discusses the complexity within multiplicity experiences and personal conceptualizations; (2) 'impact of understanding multiplicity', which identifies the impact of misdiagnosis and stigma; (3) 'importance of supporting multiplicity', which reflects on service provision and requirements; and (4) 'continuum of experiences', which explores the internal functionality of multiplicity. Due to the complex and individual narratives expressed across studies, participants' own voices are used throughout the thematic synthesis.

5.1 | Theme 1: Multiplicity—Disorder versus experience

> It has been and continues to be, a journey that has seen me undergo a metamorphosis.
>
> (Blunden & Billie, 2021, p. 13)

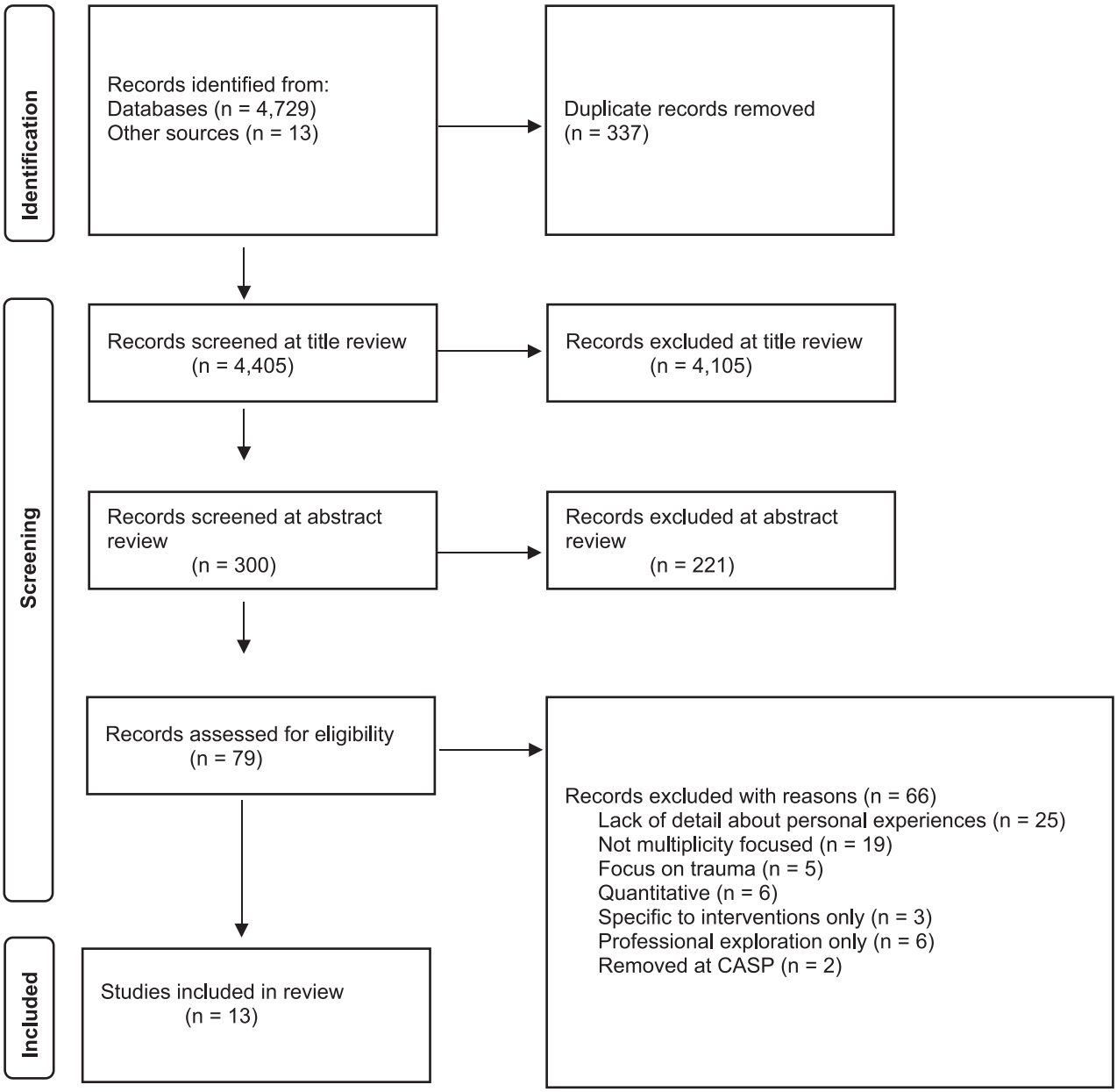

FIGURE 1 PRISMA flowchart.

