

Exploring emerging multiplicity and  
psychosocial functioning: A constructivist  
grounded theory study

Z EVE

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psychosocial functioning: A constructivist  
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ZARAH EVE

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## Abstract

This doctoral study explores the experience of multiplicity; having two or more selves in one body, and how it impacts psychosocial functioning. While the experience is often associated with Dissociative Identity Disorder, there is a growing need to conceptualise multiplicity outside of medicalisation for those not experiencing distress or impairment in functioning. The study is a qualitative analysis involving three stakeholder groups: experts-by-experience, support networks, and professionals. The study utilises two data collection methods, online semi-structured interviews, and online qualitative surveys, incorporating thirty-five participants. As there is limited research outside of medicalisation, the study uses a constructivist grounded theory method, allowing participant's data to lead and tailor the focus. The emergent focus is on the positive experience of being multiple, the complexity of living in two worlds, and the impact that the outside world has on people's psychosocial functioning. The original contribution to knowledge is the development of a novel theoretical model EMBRACE (Exploring Mental health Beliefs, Recognition, And Communication for Empathetic understanding). The model identifies the impact that (mis)understanding, media, language, and recognition and regulation have on people's ability to live well as multiple. The tailored, non-medicalised language used throughout is also a novel contribution, highlighting how experiences of being multiple can be positive, life-enhancing, and supportive. Support from peers and professionals is key to people with multiplicity living well; however, it needs to be tailored, accepting of variance, and validating to people's understanding of their experiences. By allowing people with multiplicity a safe space to explore and develop their inner communication and relationships, they can live a positive and fulfilling life with their multiplicity. This research helps to inform the gaps in understanding so that people with multiplicity can begin to share their experiences without fear of judgment or misunderstanding, seek support as required, and live well.

*We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.*

*--T. S. Eliot*

*Dedicated to Donald and Abbi.*

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## Publications aligned with the thesis

### Articles

**Eve, Z.,** Heyes, K., & Parry, S. (in press). “Here’s Dissociative Identity Disorder, and we’re not that”: A constructivist grounded theory exploration of multiplicity experiences.

*Psychosis.*

**Eve, Z.,** Heyes, K. & Parry, S. (2024). Conceptualizing multiplicity spectrum experiences: A systematic review and thematic synthesis. *Clinical Psychology & Psychotherapy*, 31(1), e2910.

**Eve, Z.,** & Parry, S. (2022). Online participatory research: lessons for good practice and inclusivity with marginalized young people. *SAGE Research Methods: Doing Research Online.*

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

### Conference presentations

**Eve, Z.,** & Malpass, F. (October 2023). Space to find ourselves: Reflections on supporting children and young people who hear voices and other experiences, including multiplicity. *World Hearing Voices Congress.* 90-minute workshop presentation, Paris, France.

Parry, S., **Eve, Z.,** Morgan, S., Patten, V. (October 2022). Finding the words to explore unspoken experiences: Improved access to treatment choices for children & young people with multisensory hallucinations. *The Big Emerging Mind Summit.* Workshop, Oxford, UK.

**Eve, Z.** (September 2022). Co-creating understanding in outsider research: The importance of consultations with people who experience multiplicity. *International Society for Psychological and Social Approaches to Psychosis.* Poster presentation, Puglia, Italy.

**Eve, Z.** (June 2022). The power of consultations: Giving voice back to the multiplicity community. *Manchester Metropolitan University Health and Education PGR Conference.*

**Eve, Z.** (June 2021). Exploring young adults’ experiences of emerging multiplicity. *Manchester Metropolitan University PGR Conference.*

## Terminology

The list of terminology below gives a short description of potentially uncommon or unfamiliar words and phrases that are utilised within the thesis. The terminology is discussed in greater detail considering context within the thesis narrative. Furthermore, a disseminative infographic with key terminology for the experience of being multiple is presented in Figure 27. Figure 27

**Multiplicity/ plurality:** Multiplicity describes the holistic experience of having two or more selves that share one body, which is viewed as a functional, positive experience.

**Dissociative Identity Disorder (DID):** A severe disruption of identity characterised by two or more distinct personality states and recurrent gaps in the recall of everyday events.

**Selves/ headmates:** Selves, or headmates are the different identities that make up the body. Selves can have different genders, ages, preferences, behaviours, and memories.

**Alters/ parts:** Often used within medicalised or clinical understandings to refer to selves.

**Systems:** A system is the combination of the selves that live within the body. The selves within a system are usually aware of others internally within the multiplicity experience, but not always. Selves are not aware of each other within DID.

**System name:** A name that encompasses all selves within the system. Individual selves may also have individual names that only relate to them.

**Internal world:** Also known as headspace, this is the inner world that selves reside in. Sometimes viewed as a house share, people can share internal space, or have walls up that separate selves from each other.

**Singular:** The experience of not sharing the body with other selves – people are one mind, one body. Someone without multiplicity or DID would generally be viewed as a singular self.

**Fronting:** When a headmate is in control of the body, they are fronting (consider one person driving a car with passengers). Co-fronting involves two or more selves being in control of the body at one time.

**Switching:** The experience of changing who is in control of the body.

**Co-conscious:** Selves are co-conscious when they are aware of what is happening in the outside world but are not in control of the body. Communication can occur with the person who is fronting.

**Traumagenic:** A system is viewed to be traumagenic if they became multiple due to trauma experiences.

**Endogenic:** A system is viewed to be endogenic if they became multiple naturally, without trauma experiences.

# Chapter 1. The thesis in context

*Qualitative researchers have a natural curiosity that leads them to study worlds that interest them and that they otherwise might not have access to. Furthermore, qualitative researchers enjoy playing with words, making order out of seeming disorder and thinking in terms of complex relationships. For them qualitative research is a challenge that brings the whole self into the process. (Corbin & Strauss, 2008, p. 13).*

## 1.1. Introduction

This thesis presents a study exploring multiplicity within a young adult population. The primary aim of this thesis was to explore experiences of emerging multiplicity from experts-by-experience perspectives. The intent was to determine insights into personal conceptualisations of multiplicity, and the impact their experiences have on psychosocial functioning. It is located within the current mental health landscape in which there is somewhat of a paradigm shift towards understanding experiences rather than over diagnosing 'normal' experiences (Paris, 2020). By understanding experiences more broadly, mental health professionals can help to tailor support services, and provide access to appropriate knowledge and support for people who have lived experiences. The intent of this thesis was also to develop novel understanding and present an emergent grounded theory focusing primarily on lived experience voices. The concept and experience of multiplicity as a distinct construct as the holistic experience of having two or more internal selves, currently remains unexplored, and as such there is little research to inform practice and avenues for support. Within this chapter, the significance and rationale for the research is presented, followed by the research questions and study aims. The research design is then outlined, which Birk and Mills (2011) refer to as the blueprint for a study. A short note on language is discussed in this chapter, followed by a chapter-by-chapter outline of the thesis.

## 1.2. Significance and rationale

The understanding of dissociative experiences has been growing steadily over recent decades; however, knowledge remains in its infancy when compared to other mental health experiences or disorders. One disorder which has been embroiled in much contention, misunderstanding, and disbelief is Dissociative Identity Disorder (DID). Formally known as 'Multiple Personality Disorder' until 1994, the disorder involves having two or more selves, alters or identities that reside in one body, which each have their own behaviours, memories, and even genders and ages (Brand et al., 2016). Thought to impact



around 1.5% of the world's population, people diagnosed with DID often experience periods of amnesia when alters take control of the body, along with high levels of distress and impairment in functioning (Şar, 2011). According to the DSM-5-TR, early childhood trauma (typically before the age of 10 years) results in people being at high risk of developing DID in later years as a protective response to the traumatic events (American Psychological Association [APA], 2022). As a result, majority of the therapeutic intervention for DID involves removing the walls that have been separating each alter in the body, in order to integrate selves into one functioning self (Parry et al., 2017).

As with lots of experiences which reside along a continuum, experiences which do not meet clinical criteria often result in a lack of focus and understanding. This is true in the case of multiplicity, which is argued to be the holistic, non-clinical experience of having two or more selves in one body. Opposing clinical experiences, people aligning with multiplicity can function relatively well ascertaining to day-to-day living (Ribáry et al., 2017). As will be discussed in greater depth in Chapter Two, majority of the language and clinical frameworks that have been developed within the broad area of focus are the result of cases with the most distressed, functionally impaired, and suffering people who access mental health services. While these experiences and knowledge are vital, they are not the only experiences associated with multiplicity and the wider dissociative continuum. The continuum highlights the diverse range of dissociative experiences that individuals may encounter (Dutra et al., 2009), often involving mild forms of dissociation that are relatively common (e.g., daydreaming, zoning out), moderate forms of dissociation that may occur in response to stressors (e.g., forgetting personal information or events), in addition to severe forms of dissociation, often associated with disorders which impact's individual's functioning and quality of life (e.g., Dissociative Identity Disorder).