5.1.1 | Misinterpretation of multiplicity experiences

Research discussed the lack of diversity encapsulated in current explanations of multiplicity, with primarily medicalised perspectives explored and validated by support and research (Floris & McPherson, 2015). Individuals discussed the link between their experiences and past traumatic events, which they often felt was part of the development of multiplicity (McRae et al., 2017; Parry et al., 2018); however, the conceptualizations of their trauma varied. While some discussed multiplicity in terms of protective factors against trauma (Fox et al., 2013; Zeligman et al., 2017), others felt experiences were separate from prior trauma (Perry et al., 2007). Often not captured within research that solely focuses on clinical aspects of multiplicity, not all experiences were discussed as being a result of trauma, which added to the complexity in understanding (Ribáry et al., 2017). The lack of standardized language was a barrier to understanding (Černis et al., 2020). Overall, a variety of unique terminology was reported, including 'multiples', 'residents' and 'plural identity' (Blunden & Billie., 2021; Ribáry et al., 2017). As a result, participants felt misaligned with current discussions around multiplicity, which is often more complex than current criteria and language elucidates.

5.1.2 | Medicalization of multiplicity

Whether individuals were positive about multiplicity or not, there was a prevailing sense that they were not involved in the decisions about

the support they received, which was often grounded in a medical framework (Perry et al., 2007). This occurred regardless of personal conceptualizations, which did not always align to the medical model. While being able to access diagnostic criteria felt validating for some (Floris & McPherson, 2015; Pietkiewicz et al., 2021), it often did not encapsulate the experience of multiplicity; thus, participants felt they were being pushed into specific criteria, which was not relevant or appropriate (Černis et al., 2020). The various changes within diagnostic criteria were highlighted in Ribáry et al.'s (2017) study, which noted that de-medicalization of multiplicity could 'challenge cultural norms and question the labelling of multiplicity as a mental disorder' (p. 3). This was mirrored in individual's conceptualization of experiences, which people did not always feel required a formal diagnosis (Fox et al., 2013). The belief from some medical professionals that multiplicity experiences are 'permanent illnesses' ignored the possibility of 'growth and future well-being' (Heriot-Maitland et al., 2012, p. 49), which participants deemed invalidating.

5.2 | Theme 2: Impact of understanding multiplicity

> I didn't know that what I was experiencing had been experienced by any else ever.
>
> (Heriot-Maitland et al., 2012, p. 46)

5.2.1 | Misdiagnosis of multiplicity

Misdiagnosis related to how the lack of understanding surrounding the various, often heterogenous experiences associated with multiplicity would result in individuals being given diagnoses for other mental health conditions which 'might be related, but they're very separate experiences' (Černis et al., 2020, p. 13). A range of inaccurate diagnoses were reported including bipolar disorder, Borderline Personality Disorder (BPD) and schizophrenia (McRae et al., 2017; Zeligman et al., 2017). Misdiagnosis often had negative effects on participants, some of whom selectively attended to their experiences that aligned and ignored ones which did not fit within their (inaccurate) diagnosis in a bid to work with professionals' understanding (Floris & McPherson, 2015). If participants voiced their unwillingness to accept the diagnoses, they were likened to 'diagnosis shopping', which caused further stress and desire to be believed (Fox et al., 2013, p. 334). Negative emotionality was commonly associated with misdiagnosis: 'when somebody disbelieves it … it does hurt' (Floris & McPherson, 2015, p. 484).