People who lack distress are often unable to access support and services, as the limited availability results in a need to prioritise severe cases (Eve & Parry, 2021). Resultingly, people also suffer when they lack appropriate language to talk about their experiences. Furthermore, the current models and frameworks exclude them from the narrative, or are presented as the only option. Many people with multiplicity do not align to the current models, or they cause them distress and fear. Everyone deserves representation, language, and freedom to explore their own experiences, identify what works for them, and access support if and when required. As such, this thesis addresses the gap in knowledge concerning the experience of being a multiple self. Young people aged 14-30 years were

identified as the focus for experts-by-experience due to the importance of understanding the emergent nature of multiplicity. As the research is specific to the current cultural context of awareness, understanding, media representation, and access to tailored support, it was important to focus on people's experiences that had recently emerged, and as such have clear recollection of their journey to understanding and living as a multiple self.

### 1.3. Research questions

In order to explore the experience of multiplicity, the thesis has two overarching research questions:

1. What does the experience of multiplicity consist of for young people?
2. How do experiences of multiplicity impact young adults' psychosocial functioning?

The research questions are underpinned by four research aims:

1. To understand how young adults conceptualise multiplicity through, and outside the lens of medicalisation.
2. To understand what young adults perceive as barriers and facilitators to engaging effectively with services that aim to support their multiplicity experiences.
3. To examine how young adults' perceptions of external understanding of multiplicity impact their internal and external relationships, and subsequent psychosocial functioning.
4. To understand how young adults develop meaning making in relation to their inner experiences.

### 1.4. Methodology

The methodology utilised within this research was a constructivist grounded theory method. Due to the limited research and practice knowledge currently available, the ability to develop a novel grounded theory which explains the area of inquiry was deemed vital. Grounded theory studies do not use a priori theories; instead, they are based on a broad area of inquiry. The area needs to be broad enough to allow for flexible application of the constructivist grounded theory methods which guide data collection, generation, and analysis of data in order to construct a theory (Charmaz, 2014). Essential grounded theory research method techniques that were used within the research included: concurrent data

collection and data analysis, initial, focused, and theoretical coding of data, constant comparison of data, theoretical sampling of participants, and consistent memo writing throughout the research journey (Charmaz, 2021). As a result of the consultation, and the emergent nature of data collection and analysis, the topic area become increasingly specific to people's experience of living as a multiple self, in line with grounded theory methodology (Charmaz, 2017).

#### 1.5. A note on language

Throughout this thesis a variety of language has been used. For the most part, this is the result of the current literature base, and participant's own words. However, it should be noted that all terms currently used to explain multiplicity are not standardised across the whole community of people experiencing multiplicity. Currently there is an active community of people on social media who discuss and share experiences. Medicalised language such as 'alter' or 'part' will not be used unless included within direct quotations. More inclusive language such as 'headmate', 'self', 'plurality', and 'multiplicity' are used to describe the experience. It is important to note that while these terms are used within this research, the language used within the community and services are individualistic and should be preference led. There is a list of key terminology on page 14 which details phrases and terms used throughout the thesis. These terms are also discussed in context throughout the thesis as required.

As discussed at length within discourse around disability, there is an argument surrounding the use of person-first or identity-first language (e.g., person with autism versus autistic person; Dunn & Andrews, 2015). A similar argument exists within the dissociation/multiplicity community. Person-first language is thought to put the person before the diagnosis, reinforcing that people with conditions are human beings first. This is often argued to be positive as sometimes people with conditions or disabilities are viewed as inferior, thus person-first language aims to ensure they are treated with respect. However, person-first language has alternatively been linked to separation. While it is common to identify someone as a 'person with cancer' instead of a 'cancer patient, this is due to there being a cure. However, for people with conditions or experiences such as autism, schizophrenia or multiplicity, people cannot be separated from them. In light of this, identity-first language is purported as beneficial as it conveys that the experience is a permanent part of a person's life; it is fundamental to who they are. However, some people

view this language style as reductionist, suggesting that the experience completely defines them, and disregards all elements of their lives.

While there are arguments for and against each perspective, after discussing my research with others, and considering research into the wider continuum of experiences, it was determined that person-first language was the most respectful for an outsider to use when discussing experiences of multiplicity. However, it is important to note that language choice is a deeply personal and individualistic choice, thus when direct quotations are used, language choice that mirrors their own preferences will be used.

Experts-by-experience is a term used by people who have become knowledgeable about their experience, condition, or issue (McLaughlin, 2009). Often within healthcare research, these people are also referred to as ‘people with lived experience’ – people who bring their own insights into the discussions or research (Horgan et al., 2018). As a result, both phrases are used interchangeably within the thesis, ensuring it is clear that the research was drawing upon the opinions and explanations from the study participant’s, rather than me placing my own opinion on their experience (Noorani, 2013).

#### 1.6. Structure of the thesis

This thesis comprises 12 chapters, which are outlined below.

**Chapter 1:** is an introduction to the research area, and an overview of the research questions and study design.

**Chapter 2:** is an exploration of the history of dissociation, how the field of study emerged and has developed, and explores the academic literature around broader-spectrum experiences which fall under the ‘unusual sensory experiences’ umbrella.

**Chapter 3:** reviews the academic literature around multiplicity spectrum experiences, which include non-clinical dissociative experiences. The review established the complexity and nuance required to understand the experience outside of medicalisation and emphasised the importance of tailored knowledge and language. The literature focusing on lived experience voices is currently minimal, with professional voices often being focused on within research and practice. The systematic literature review has been published in a peer reviewed academic journal (Clinical Psychology and Psychotherapy, September 2023).

**Chapter 4:** focuses on the methods and methodology of the research. Due to being an outsider in the research area, an online consultation was conducted to identify appropriate data collection methods, ensuring people with lived experiences felt represented and valued within the project. Due to this, the constructivist grounded theory study utilised semi-structured interviews and an online survey. The research focused on three participant groups to get a holistic understanding of multiplicity: experts-by-experience, support networks and professionals. However, in keeping with the importance of people with lived experience having the space to share their narratives, they were centralised throughout the research. The consultation process resulted in two publications, one as a Case Series for Doing Research Online focusing on the use of an online consultation design (SAGE Research Methods, March 2022), and one focusing on the importance of listening to lived experience voices (Youth and Policy, August 2021).

**Chapter 5:** is the analytic process that was undertaken within the research. The process of analysing the data using a constructivist grounded theory method is discussed.

**Chapter 6:** is the analysis of expert-by-experience narratives which focused on their intrapersonal experiences of being a multiple self. Overall, 25 people with lived experience were involved in the research; 10 who engaged in an online interview, and 15 who engaged with an online survey. There were two overarching categories that emerged through the analysis: Understanding the Self, and Understanding the System.

**Chapter 7:** explores the analysis of the interpersonal experiences of people with lived experiences of multiplicity. The 25 experts-by-experience were focused on in chapter Seven also. There were two overarching categories that emerged: The Importance of Connection, and The Complexity of Living as a Multiple Self in a Singular World.

**Chapter 8:** is the analysis of interviews and surveys which were completed by support networks for people with multiplicity experiences. Two online interviews, and four online surveys were conducted resulting in two overarching categories: Navigating a Complex Experience, and Influences Impacting Understanding.

**Chapter 9:** is the analysis of interviews and surveys which were completed by professionals who had professional experiences of working with people experiencing multiplicity. One online interview and two surveys were completed, in line with ensuring lived experience voices were centralised. Two overarching categories emerged: The Complexity of (mis)understanding, and Working with Multiple Selves.

**Chapter 10:** is a discussion of the findings from Chapters Six, Seven, Eight, and Nine in relation to the literature from Chapters Two and Three. This culminates in key arguments being presented in regard to the importance of having tailored understanding outside of medicalisation which is specific to multiplicity, and the benefits of providing access to tailored, holistic support for people who do not meet clinical criteria.

**Chapter 11:** is a combination of the data collected which resulted in the development of an emergent grounded theory. *EMBRACE* theoretical model (Exploring Mental health Beliefs, Recognition, And Communication for Empathetic understanding) stresses the importance of levels of awareness and experiences regarding multiplicity, which have an impact on people's ability to live well as a multiple self, or feel the need to suppress and hide their experiences. Due to the level of abstraction, the theoretical model was raised from a low-level theory to a substantive theory so other mental health experiences can be mapped against the model. A journal article has been submitted for publication and is currently under review (as of March 2024).

**Chapter 12:** is my thesis dénouement of the research I have undertaken in this thesis. I discuss answers to the research questions posed in Chapter One, and conclude the thesis with recommendations for future research.