5.2.2 | Stigma surrounding multiplicity

Participants reported feeling 'worried that people will think I'm crazy' (Perry et al., 2007, p. 78). External stigma was commonly reported from family and professionals, which added to participants' negative emotionality (Ribáry et al., 2017). People reported worrying that they would be abandoned by family and friends if they disclosed their experiences, which resulted in them distancing themselves (Fox et al., 2013). As a result, external stigma often became internalized and impacted the relationship with their experiences. System members would attempt to be hidden from the public to avoid negative stigma; however, this often-caused additional internal challenges (McRae et al., 2017). Some males with multiplicity reported experiencing high levels of stigma due to the belief they should not access support because of gender expectations: 'real men don't get sick' (Zeligman et al., 2017, p. 73), which can have damaging consequences. Negative portrayals of multiplicity experiences in the media, and the resultant stigma were discussed at length, with cases such as Sybil (for which there has been dramatizations portrayed in the media) being highlighted as detrimental to public understanding. Individual's fear often came from the worry that people's understanding would be based on exaggerated and inaccurate portrayals within media and be treated as if they were crazy (Floris & McPherson, 2015). As a result of the misperceptions within the media, people with lived experiences often are afraid to openly discuss their true, sometimes positive, experiences, which results in a vicious cycle, perpetuating the inaccurate, damaging narrative of multiplicity experiences (Fox et al., 2013).

5.3 | Theme 3: Importance of supporting multiplicity

> It was the first time that I felt hope that I could get better.
>
> (Fox et al., 2013, p. 335)

5.3.1 | Need for appropriate support

Participants highted needing support to 'help contextualise it and make sense' of their experiences (Heriot-Maitland et al., 2012, p. 46). Lacking access to appropriate support that was specific to their experiences was common across narratives (Černis et al., 2020). Treatment was offered for other conditions; thus, participants felt the main reason for accessing support was overlooked (Floris & McPherson, 2015). While some benefit from support specifically related to being multiple, others reported hoping for holistic support and support for other experiences not related to multiplicity. Navigating daily life, building internal relationships and accessing peer support are all key to living well with multiplicity. Participants felt staff lacked necessary understanding, skills and training to adequately support them, referring to them as being 'out of [their] depth' (p. 487), resulting in poor mental health outcomes. Comparatively, being given accurate information by professionals was viewed positively and helped participants contextualize their multiplicity experiences and the reasons behind it (Perry et al., 2007). There was a lack of specificity regarding positive avenues of support reported, although

simple steps such as showing interest in the person and believing their stories were highlighted favourably (Fox et al., 2013; Parry et al., 2018). Feeling accepted and understood by those providing support was a pivotal moment in people's journeys towards accepting their experiences.

5.3.2 | Impact of support for multiplicity

The influence of receiving support on individual's journeys was highlighted across studies. Individuals without a positive support network reported 'feelings of being disconnected or distant from other people' (Ciaunica et al., 2021, p. 9), which often resulted in them withdrawing from relationships (Heriot-Maitland et al., 2012). Feeling unheard and scrutinized was a common theme when people did disclose their experiences to others, which was described as invalidating and had the potential to negatively influence their internal views on multiplicity (Heriot-Maitland et al., 2012). Most commonly, people reported the benefits of having positive support from others, including spouses and friends (Zeligman et al., 2017). Positive therapeutic outcomes were highlighted, particularly when service users had access to appropriate support tailored to their experiences that resulted in reassurance and acceptance (Perry et al., 2007). Other avenues of support included religion (Perry et al., 2007), making positive lifestyle changes (Černis et al., 2020) and discussing experiences with others (Fox et al., 2013). This highlighted the importance of individual's having multiple avenues of support while they come to terms with their often-complex experiences.