## Chapter 2. Background

### 2.1. Introduction

In order to situate this study, it is important to first consider the wider context of variance in human experiences, and how these are often viewed in relation to medicalisation. Before discussing multiplicity in depth, I will consider the historical context of the experience, and how it links to the wider continuum of dissociation and dissociative disorders. Throughout this chapter, I will demonstrate my positionality (as elucidated in greater depth in Chapter Four) which takes a focus on understanding the true nature of people's experiences, and the wide variance within experiences of multiplicity. I am not someone who experiences multiplicity, and as such, I am not in any position to argue against their personal experiences. Instead, this research aims to illuminate an under-researched, misunderstood experience which has suffered from damaging debates, both within the dissociation realm, and outside it.

While the background focuses heavily on Dissociative Identity Disorder (DID), it is important to note that there are four main dissociative disorders within the DSM-5-TR (American Psychological Association [APA], 2022). Due to the complexity and assumed similar characteristics of DID and multiplicity, the focus is on the former, although there are discussions concerning the wider continuum of dissociative experiences throughout. Multiplicity has been included as a working definition in bullet point five, highlighting the conceptual differences within the experience:

1. Dissociative Identity Disorder (DID) – a severe disruption of identity characterised by two or more distinct personality states and recurrent gaps in the recall of everyday events.
2. Depersonalization-Derealization Disorder (DDD) – depersonalization: feelings of being an outside observer of the self and detachment from the self; and derealization: feelings of detachment or unreality regarding circumstances or the environment predominate.
3. Dissociative Amnesia – the inability to recall important autobiographical information inconsistent with ordinary forgetting; the events forgotten are usually of a traumatic or otherwise stressful nature.

4. Other Specified Dissociative Disorder (OSDD) – Dissociative disorder with specific symptoms e.g., identity change, acute dissociative reaction, dissociative trance. Similar to DID but with less distinct parts/no alters (OSDD-1a), or without amnesia (OSDD-1b).
5. Multiplicity – the experience of having two or more selves within one body, with awareness of other selves present.

It is important to understand that the terminology currently used, and the impact of the language choices is vast, yet not all encompassing. For example, while often viewed as specific experiences to the general public, psychosis and dissociation are ‘umbrella’ terms that describe a variety of experiences. As with many experiences that fall under the wider mental health umbrella, public perception often leans towards the negative, resulting in fear, distress, and subjugation (Brand et al., 2016). As such, within this chapter medicalised language will be used in reference to specific research, or in relation to historical accounts of dissociative experiences. That is not to say that medicalised language is accepted or used by people who experience multiplicity; this notion will be explored in greater depth using participants own voices within the finding’s chapters to develop shared, accepted language.

## 2.2. Historical context of dissociation

Dissociation is a term used to describe and explain a disconnection between things or areas that are usually connected. Dissociative experiences are generally not integrated into one’s ‘usual’ self, which results in a lack of continuity within one’s awareness (Modestin et al., 2002; Simeon et al., 2001). Dissociative experiences vary greatly, from very mild to severe, thus not all align with the assumption of distress or impairment. For example, when someone is sleep deprived, they may have conversations without paying attention, or they may zone out during work. People who experience intense stress or trauma can experience dissociation, such as after experiencing a car accident, one may go into shock (Van der Kolk, 1995). One’s response to traumatic events (distressing or disturbing experiences that overwhelm an individual’s ability to cope) may include dissociative symptoms such as memory gaps, or disconnection from their emotions, but it would not designate a disorder as it is a reasonable<sup>1</sup> response to the event (Ozturk & Şar, 2006). However, dissociation can become an issue for people when the experience is distressing, severe, persistent or

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<sup>1</sup> Reasonable in this context refers to contextually and culturally acceptable and understandable reactions.



impairing. These experiences are commonly associated with mental disorders such as Posttraumatic Stress Disorder, Borderline Personality Disorder, or Dissociative Disorders (Mezzich & Berganza, 2005).

Experiences of dissociation were first recognised by Janet in the 19<sup>th</sup> Century, who noted the *désaggregation<sup>2</sup> mentale* as a deficit of integration of parts of mental experiences. This theory was built on Charcot's work which argued that hysteria was the result of a weak neurological system (Bell et al., 2011). Janet also reported on the phenomenon known as *dédoublement*, or 'double consciousness' (Janet, 1888, cited in Butler et al., 1996), whereby it was believed patients with hysteria could be cured by creating a second healthy personality. Double consciousness occurs when the distinction between how one sees themselves (e.g., positively), and how others see the person (e.g., negatively) becomes internalised as two co-existing views of the self. Indeed, a case of 'exchanged personality' was documented in 1791, with researchers arguing that patients with historical hysteria would have symptoms of a dissociative disorder today (Brand et al., 2016). This notion was developed further by James in the 1890's who believed that consciousness could be split into parts which ignore each other and live independently (Alvarado & Krippner, 2010).

For Janet, one key feature of dissociation was amnesia; holding the limited belief that pathological separation between consciousness and behaviours could only occur in the presence of amnesia (Janet, 1926, cited in Butler et al., 1996). This supported James' (1925, cited in Putnam, 1989, p. 415) understanding that "*pathological phenomena are only exaggerations of normal phenomena*". Indeed, many of Janet's colleagues also explored the question of where the separation lies between normal and pathological dissociation, with Putnam noting dissociation only becomes pathological under certain circumstances (Putnam, 1989). Prince (1906) popularised the formal concept of dissociative disorders through the presentation of a clinical case of a patient, Christine Beauchamp, who presented with multiple personalities<sup>3</sup>.

While there was attention on dissociation and multiple personalities in the 19<sup>th</sup> Century, this focus did not continue into the 20<sup>th</sup> Century. In part this was due to the exposure of fraudulent accounts of hysteria by Charcot after his death in 1893 (Atchison & McFarlane, 1994). Due to his association with Charcot, Janet's theory was also tarnished. Furthermore,

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<sup>2</sup> *Désaggregation* = dissociation.

<sup>3</sup> Language used in line with research at the time; Multiple Personality = Dissociative Identity Disorder.

in 1908, Bleuler first reported the term schizophrenia which aimed to re-explain the *dementia praecox* concept. Previously it was believed that the diagnosis was a deteriorating psychotic disorder characterised by progressive mental deterioration, and mental weaknesses (Noll, 2011). Bleuler (1911) reinterpreted the disorder, focusing on the notion of splitting or dissociation, stating:

*“...emotionally charged ideas or drives attain a certain degree of autonomy so that the personality falls into pieces. These fragments can then exist side by side and alternatively dominate the main part of the personality, the conscious part of the patient” (p. 143).*

This description of schizophrenia is closely linked to recent descriptions of dissociative disorders; thus, it is clear how the two disorders were therefore conflated. A review by Rosenbaum (1980) identified that the rise of the use of schizophrenia coincided with a decline in the reports of Multiple Personality Disorder (MPD). The emergence of schizophrenia has also been linked to the decline of hysteria. While there are now separate theoretical underpinnings and clinical presentations for schizophrenia and dissociative disorders, research has identified overlapping symptoms in schizophrenia-spectrum disorders and dissociative-spectrum disorders (Renard et al., 2017). It is important to note that while there are high co-occurrences between the two disorders, this is not indicative of comorbidity in its truest form.

It took until the early 1970s for psychiatrists and clinicians to begin campaigning for MPD to be considered a legitimate diagnosis. Two prominent books resulted in a rise in the public awareness of MPD, however the resulting misunderstanding has damaged public consensus regarding these experiences. *The Three Faces of Eve* was in part focused on a case described by Thigpen and Cleckley (1954), and a further book, *Sybil* (Schreiber, 1973) described the case of a patient with ‘multiple personalities’ who reported severe abuse during childhood. Since the records of *Sybil*<sup>4</sup> were unsealed, it was found that multiple documents and case notes implied that the therapist had pushed a narrative of abuse during childhood – arguing for the assumption that *Sybil*’s personalities were generated because of therapist interference, and not true dissociative experiences. *Sybil*’s letter to her clinician stated, *“I do not really have any multiple personalities...I have been lying in my pretence of them”*, although this was disregarded as an attempt to avoid working on the issues with the therapist. The lack of corroborated evidence regarding childhood abuse in

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<sup>4</sup> *Sybil* is a pseudonym for the client, named Shirley Mason. The name *Sybil* will be used throughout for clarity.

this case, in addition to the book deal that the therapist had while treating Sybil has increased the argument that the case was indeed falsified (Nathan, 2011).

### 2.3. Changes in diagnostic criteria

One of the lasting issues purported against the clinical significance of dissociative disorders involves the major changes within diagnostic criteria, both within the DSM and ICD. While the changes in diagnostic criteria aimed to more accurately reflect the symptoms associated with dissociative disorders, it also has had the impact of changing clinical diagnoses (Spiegel et al., 2011). DID, then known as MPD was first recognised in the DSM-III-R as a dissociative disorder. It is important to note that throughout the various changes within the diagnostic criteria, MPD and later DID has always been classified as a dissociative disorder, not a personality disorder such as schizophrenia, which some conflate it with. The confusion surrounding the presence of the experience was, in part, due to the naming of MPD, which sounded more closely related to a personality disorder. Within the DSM-IV, a change was made to the terminology, resulting in the disorder being reclassified as Dissociate Identity Disorder; terminology which has remained since. There were a range of reasons given as to the change, with the DSM-IV stating:

*“...it is a disorder characterised by the presence of two or more identities or personality states that recurrently take control of the individual’s behaviour accompanied by an inability to remember important personal information...it is a disorder characterised by identity fragmentation rather than a proliferation of separate personalities” (APA, 1994, p. 529).*

According to Steinberg, there are five predominant components associated with dissociative disorders: amnesia; derealization; depersonalization; identity alteration; and identity confusion. However, it is important to note that experiences are not static, and areas of poorer functioning differ between individuals (APA, 1994). As such, while two people may both meet clinical descriptors of a dissociative disorder, their presentations may vary (see Figure 1 and Figure 2 for examples). Furthermore, symptoms may present periodically throughout life, however for some people symptoms are constantly present and unchanging (International Society for the Study of Trauma and Dissociation [ISSTD], 2011).

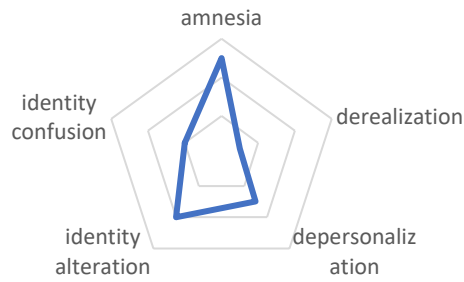


Figure 1: Example one of varying symptoms associated with dissociative disorders.

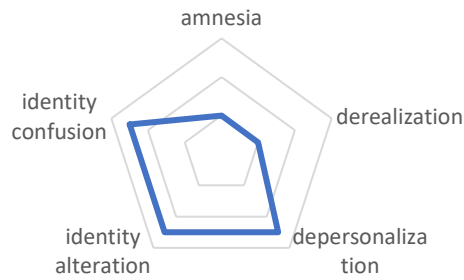


Figure 2: Example two of varying symptoms associated with dissociative disorders.

The recent DSM-5-TR made further changes to the diagnostic criteria, noting that symptoms can be reported as well as observed by the clinician, minimising the burden of proof on the part of the client (APA, 2022). The manual also highlighted the variance in experiences, noting that amnesiac gaps do not need to be specific to traumatic events. Importantly, criterion C “the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning” highlights that DID is a disorder, but experiences which do not align with this do not meet the threshold of a disorder and should not be viewed as such.

Within the DSM-5 there is also “Other Specified Dissociative Disorder” (OSDD), previously referred to as “Dissociative Disorder Not Otherwise Specified” (DDNOS) which refers to clinical presentations which align with the DSM criteria for a dissociative disorder, but do not fully align to the specific criteria of an identified subtype, such as DID, or depersonalization/derealization disorder. OSDD is the most diagnosed dissociative disorder with over 40% of dissociative disorder cases being classified as such (O’Neill et al., 2023). There are four specific presentations of OSDD listed in the DSM-5, although people are not diagnosed with specific subtypes (e.g., OSDD-type 2):

1. Chronic and recurrent syndromes of mixed dissociative symptoms

2. Identity disturbance due to prolonged and intensive coercive persuasion
3. Acute dissociative reactions to stressful events
4. Dissociative trance

Within the DSM-IV DDNOS had further breakdowns of what is now classified as OSDD – DDNOS-1a, and DDNOS-1b. DDNOS-1a referred to experiences which were similar to DID but involved less distinct parts, or the lack of presence of alters. DDNOS-1b referred to experiences which including having the presence of alters but lacking amnesia. As noted within the DSM, the OSDD “...category includes identity disturbance associated with less-than-marked discontinuities in the sense of self and agency, or alterations of identity of possession in an individual who reports no dissociative amnesia” (APA, 2013). A similar experience to subtype 1 is specified within the ICD-11, named ‘partial DID’. Partial DID is predominantly characterised in the same way as DID, in that it involves “*disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency*” (World Health Organisation, 2019). However, there is often a ‘dominant’ personality which is usually fronting (in control of the body). It is indicated that disruptions and intrusions from other selves are irregular, commonly occurring during times of stress. It is important to note that impaired functioning is still required for a diagnosis of partial DID. While diagnostic criteria has aimed to encompass the variance within dissociative disorders, researchers have argued that alternative criteria are used as “*a catch-all category*” (Chu, 2011, p. 53) which involves arbitrary dividing lines (Ross, 2007). This is potentially evident in the high percentage of diagnoses within these groups, although this could also be explained through the lack of specific awareness amongst professionals and clinicians.

While there have been changes made to clinical descriptors, such as DSM criteria with the updated version 5-TR, the essential elements remain the same as in other versions. A diagnostic mental disorder is clinically significant, which impacts functioning, is associated with high level of distress, and reflects an underlying dysfunction within a person. However, clinical criteria specifically notes that “usual” or “expectable” responses to stress or life experiences are not generally disorders. Within the ICD-11 there is specific reference made to the ‘boundary with normality’. The criteria however do not specify in which ways behaviour is required to deviate from societal standards – it is unclear who decides where the distinction lies. As with experiences that are less well understood, such as dissociative

experiences, the lack of commonality, understanding, and belief often result in otherwise healthy expressions and responses to life experiences being classified as abnormal which result in clinical diagnoses.

#### 2.4. The DID debate

As highlighted previously, there remains controversy within academic literature and professional understanding concerning DID (Leonard & Tiller, 2016). The dramatization of the experience in various media, including *Sybil*, *Fight Club*, and *Split*, has resulted in a range of misconceptions being widely accepted. There are three predominant misconceptions which will be addressed below: 1) DID is rare; 2) DID is induced by clinicians; and 3) DID develops in fantasy prone patients in response to outside influence e.g., media. Models that have been purported within the literature including the sociocognitive model (SCM) and the post-traumatic model (PTM) will be explored in relation to the misconceptions.

##### 2.4.1. DID is rare

In response to the publication of *Sybil*, there was an argument proposed that DID diagnoses became ‘popularised’ as a result and would thus only be a temporary occurrence (Dodier et al., 2022). Contrary to this argument, a high number of academic publications has remained evident over previous decades (see Figure 3). While the notion of DID began to emerge in the 1970s, through a scoping search on PubMed including keywords “Multiple Personality Disorder” and “Dissociative Identity Disorder”, publication rates have remained relatively stable, opposing early arguments of temporality.

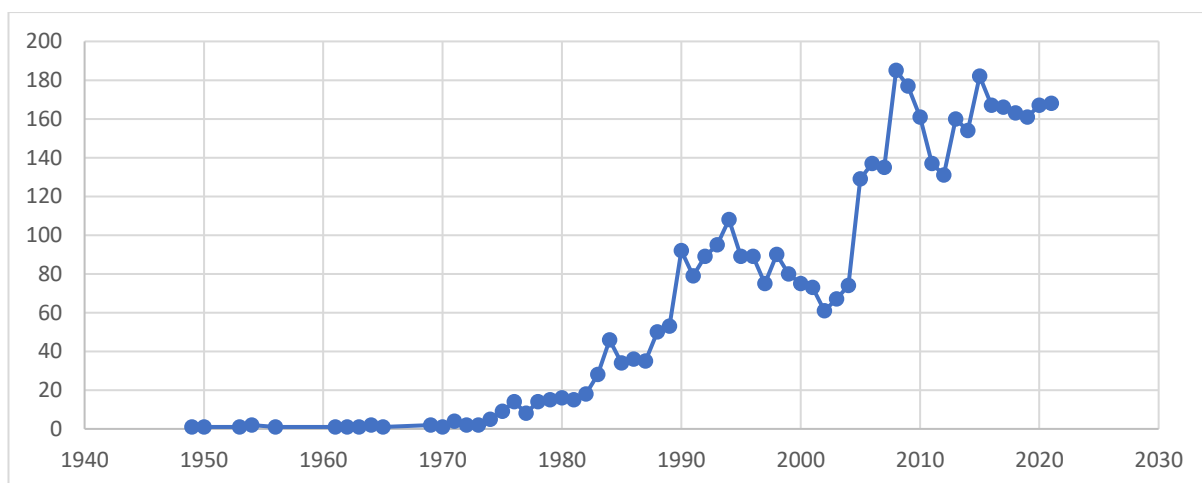


Figure 3: Number of Publications per year identified in a PubMed search using keywords “Multiple Personality Disorder” and “Dissociative Identity Disorder” (authors own).