5.4 | Theme 4: Continuum of experiences

> Life isn't a coherent succession of events anymore.
> (Černis et al., 2020, p. 8)

5.4.1 | Communication and compromise

The subtheme related to the importance of internal communication with other system members and the difficulties that are associated with having to make compromises. The internal relationship was reported as being an ongoing process that people struggled with, particularly as some members of the system could cause harm to others (Blunden & Billie., 2021; Orlof et al., 2021). As members of the system can have different ages, genders and preferences, it was difficult to 'negotiate the competing interests' (Fox et al., 2013, p. 333). Respondents reported having to make compromises both internally and externally, adding further strain. Participants compromised the care they received, as some felt what was offered 'won't help … but at least I'm getting someone to talk to' (Floris & McPherson, 2015, p. 486), highlighting the consequence of the contested understanding of multiplicity. Internally, gender was viewed as one main compromising factor, as the gender of system members sometimes did not align with the body's gender, which was distressing and confusing for participants (Zeligman et al., 2017). Further distress and compromise were reported regarding the decision to transition, with one respondent saying, 'if he had been alone, he would have chosen surgery' (Ribáry et al., 2017, p. 4). These responses clearly highlight the importance of a person-centred understanding of often complex experiences.

5.4.2 | Internal structure of multiplicity experiences

Individuals reported having various job functions for different system members, including protectors, managers and organizers (Blunden & Billie., 2021). Having different internal roles helped individuals to 'keep track of different jobs' (Fox et al., 2013, p. 333), which was viewed positively when switching occurred or when memories of events were lacking. However, the complex nature of having multiple roles resulted in a poor sense of central identity for some (McRae et al., 2017). Participants reported struggling with feeling like 'younger alters were overlooked or ignored' (Parry et al., 2018, p. 34), particularly when the body's age was older, resulting in a lack of congruence with their felt self (Ciaunica et al., 2021). Having multiple ages internally meant that some system members were at a different development level, which was not always addressed by professionals (Parry et al., 2018; Zeligman et al., 2017), who often did not have the training to cope with complex cases. Loss of time and fragmented memories were reported, resulting in shame and isolation (Fox et al., 2013). Having system members who emerged at different time points was difficult, as they lacked memories of specific life events, further disconnecting them from the body and other system members (Parry et al., 2018). Positively, participants reported multiplicity 'adding an enrichment' to life (Heriot-Maitland et al., 2012, p.48). The narrative of adapting to struggles emphasized the nuanced perspective that many take towards multiplicity and goes some way to support the notion of a continuum of experiences (Černis et al., 2020; Floris & McPherson et al., 2015; Ribáry et al., 2017).

6 | DISCUSSION

This systematic review aimed to synthesize and interpret qualitative data exploring lived accounts of multiplicity-spectrum experiences. In total, 13 studies were thematically synthesized, which resulted in the development of four analytical themes. Overall, results emphasize the scale of heterogeneity within reports of multiplicity-spectrum experiences, highlighting the need for person-centred, holistic awareness as the term multiplicity itself offers limited information about the individual experience and needs of the multiple-self. Specific factors, such as misunderstanding, stigma and isolation, impact people with multiplicity due to the current lack of validation of experiences, which create barriers to engagement with both formal and informal support. Individual conceptualizations of identity are formed through validation of the multiple-self, exploration of identity with peers and

communication both internally and externally. Self-concept clarity (the degree to which an individual feels a coherent and stable sense of themselves; Campbell et al., 1996) is influenced by personal understandings of the self—in this review, participants had a clear sense of self as both an individual and member of a wider bodily system, which is not present in those diagnosed with a clinical disorder. The value added of this review highlights currently minimized voices of people who live well with dissociative experiences, who feel more aligned to a holistic explanation of the self as opposed to clinical criteria. Based on the findings of this review, a novel and synthesized definition of multiplicity is offered as the experience of having more than one 'self' in the mind or body, which can involve having different genders, ages, memories and personalities but without the assumption of the presence of distress. This experience differs from DID definitions due to the absence of amnesia, distress and impaired functioning, highlighting the variance in conceptualizations across the continuum.

6.1 | Multiplicity: Disorder versus experience

The findings of this review support the notion that multiplicity experiences are complex and varied, existing across a continuum inclusive of multiplicity, DID and derealization–depersonalization (Sar, 2011). Findings also recognized that individuals with lived experiences can struggle to articulate their experiences, perhaps due to a limited framework of available language, representative of our developing understanding and the nuances surrounding multiplicity. Consequently, as with other mental health experiences, multiplicity is often oversimplified and depersonalized, leading people to question their identity, exacerbating one of the central tenants of depersonalization, rather than supporting self-acceptance. As detailed in Table 2, there are unique features associated with multiplicity, DID and depersonalization–derealization disorder, which warrant individual exploration, terminology and support.