Prevalence rates for DID vary greatly, from extremely rare to 1-2% in the general population (Brand et al., 2019; Lynn et al., 2019). Rates are higher in psychiatric inpatient settings, ranging from 1-21% (Foote et al., 2006; Şar et al., 2007; Lynn et al., 2019), and 12-38% in outpatient populations (Foote et al., 2006). One main impacting factor associated with a DID diagnosis, is dissociative amnesia which also varies in prevalence across cultures and countries - <1% in China, and 7.3% in Turkey (Chiu et al., 2017; Lynn et al., 2019). The complexity within prevalence rates is in no small part a result of the lack of understanding regarding clinical presentations, as well as the varying use of predictive measures and screening tools. However, non-clinical research involving predominantly college students has also demonstrated high prevalence rates: in a recent meta-analysis of 31,905 students, 11.4% had symptoms associated with a dissociative disorder, with a variance in prevalence rates of 5.5% to 28.6% (Kate et al., 2020).

It is important to note that when considering the argument that DID is rare, that the experience has an equivalence of prevalence rates to other DSM criteria experiences, including bulimia nervosa (0.46-1.5%), and obsessive-compulsive disorder (1.1-1.8%; APA, 2022). As Sagan argues *“absence of evidence is not evidence of absence”*. While there is a lack of public awareness regarding dissociative disorders, the empirical evidence is not lacking, thus the argument lacks weight. A potentially noteworthy comparison is to current prevalence rates of autism spectrum disorder, which has a global prevalence rate of approximately 1% (Zeidan et al., 2022). According to some groups, there is currently an autism “epidemic” occurring in which there has been a rapid escalation in the prevalence of autism. While prevalence rates have increased in recent decades, the increase is likely in response to increased awareness rather than overreporting of experiences and overdiagnosis. The same can be argued for dissociative disorders. Furthermore, Dell’s (2006) study found that 85-95% of people diagnosed with DID exhibited 15 of the 23 symptoms that were *“unknown to the media, to the general public, but also to the majority of healthcare professionals”* (p. 379). The combination of the conflation of schizophrenia-spectrum disorders and dissociative disorders, and the lack of awareness amongst professionals as to the presentation of DID goes some way to suggest that true prevalence rates are higher than 1-2%, indicating that DID is not in fact an extremely rare experience.

#### 2.4.2. DID is induced by clinicians

One of the most frequently reported arguments is that DID is iatrogenically created; that the disorder is caused by therapists implanting the idea falsely into vulnerable clients

(Piedfort-Marin et al., 2021). Indeed, the case of Sybil has been one of the main proponents as to the validity of this argument. As previously noted, the cases' marred history presents a clear case of clinician induced dissociation. However, it is important to note that this is not an exclusive occurrence for dissociative disorders. For other disorders and diseases, such as PTSD, chronic pain, or substance use, there are instances of occurrence because of clinician intervention. For example, certain individuals with substance use problems have been found to deteriorate during or after treatment (Moos, 2005). Other examples in relation to substance use and chronic pain include patients becoming addicted to prescription medication after medical intervention; there was a lack of substance use issues prior to intervention (Beauchamp et al., 2014). Sometimes referred to as medical trauma in this context, there have been instances of patients who have had medical procedures, hospital stays and/or illnesses, which have resulted in clinically significant reactions including PTSD (Hall & Hall, 2013).

However, importantly these experiences are not viewed with the same level of disbelief, scepticism and stigma as DID currently elicits (Reisinger & Gleaves, 2023). It could be argued that vulnerable patients should also be convinced of other symptoms not associated with DID if this argument held weight. The complication in relation to DID is often discussed in reference to clients lacking 'insight' into their experiences. However, insight is notoriously difficult to judge, and it has become somewhat synonymous with agreeing with the views of the medical professional (Eve & Parry, 2021; Lorem & Hem, 2012). However, if this was the case, the complexity within DID diagnoses, the importance of engaging with a knowledgeable and welcoming medical professional who has experience with diagnosing dissociative disorders, leaves the argument of insight difficult to reconcile. When a client presents to multiple professionals with the same characteristics and explanations of their behaviour, each medical professional may diagnose in numerous different pathways, including depression, schizophrenia, and PTSD (Jacobs, 2016). This has been a common occurrence, with many people meeting clinical criteria being misdiagnosed an average of seven times, which takes an average of seven years for DID to be properly diagnosed (ISSTD, 2011). Within this, Pietkiewicz et al. (2021) discussed the lack of clear diagnostic guidelines resulting in individual's DID diagnoses being disconfirmed; however this is seen as extremely rare. The lack of consensus regarding the specific constitution of DID is more representative of the issue with diagnostic criteria rather than supporting the potential lack of its very existence (Moskowitz, 2011).



### 2.4.3. DID develops in fantasy prone patients in response to outside influence

The socio-cognitive model is linked in part to the iatrogenic argument. The socio-cognitive model (SCM), as proposed by Gleaves (1996) postulates that DID is not a legitimate psychiatric disorder, but rather it is a creation of the media and psychotherapists. A leading belief amongst proponents of the SCM is that clients are exposed to suggestive procedures by clinicians (e.g., repeated questioning about memories and the existence of parts, or leading questions). Linked to this is the fantasy model of dissociation, which argues that individuals prone to dissociation are highly suggestible and fantasy prone, thus they conflate false memories which present as DID (Giesbrecht et al., 2008). Boysen and VanBergen (2013) summarised the two etiological formulations of the SCM as 1) exposure to the role of multiple personalities through popular culture (e.g., movies, literature) or psychotherapeutic treatment *can cause* DID; and 2) the focus of the DSM is primarily on the creation of DID through leading forms of treatment. This notion of being fantasy prone has a basis within literature surrounding dissociation and imaginary friends, in which non-clinical samples who had imaginary friends during childhood also have been found to have higher levels of fantasy proneness (Merckelbach et al., 2005). However, researchers have noted a lack of support for this model, including the lack of objectivity within its description, and the wealth of false equivalences to other experiences, including demonic possession, mass hysteria, and glossolalia<sup>5</sup> (Lilienfield et al., 1999).

Boysen and VanBergen (2013) further postulated that the notion of there being a cultural basis to DID *“would support the SCM”* (p. 5). However, as with a range of other mental health experiences, a cultural basis is apparent and important not to ignore. Culture has a large impact on how experiences are both shaped, and viewed by others (Hwang et al., 2008). Research conducted has found that cultures with little exposure to ‘popular’ media (media portraying DID; e.g., China, Turkey) still have stable levels of DID diagnoses, which would not be the case if the media was a main influencing factor (Ross et al., 2008; Xiao et al., 2006). Within Rosenhan’s (1973) seminal study, individuals without clinical diagnoses or symptoms were diagnosed with psychiatric disorders, primarily schizophrenia, demonstrating the tendency for some mental health professionals to pathologise normal behaviours and misinterpret reactions as symptoms of mental ill health. In line with the

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<sup>5</sup> Glossolalia, also known as speaking in tongues, involves people speaking unknown languages, using speech like sounds or words, particularly during religious worship.

argument that increased rates of diagnosis because of the publishing of the case of Sybil, this argument has also been raised to support the SCM. However, increased awareness via media can indeed facilitate increased rates of diagnosis due to increased professional knowledge (Piper, 1997). That is not to say that the media is falsely developing experiences of DID, but that awareness often results in understanding.

## 2.5. The self

The concept of the self is fundamental to psychology, philosophy, and many other disciplines. However, despite centuries of exploration, it has proven difficult to provide a definition of the 'self'. Broadly speaking, the self refers to an individual's sense of identity, consciousness, and personal existence. Within some Western understandings, the sense of being the same person during the course of time is associated with the definition of a person (Salgado & Hermans, 2005). Researchers have explored the notion of the self in relation to self-regulation (the ability to manage one's thoughts, feelings, and behaviours), self-concept (the perceptions individuals hold about themselves), and self-esteem (the evaluative aspect of self-concept; Elliott, 2020). It has been argued that having stable elements of the self over time is associated with positive wellbeing, healthy living, and positive mental health (Neff, 2011). However, alternative psychological theories do not endorse such perspectives, and instead argue that the self is multiplied.

Self-multiplicity refers to the notion that individuals possess multiple facets or aspects of their identities, personalities, and experiences (Klein, 2010). It suggests that people are not defined by a singular, fixed identity, but rather by a complex interplay of various selves that may emerge in different contexts or situations (Lester, 2012). Within the concept, there is acknowledgement that individuals may exhibit different traits, behaviours, and roles depending on the social, cultural, and environmental factors involved. For example, someone may behave differently in professional settings compared to social gatherings. Self-multiplicity does not imply a pathological condition; instead, it reflects normal variability and adaptability of human identity (Lester, 2010).

The dialogic self theory, developed by Hermans et al. (1992), proposes that the self is inherently dialogical in nature, composed of multiple internalised voices or self-positions that engage in internal dialogues. The theory argues that individuals have multiple self-positions that represent various aspects of the self, which can be influenced by roles,

relationships, cultural norms, and personal experiences (Angus & McLeod, 2004). The ongoing interactions between internalised self-positions enable expression of perspectives, beliefs, desires, and emotions which shape the individual's self-understanding and behaviour. In response to changing contexts and experiences, the dialogic self is constantly evolving and adapting, leading to shifts in identity and self-concept over time (Hermans & Dimaggio, 2007). In this way, identity formation is seen as a complex process involving the integration, differentiation, and negotiation of diverse self-positions. By understanding and acknowledging internal dialogues and conflicts, individuals can benefit from therapeutic interventions which focus on facilitating self-reflection, self-awareness, and integration of self-positions which promote psychological wellbeing and growth (Angus & McLeod, 2004).

It requires noting here that self-multiplicity conceptualises elements or parts of one identity or individual. Opposing this notion, is the experience of multiplicity – in the context of this research project, the term multiplicity is referring to the holistic experience of having two or more individuals residing within one body.

2.6. The medicalisation of human experiences  
Medicalisation has been described as the process of taking non-medical problems and converting them into illnesses or disorders (Conrad, 2013). They therefore become defined and treated only in the context of the problem. Conrad (2007, p. 5) writes *“the key to medicalisation is definition”*. That is to say, for experiences to be medicalised, they must be first defined using medicalised language, understood through a medical framework, and treated using a medical intervention. In relation to dissociative experiences, the focus is currently primarily on medical diagnoses, and the resultant medical interventions. The criteria set forth within the DSM is argued by authors to be non-contextual, however this is not accurate as various experiences of suffering such as grief, low mood, and fear are often expressed using symptoms of clinical criteria. As Wakefield and First (2013, p. 604) argue, public perception and professional understanding are based on *“a judgement that is often highly inferential and fallible given our limited knowledge”*. As expressions of grief are understood and empathised with by the public and medical professionals, the need to explain behaviours through clinical criteria does not often occur. However, if someone were to present with similar behaviours without the underlying narrative of grief, there may be an assumption of intervention required for many.

It is understood, and accepted that medicalisation is positive for some, as it often lends itself to validation, credibility, and access to service provision. As such, it is important to consider while the argument of this thesis is that multiplicity is a holistic experience and should be viewed as such, individual conceptualisations and understanding of people's experiences are important and equally valid. DID is a specific and vital diagnosis that can aid many people in their understanding of the self, access to support, and validation of often misunderstood experiences. A main argument of this thesis is that there is a current lack of understanding and choice within how multiplicity experiences are viewed, supported, and understood. Indeed, there is somewhat of a paradox surrounding many experiences of mental health, which are reflected in the current understanding surrounding dissociative experiences – *“over-treatment on one hand, and under-recognition on the other hand”* (PLOS Medicine Editors, 2013, p. 2). This complex interaction often impacts service users, or those seeking support negatively. Many professionals do not have the relevant training to support those whose experiences do not neatly fit within the somewhat ambiguous diagnostic criteria available (Wilson & Lloyd, 2015).

Medicalisation is accepted as being actively sought by some with lived experiences of dissociative disorders. This is particularly true in response to austerity measures within the UK and beyond: the lack of availability from clinicians and the over-burden placed on professionals within services has resulted in many NHS trusts working on specific priorities, which often fall under accepted diagnoses (Ham et al., 2016). While there is still a tenuous history and understanding of DID and other dissociative disorders, it can be argued that having a diagnosis can aid in being able to access appropriate support and care. Indeed, as Beresford and Boxall (2013) identified, there is an ever-widening gap between government documents which explicate a mental health service revolution, and the reality which is marred by cuts and underfunding. It is important to note that while formal diagnoses can aid access pathways, there are still a range of barriers in place for people with experiences of dissociation. Nester et al. (2022) found that 97% of participants with a dissociative disorder experienced at least one barrier to accessing treatment. Furthermore, 92% had stopped treatment because of barriers including disbelief from service providers. The lack of understanding and awareness has been linked to externalised stigma, which Hatzenbuehler et al. (2013) postulated is a limiting factor for people accessing health resources.

The complexity within experiences associated with dissociative disorders, along with the vast lack of understanding in the area begs the question as to whether there is value in a diagnosis. The recently proposed Power, Threat, Meaning Framework (PTMF) is a non-medical model of human distress which places emphasis on the way in which power impacts people's lives in a variety of ways:

*"The [Division of Clinical Psychology] is of the view that it is timely and appropriate to affirm publicly that the current classification system as outlined in DSM and ICD, in respect of psychiatric diagnoses, has significant conceptual and empirical limitations. Consequently, here is a need for a paradigm shift in relation to the experiences that these diagnoses refer to, towards a conceptual system not based on a 'disease' model" (Division of Clinical Psychology, 2013, p. 1).*

Rather than asking the medicalised question of "what is wrong with you?", it instead asks "what has happened to you?". The PTMF argues that unusual experiences, and emotional distress are understandable when people's lives and personal circumstances are taken into consideration. The framework argues for a shift from medicalisation and diagnostic focus to more narrative and individualised understandings, with a clearer understanding around the impact that power dynamics have on service users (Johnstone & Boyle, 2018). While a paradigm shift towards understanding the full holistic experience of an individual is a positive notion, the framework itself has been subjected to a variety of critiques, the most predominant of which is that the documents themselves have not gone through peer review and are explicitly written as the position of two authors. A small number of experts-by-experience were consulted during the development of the framework, thus the framework itself may be purporting the imbalance of power and top-down approach that it aims to argue against.

Medicalisation is somewhat of a pejorative term for some people who have a dissociative disorder and/or experience multiplicity. These people often feel misaligned with the current scope of understanding and are thus excluded from support and care. Through informal discussions with support services who have contact with people who both align with, and do not feel supported by medicalisation, including Hearing Voices Network Manchester, and Voice Collective, the choice was made to not go through the NHS route to research. Indeed, by design a very specific population would have been identified and explored if NHS service users were focused on. Upon judgement and discussions between the supervisory team, those service users may have likely accessed support, which was

specifically focused on medicalisation, and thus would likely have had a very different viewpoint to those who do not feel supported by current support pathways.

As grounded theory method was used within this research, of which the focus is on the holistic experience, which is not fully encompassed by medical criteria, it is important that the population of interest is in line with the focus. Holism refers to the caring for a person in a way which considers all aspects of their body, mind, spirituality, and emotional state, and considers these in relation to other individuals, and the environment they are in (Povlsen & Borup, 2011). Rather than focusing solely on medicalised experiences in relation to dissociative disorders, the frame within which this project sits encompasses the respondents as whole people with individual and in-depth personal experiences. While qualitative research aims to identify commonalities across groups, it is important to note that people's experiences are often extremely individual and personal, and the context in which they are experiencing the world, and themselves is important.

#### 2.7. Multiplicity as an experiential alternative

As noted previously, it is important to reconcile the continuum of experiences within which multiplicity is thought to reside. A clinical diagnosis, and access to specific support, intervention, and service provision is vital for many people who align with clinical descriptors, particularly those whose experiences cause distress and fear (Behan et al., 2020). This PhD is not aiming to discredit the importance of a clinical diagnosis or argue against the diagnostic criteria currently associated with DID and other dissociative disorders. However, experiences of being multiple are incredibly varied and are not currently reflected in existing understanding. Often it is argued that someone either has a clinical disorder, or they do not. However, through developing an understanding of multiplicity as a holistic, multi-faceted experience, it can go some way to explaining the wide variance of experiences that people have, through the identification of common themes. In a similar manner to the broader 'unusual sensory experiences' umbrella, which encompasses voice hearing, seeing visions, sensing the presence of another, and many more, multiplicity can be argued to fall under this category (Mitchell et al., 2017). Under this umbrella, people may benefit or require a diagnosis, but many other people can live well without.

This research is in part a response to community needs which have argued for a wider explanation of experiences which do not focus solely on medicalisation. Multiplicity in this context refers to an established term which the community often use to describe the

experience of having multiple selves within one body. A multiple identity does not preclude diagnoses, with some people who have clinical diagnoses feeling more aligned to the holistic explanation. However, as previously noted, a diagnosis of DID requires a high level of impairment and/or distress, as well as amnesia between selves (APA, 2013). Many people with multiplicity do not have amnesia and have experiences which are not impairing their day-to-day functioning or are not causing them distress. In fact, people have reported their experiences to be life-enhancing and supportive (Ribáry et al., 2017).