6.2 | Impact of understanding multiplicity

Positively, this review supports previous research that gaining accurate insight into an individual's experiences can aid psychosocial functioning and protect against negative health outcomes (Klaas et al., 2017). This review corroborates the findings of previous literature exploring the relationship between stigma and mental health support. As found in our review, stigma has been examined as a barrier to support due to internalized shame, which resulted in reluctance to engage with mental health care (Gronholm et al., 2017). These damaging views have, in part, been exacerbated by inaccurate and extreme depictions in the media, with people who experience multiplicity, in particular DID, being portrayed as dangerous, impulsive and 'crazy' (Loewenstein, 2018). In line with our findings, these damaging beliefs can harm individuals, limit disclosure and result in a reduction in access to appropriate support, both formal and social.

TABLE 2 Unique features of multiplicity, DID and depersonalization–derealization.

Multiplicity	DID	Depersonalization–derealization
Multiple selves residing in one body	Multiple selves residing in one body	Disconnection from thoughts, feelings and body (depersonalization) Disconnection from surroundings (derealization)
Minimal or lack of amnesia between selves	High levels of amnesia between selves	Observing self from outside the body
Minimal distress as a result of being multiple	High levels of distress	High levels of distress
Lack of impairment in functioning	High levels of impairment in functioning	Feeling a lack of control over what they do or say
Awareness of self as an individual and member of a system	Lack of self-concept clarity in relation to internal selves	Questioning identity and reality
Apparent lack of mental health issues specifically as a result of being multiple	Commonly associated with increased symptoms of anxiety and depression	Commonly associated with increased symptoms of anxiety and depression

6.3 | Importance of supporting multiplicity

The current review advances our understanding by illustrating why experiences of multiplicity would benefit from being supported within a person-centred framework (Parry et al., 2018), through including expert personal insight into decisions, working collaboratively with each self within a system and supporting individual development. Importantly, having tailored information that focuses on the positive aspects of multiplicity, the importance of internalized support and communication can aid people to have a voice and the freedom to explore their experiences.

6.4 | Continuum of experiences

The often-misinterpreted experience of multiplicity, coupled with limited professional training and awareness, often results in misdiagnosis, which leads to a range of poor health outcomes, missed opportunities for early-intervention, mistrust in the healthcare system and societal costs (Sar, 2011). As a result, the ISSTD (2011) has postulated that dissociative disorders should reside on a continuum due to the commonalities within experiences. In line with this, multiplicity can be argued to reside along the continuum, for those experiencing being multiple, without meeting clinical criteria. As multiplicity is a broad

term, which encompasses a range of experiences, people have individual conceptualizations of what it means to be 'more than one'. The diversity in experiences is partly detailed in this review, although is currently limited to the often-medicalized focus of multiplicity-spectrum experiences within published research. Due to the clinical perspective, there currently is a lack of language and knowledge specifically concerning multiplicity, which encompasses experiences outside of a medicalized lens.

6.5 | Clinical implications and future research

Furthering this notion, including a wider range of multiplicity experiences within the spectrum and recognizing the spectrum is one of experience rather than disorder, including those explored in this review, can result in greater access to early-intervention or recognition of one's ability to manage independently. Early intervention for a range of mental health experiences, including psychosis (Golay et al., 2016), has been identified as critical for improving treatment outcomes, and research has shown that delayed treatment is associated with poorer outcomes including distress and functional decline (Gronholm et al., 2017). The need for person-centred approaches to support and intervention was emphasized within the review, reflecting existing research that has recognized the importance of holistically viewing mental health experiences (Fleeson, 2004). Developing awareness and understanding through public education can also aid support for both individuals who experience multiplicity; reduce stigma, self-stigma and associated silencing; and enhance service design and delivery (Tang et al., 2010). Therapeutic interventions are often assumed to be most beneficial; however, for a non-problematic experience such as multiplicity, alternative support including community based or peer-support could be more beneficial to aiding people living well with their multiplicity.