Researchers have indicated that DID specifically involves high levels of dissociation within identity and memory. Following the assumed similarity between DID and multiplicity, it is believed that identity and memory are impacted within the multiplicity experience also. It is generally understood that we all have parts within ourselves – that we have an integrated network of sub-personalities that amalgamate into one unified sense of self or consciousness. Comparably, for people who experience multiplicity or DID there are disconnections between the elements of the self. There are different levels of connection between the selves – for some people the separation is incredibly high, and there is a lack of understanding and awareness regarding others in the body (Trifu, 2019). For people with multiplicity, it is thought that the level of separation is less pronounced, and that people are more aware of the system as a whole, which involves having increased communication between selves. Often, people presenting with such experiences are given a diagnosis of OSDD which can feel incredibly invalidating because of predominant focus of DID; discussions online have involved people being told that they are not “multiple enough” or are told that they are faking their experiences as they do not fit wholly into clinical understanding.

As a result of the focus of research in the area being on clinical diagnoses, including DID, the research and knowledge currently available has been inevitably swayed in terms of negative experiences. As research will often identify people who are extremely distressed and overwhelmed with their experiences, this is then reflected in public dialogue and awareness. This research is important to validate the experiences of people experiencing DID, but it is also important to consider other experiences and perspectives. Often people who have not felt impaired by their experiences, or who have not been struggling because of having multiple selves may not have accessed mental health services. As there is then a lack of awareness amongst mental health professionals and academics, the experience goes unnoticed and not focused on.

Within research and service provision, language is currently lacking which accurately explains people's experiences. Even within the wider space, phrases such as 'mental health' or 'mental illness' are context bound and thus struggle to encompass the true variance in experiences (Richards, 2018). They are most associated with clinical criteria and descriptors. The decisions about what is considered 'mentally ill' is dependent on cultural norms and beliefs around 'reasonable' behaviours (Pilgrim & Tomasini, 2012). Everyone needs a voice, language, and access to relevant support if and when they require it. Currently the language used around such experiences is based on medicalisation, which does not encompass all experiences fully. As Beresford et al.'s (2016, p. 27) paper noted, we need "*sensitive diversity in language*" which more accurately reflects people's individual experiences. Certain language sensationalises mental illness and reinforces stigma; medicalised terminology often has connotations with a lack of quality of life for people having uncommon experiences (Richards, 2018; Rüsç et al., 2005).

Multiplicity, as experienced in everyday life, is thought to diverge from pathologised interpretations within clinical contexts. Within daily existence, individuals with multiplicity navigate a range of roles, identities, and perspectives, reflecting the inherent complexity of human nature. These everyday norms recognise multiplicity as a natural and adaptive aspect of the human condition, whereby people with multiplicity can switch between identities as needed depending on the context and circumstance required. This is more prominent than the understanding of self-multiplicity whereby it is parts of a single whole self within the body, with separate identities residing in one body. Within the multiplicity community, there is acknowledgement within diversity of perspectives and experiences. However, within clinical settings, multiplicity has only been viewed in line with dissociative disorders such as DID which often overlooks the nuanced and adaptive nature of multiplicity, instead framing it within a narrow diagnostic framework. By contrast, embracing everyday norms and intersubjective understandings of multiplicity can enrich psychotherapeutic practice, fostering a more nuanced and holistic approach to understanding human experience.

## 2.8. Summary

In this chapter, I have provided a contextual background for the study of multiplicity outside of medicalisation. The historical context of dissociation and dissociative disorders has been explored, considering how they have been understood and treated over time. Following this, the wider context of variance in human experiences was highlighted, along



with how these are often viewed solely in relation to medicalisation. Emphasis has been placed on the importance of understanding the true nature of people's experiences, and the wide variance of experiences that reside along the dissociative continuum. My research approach is grounded in a holistic understanding of multiplicity, illuminating a currently under-researched and misunderstood experience. As such, it is important to consider how research has specifically explored the understanding of multiplicity. Chapter Three explores lived experience narratives of the experience of being a multiple self within the currently limited literature base.

## Chapter 3. Systematic literature review and thematic synthesis

### 3.1. Introduction

As detailed in Chapter Two, experiences of dissociation, medicalisation, and holistic understanding of people's experiences along the dissociative continuum are vast, yet not all encompassing. As such, it is important to consider previous research in the area in depth, identifying common narratives from people with lived experience. As is often the case with much research surrounding mental health, professional perspectives are often highlighted, at the expense of lived experience voices which can be complex and individual. A discussion about the community use of the term multiplicity was briefly discussed in Chapter Two. As such, moving forward into this review, the phrase 'multiplicity-spectrum experiences' has been used throughout to encompass varying experiences within published research. While the phrase was not explicitly used within all but one of the published studies, the narratives presented mapped onto the continuum of experiences being identified. Traditionally, dissociative-spectrum experiences, or psychosis-spectrum experiences are commonly referred to. However, it should be noted that these narratives often present medicalised perspectives, which was not solely focused on within this review. Instead, using terminology to discuss experiences which is in line with community phrasing, the review became a more holistic account of people's experiences, which impact and influence a great variety of areas of people's lives.

While systematic literature reviews are becoming commonplace within a range of psychological research, their utility within grounded theory studies is less cognizant. Many grounded theory researchers suggest that reviewing literature should not occur until after the data has been collected and analysed, to prevent bias (Strauss & Corbin, 1998). However, as noted within constructivist grounded theory research, it is important for the researcher to be aware of the area of interest (Urquhart & Fernández, 2013). In particular, this is true for research in areas that are potentially sensitive to the population being explored. Within this project, the systematic literature review was conducted prior to data collection, however it was used as a means to better understand the variance in current understanding within academic literature and understanding the lack of knowledge currently available. The review enabled clear development of the overall research questions and aims, through understanding how people with lived experiences conceptualised their own experiences. The review was not prescriptive in terms of

developing the interview schedule, which was instead developed as a result of the consultation which will be discussed in greater depth in Chapter 4.

*The below is an adapted version of a systematic review that was published in Clinical Psychology and Psychotherapy in September 2023. The link to the full review can be found in Appendix A.*

Conceptualising Multiplicity Spectrum Experiences: A systematic review and thematic synthesis.

### 3.2. 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 conceptualise 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 UK, USA, 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, emphasising the need for person-centered, individualised understanding, separate from mental health conceptualisations. Therefore, training in person-centered individualised 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.

### 3.3. Keywords

Dissociation; Dissociative Identity Disorder; Systematic review; Mental health; Psychosocial life events

### 3.4. 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 (Şar, 2011). Some dissociative experiences can be conceptualised as defense 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 (OSDD) and depersonalization-derealization disorder within the DSM-5. 10-27% of people meet the criteria of a dissociative disorder within clinical populations (Şar, 2011), and 11.4% in non-clinical populations (Kate et al., 2020).

Specifically, DID is characterised 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 medicalisation has not yet been conceptualised 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 judgement related distress surrounding multiplicity (Eve & Parry, 2021; Parry et al., 2017).

#### 3.4.1. 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 medicalisation of their inner world. Consequently, there is a need to mobilise knowledge, advance understanding and learn from this group of people who have been under-represented in research thus far. Therefore, this systematic review explores conceptualisations 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 medicalisation.

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 centered on professional understandings (Şar et al., 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 3 to 4 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 stigmatisation 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 conceptualisations and provide an accurate perspective on this under-researched area (Loewenstein, 2018). To my 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 conceptualisations 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, mobilising multiplicity-spectrum research.

### 3.5. Method

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 was synthesised using Thomas and Harden's (2008) thematic synthesis methodology. In line with this methodology, a critical realist epistemology was adopted to recognise 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.

#### 3.5.1. Search strategy

A search of the Cochrane CENTRAL Register of Controlled Trials and PROSPERO identified no reviews in relation to the aims of this review. Between December 2020 to March 2021,

a systematic and comprehensive search was undertaken using three databases: PsycInfo, PubMed, and Scopus, with an updated search being run in December 2022. An initial scoping search of the literature area identified optimal search databases relevant to the area of interest. Additional searches were conducted through grey literature searching of Google Scholar and Open Grey to mitigate against positive result publication bias. To ensure a robust and comprehensive search strategy, further sources were identified through forward and backward searching using the reference lists of included studies, and the following journals compatible with the review focus: Journal of Trauma and Dissociation and European Journal of Trauma and Dissociation (inception of journals to December 2022). Boolean connectors AND/OR were used to combine search terms: Multiplicity OR Dissociation OR Depersonali\* OR Dereal\* OR "Multiple personalit\*" AND Qual\*.

In terms of the temporal scope of the review, the years 1993 to 2022 were selected because the Dissociative Experiences Scale-II (DES-II) was published in 1993, which measures the frequency of dissociative experiences (Carlson & Putnam, 1993). The DES-II is one of the most commonly used instruments to investigate both clinical and non-clinical dissociative experiences and resulted in a clear understanding of the variety of experiences within research and practice. Therefore, the search strategy was restricted to studies published in English from April 1993 to December 2022.