To our knowledge, this is the first systematic review to focus specifically on narratives of multiplicity spectrum experiences through direct enquiry with experts by experience. The inductive approach to thematic synthesis ensured key themes were derived directly from the data, focusing on the voices of people with lived experience. Application of the inclusion criteria to the results of the searches identified 13 papers for inclusion in this review, which while relatively small, mirrors the emerging nature of this area. Nonetheless, through piloting the search strategy, and supplementation of the searches with handsearching and targeted journal searching, the authors have confidence in the conclusion that all relevant research in this emerging area was included in this systematic review.

This synthesis considered multiplicity spectrum experiences in the broadest sense, encapsulating a range of experiences across the spectrum, which is likely to have influenced the themes identified. Multiplicity seems phenomenologically separate from DID, which is why it is helpful to consider as a separate construct along the multiple-self continuum. Future research should consider multiplicity as its own experience, separate from BPD, PTSD and even DID, which requires in depth exploration to provide clearer understanding on personal meaning-making of often non-clinical experiences. Exploring professional and expert-by-experience perspectives of receiving care, from various points along the continuum of experiences, will aid the development of clear conceptualisations, understanding and individualized approaches to support.

7 | CONCLUSION

The current synthesis combines the findings from empirical studies that explore personal conceptualizations of multiplicity spectrum experiences. Within the accounts, some significant indications as to the heterogeneity within experiences emerged. These experiences require a person-centred, individualistic approach to support in order to attend to the needs of the individual and not solely the name of a disorder. The review also highlighted the impact that stigma and misunderstanding can have on individual's identity and sense of self. Therefore, services should engage staff in anti-stigma training in relation to multiplicity to reduce the likelihood of transference and internalization of stigma between staff and service users. Socially, raising awareness, reducing stigma and psychoeducation to normalize the experience of multiplicity within communities could also reduce condition-related distress. Interventions to promote self-concept clarity, accepting of selves, could also be helpful to mitigate the effects of stigma and internalization of stigma, thus enhancing overall wellbeing. Finally, the review supports the notion that multiplicity experiences should remain on a spectrum, although it is important to note that this spectrum is broader in breadth than those spectrums pertaining to clinical disorders such as DID and depersonalization–derealization, as not everyone who identifies as multiple will want or require mental health intervention for the condition they experience. It is important that a range of lived experiences inform our understanding to empower people to live within their multiple selves, with the freedom to do so if they so wish. Importantly, this review provides insight as to the roles of specific factors as misunderstanding, stigma and social isolation and how these factors influence individual conceptualizations of their identity in relation to multiplicity and self-concept clarity.

CONFLICT OF INTEREST STATEMENT

The authors report that there is no competing interest to declare.

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REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425596

Angus, J. E., Lombardo, A. P., Lowndes, R. H., Cechetto, N., Ahmad, F., & Bierman, A. S. (2013). Beyond barriers in studying disparities in women's access to health services in Ontario, Canada: A qualitative

metasynthesis. *Qualitative Health Research*, *23*, 476–494. https://doi.org/10.1177/1049732312469464

Blunden, N., & Billie (2021). 'And we are a human being': Coproduced reflections on person-centred psychotherapy in plural and dissociative identity. *Psychotherapy and Politics International*, *19*, e1578. https://doi.org/10.1002/ppi.1578

Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. A., Lavallee, L. F., & Lehman, D. R. (1996). Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology*, *70*(1), 141–156. https://doi.org/10.1037/0022-3514.70.1.141

Carlson, E. B., & Putnam, F. W. (1993). An update on the dissociative experiences scale. *Dissociation: Progress in the Dissociative Disorders*, *6*, 16–27.

Černis, E., Freeman, D., & Ehlers, A. (2020). Describing the indescribable: A qualitative study of dissociative experiences in psychosis. *PLoS ONE*, *15*, e0229091.

Ciaunica, A., Pienkos, E., Nakul, E., Madeira, L., & Farmer, H. (2021). *Anomalous self- and world experiences in depersonalization traits: A qualitative study*. PsyArVix Preprints.

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, *26*, 120–123.

Corrigan, P. W., Bink, A. B., Schmidt, A., Jones, N., & Rüsch, N. (2016). What is the impact of self-stigma? Loss of self-respect and the "why try" effect. *Journal of Mental Health*, *25*, 10–15. https://doi.org/10.3109/09638237.2015.1021902

Critical Appraisal Skills Programme. (2018). CASP qualitative checklist.

Danermark, B. (2019). Applied interdisciplinary research: A critical realist perspective. *Journal of Critical Realism*, *18*, 368–382. https://doi.org/10.1080/14767430.2019.1644983

Eve, Z., & Parry, S. (2021). Exploring the experiences of young people with multiplicity. *Youth and Policy*.

Fleeson, W. (2004). Moving personality beyond the person-situation debate: The challenge and the opportunity of within-person variability. *Current Directions in Psychological Science*, *13*, 83–87. https://doi.org/10.1111/j.0963-7214.2004.00280.x

Floris, J., & McPherson, S. (2015). Fighting the whole system: Dissociative identity disorder, labeling theory, and iatrogenic doubting. *Journal of Trauma & Dissociation*, *16*, 476–493. https://doi.org/10.1080/15299732.2014.990075

Fox, J., Bell, H., Jacobson, L., & Hundley, G. (2013). Recovering identity: A qualitative investigation of a survivor of dissociative identity disorder. *Journal of Mental Health Counselling*, *35*, 324–341.

Golay, P., Alameda, L., Baumann, P., Elowe, J., Progin, P., Polari, A., & Conus, P. (2016). Duration of untreated psychosis: Impact of the definition of treatment onset on its predictive value over three years of treatment. *Journal of Psychiatric Research*, *77*, 15–21. https://doi.org/10.1016/j.jpsychires.2016.02.017

Gronholm, P., Thornicroft, G., Laurens, K., & Evans-Lacko, S. (2017). Mental health-related stigma and pathways to care for people at risk of psychotic disorders or experiencing first-episode psychosis: A systematic review. *Psychological Medicine*, *47*, 1867–1879. https://doi.org/10.1017/S0033291717000344

Heriot-Maitland, C., Knight, M., & Peters, E. (2012). A qualitative comparison of psychotic-like phenomena in clinical and non-clinical populations. *British Journal of Clinical Psychology*, *51*, 37–53. https://doi.org/10.1111/j.2044-8260.2011.02011.x

International Society for the Study of Trauma & Dissociation. (2011). Guidelines for treating dissociative identity disorder in adults. *Journal of Trauma & Dissociation*, *12*, 115–187. https://doi.org/10.1080/15299732.2011.537247

Kate, M.-A., Hopwood, T., & Jamieson, G. (2020). The prevalence of dissociative disorders and dissociative experiences in college populations: A meta-analysis of 98 studies. *Journal of Trauma & Dissociation*, *21*, 16–61. https://doi.org/10.1080/15299732.2019.1647915

Klaas, H. S., Clémence, A., Marion-Veyron, R., Antonietti, J.-P., Alameda, L., Golay, P., & Conus, P. (2017). Insight as a social identity process in the evolution of psychosocial functioning in the early phase of psychosis. *Psychological Medicine*, *47*, 718–729. https://doi.org/10.1017/S0033291716002506

Loewenstein, R. J. (2018). Dissociation debates: Everything you know is wrong. *Dialogues in Clinical Neuroscience*, *20*, 229–242. https://doi.org/10.31887/DCNS.2018.20.3/rloewenstein

Malpass, A., Shaw, A., Sharp, D., Walter, F., Feder, G., Ridd, M., & Kessler, D. (2009). 'Medication career' or 'moral career'? The two sides of managing antidepressants: A meta-ethnography of patients' experience of antidepressants. *Social Science & Medicine*, *68*, 154–168. https://doi.org/10.1016/j.socscimed.2008.09.068

McRae, L., Hundley, G., Bell, H., & Fox, J. (2017). *Stories of survivors with dissociative identity disorder: A qualitative investigation of symptoms, traumatic experiences, and relationships*. Vistas Online.

O'Connor, C. (2016). "A multitude of little luminosities": Dissociative multiplicity as an image of and invitation to psyche through a case of dissociative identity disorder (PhD). Duquesne University.

Orlof, W., Rozenek, E. B., Waszkiewicz, N., & Szewczak, B. (2021). Dissociative identity (multiple personality) disorder in Poland: A clinical case description and diagnostic difficulties. *Advances in Psychiatry and Neurology*, *30*, 213–218. https://doi.org/10.5114/ppn.2021.110804

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S., Chou, R., Glanville, J., Grimshaw, J., Hróbjartsson, A., Lalu, M., Li, T., Loder, E., Mayo-Wilson, E., McDonald, S., … Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, *372*, n71.

Parry, S., Lloyd, M., & Simpson, J. (2017). Experiences of therapeutic relationships on hospital wards, dissociation, and making connections. *Journal of Trauma & Dissociation*, *18*, 544–558. https://doi.org/10.1080/15299732.2016.1241852

Parry, S., Lloyd, M., & Simpson, J. (2018). "It's not like you have PTSD with a touch of dissociation": Understanding dissociative identity disorder through first person accounts. *European Journal of Trauma and Dissociation*, *2*, 31–38. https://doi.org/10.1016/j.ejtd.2017.08.002

Perry, B. M., Taylor, D., & Shaw, S. K. (2007). "You've got to have a positive state of mind": An interpretative phenomenological analysis of hope and first episode psychosis. *Journal of Mental Health*, *16*, 781–793. https://doi.org/10.1080/09638230701496360

Pietkiewicz, I. J., Banbura-Nowak, A., Tomalski, R., & Boon, S. (2021). Revisiting false-positive and imitated dissociative identity disorder. *Frontiers in Psychology*, *21*, 637929. https://doi.org/10.3389/fpsyg.2021.637929

Reinders, A., & Veltman, D. (2021). Dissociative identity disorder: Out of the shadows at last? *The British Journal of Psychiatry*, *219*, 413–414. https://doi.org/10.1192/bjp.2020.168

Ribáry, G., Lajtai, L., Demetrovics, Z., & Maraz, A. (2017). Multiplicity: An explorative interview study on personal experiences of people with multiple selves. *Frontiers in Psychology*, *8*, 938–947. https://doi.org/10.3389/fpsyg.2017.00938

Ross, C. A., Duffy, C. M. M., & Ellason, J. W. (2002). Prevalence, reliability and validity of dissociative disorders in an inpatient setting. *Journal of Trauma & Dissociation*, *3*(1), 7–17. https://doi.org/10.1300/J229v03n01_02

Sar, V. (2011). Epidemiology of dissociative disorders: An overview. *Epidemiology Research International*, *2011*, 1–8. https://doi.org/10.1155/2011/404538

Sariaslan, A., Arseneault, L., Larsson, H., Lichtenstein, P., & Fazel, S. (2020). Risk of subjection to violence and perpetration of violence in persons

with psychiatric disorders in Sweden. *JAMA Psychiatry*, *77*(4), 35–367. https://doi.org/10.1001/jamapsychiatry.2019.4275

Simeon, D., & Abugel, J. (2006). *Feeling unreal: Depersonalization disorder and the loss of the self*. Oxford University Press.

Tang, J. Y., Wong, G. H., Hui, C. L., Lam, M. L., Chiu, C. P., Chan, S. K., Chung, D. W. S., Tso, S., Chan, K. P., Yip, K. C., Hung, S. F., & Chen, E. Y. (2010). Early intervention for psychosis in Hong Kong—The EASY programme. *Early Intervention in Psychiatry*, *4*, 214–219. https://doi.org/10.1111/j.1751-7893.2010.00193.x

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*. https://doi.org/10.1186/1471-2288-8-45

Young Voices Study. (2021). Understanding multiplicity. https://www.mmu.ac.uk/sites/default/files/2021-02/Understanding%20multiplicity.pdf

Zeligman, M., Greene, J. H., Hundley, G., Graham, J. M., Spann, S., Bickley, E., & Bloom, Z. (2017). Lived experiences of men with dissociative identity disorder. *Adultspan Journal*, *16*, 65–79. https://doi.org/10.1002/adsp.12036

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