Potential studies were reviewed in accordance with Table 1 inclusion/exclusion criteria. Inclusion criteria included primary mixed-methods or qualitative studies in English that focused on personal experiences of multiplicity or related multiplicity-spectrum experiences (e.g., depersonalization, derealization, or dissociation). No restrictions were placed on the age or diagnostic status of the study participants due to the lack of consensus currently surrounding multiplicity experiences; not all individuals feel their experiences align with diagnostic criteria or specific terminology. To address the focus of this review on lived experience, perception and conceptualisation, and the large number of studies found during initial scoping searches, research was excluded that focused on specific organic conditions, contexts and phenomena that were not relevant to the research question.

*Table 1: Inclusion/exclusion criteria for systematic review*

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Primary mixed-methods or qualitative research.	Opinion pieces, systematic reviews, editorials, conference proceedings, and quantitative studies.
Studies published in the English language in peer reviewed journals from April 1993 to December 2022.	Studies published in languages other than English.
Focused on personal experiences of multiplicity or related experiences (including depersonalisation, derealisation, dissociation).	Studies not including direct personal participant experiences and voices, such as solely professional perspectives.  Studies focused on organic or alternative development of experiences (e.g., peritraumatic dissociation, trauma, Dementia, Alzheimer's, religion, paranormal themes).

### 3.5.2. Data extraction and synthesis

Thomas and Harden's (2008) thematic synthesis method was used, which utilises three stages: line-by-line coding; the development of descriptive themes; and the generation of analytic themes. One main advantage of using the thematic synthesis approach is the explicit links between the conclusions identified within the systematic review, and the original data, allowing the review to highlight individual voices and perspectives. Data (all text included with 'results' or 'findings' sections from the studies included were extracted into NVivo software. Data not presented qualitatively was excluded in this review. The analysis and theme development were discussed with the supervisory team who have expertise in a variety of research areas and scholarly backgrounds to ensure relevance and to eliminate bias. To enhance the credibility and trustworthiness of the research, a reflexive journal was kept throughout the research process.

## 3.6. Results

### 3.6.1. Identification of relevant studies

A total of 4,740 records were retrieved and exported to EndNote X9. A total of 337 duplicates were removed, after which all 4,405 titles were screened for relevance. Following this initial selection, 300 abstracts were screened, resulting in 221 papers being



excluded that did not fully meet the inclusion criteria. Subsequently, 79 papers, including four papers identified from handsearching and checking the reference lists of included studies, were then subject to a full text review, resulting in 15 papers meeting the inclusion criteria. Finally, the 15 articles were selected for methodological appraisal, resulting in 13 articles being included in the thematic synthesis (see figure 4).

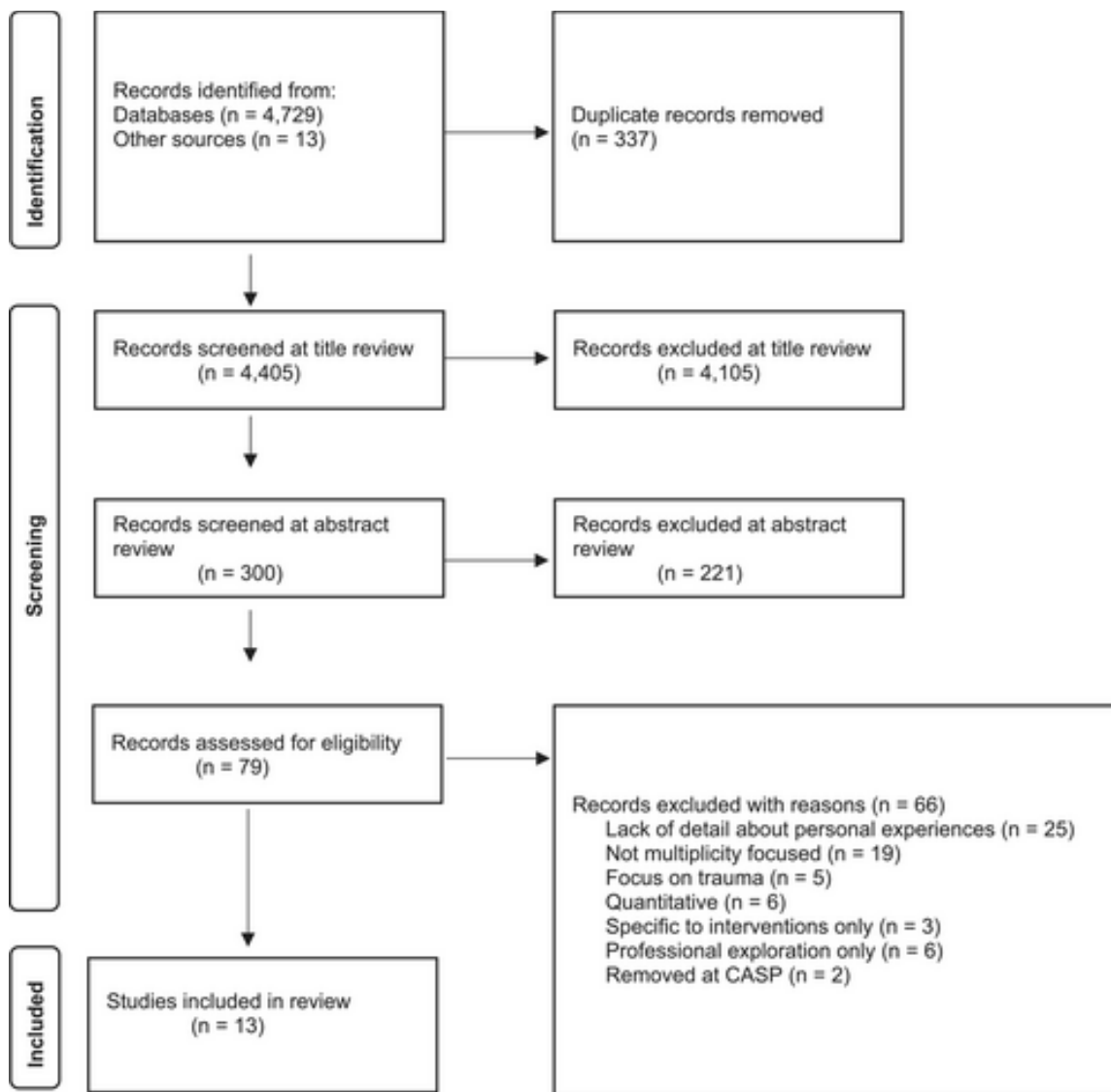


Figure 4: PRISMA flowchart identifying 13 studies for inclusion

### 3.6.2. Characteristics of included studies

Table 2 provides an overview of the characteristics by study. A total of 13 qualitative studies (nine semi-structured interviews (69%) one focus group (8%), one reflective case study (8%), one client letter (8%), and one survey (8%)) were included in the review. Studies were published between 2007 and 2021, and included one to 24 participants; overall 98 participants were represented. Seven studies (54%) were from the UK, three (23%) from the USA, two from Poland (15%), and one from Hungary (8%). Four studies (31%) used a

form of interpretive phenomenological analysis, two (15%) a form of thematic analysis, and one each (8%) from content analysis, narratology, phenomenology and framework analysis. Three studies (23%) did not report the method of analysis. Eleven studies (85%) used purposive sampling, one (8%) used maximum variation and one (8%) used critical case sampling. Seven studies focused specifically on individuals with a diagnosis; six studies (46%) included participants with a DID diagnosis, and one study (8%) focused on individuals with a psychosis-spectrum disorder. The remaining six studies did not specific in terms of diagnoses; three (23%) focused on plural identity experiences, two (15%) focused on psychosis experiences, and one (8%) focused on depersonalization traits.

Table 2: Characteristics of included studies, presented in chronological order

Authors	Date published	Country of origin	Journal	Participant s n, (gender)	Participant age range (mean)	Method	Data Analysis	Measures
Perry et al.	2007	UK	Journal of Mental Health	5 (0F, 5M)	19-25 (21.8)	Semi-structured interviews	Interpretative phenomenological analysis	Semi-structured interview schedule developed by the research team focusing on hope in relation to their psychosis.
Heriot-Maitland et al.	2012	UK	British Journal of Clinical Psychology	12 (6F, 6M)	20-63 (30.5)	Open-ended, semi-structured interviews	Interpretative phenomenological analysis	Schneiderian first rank symptoms [SFRS] for eligibility; semi-structured interview schedule developed by the researchers.
Fox et al.	2013	USA	Journal of Mental Health Counseling	1 (1F, 0M)	35 (35)	Phenomenological-based interviewing (Seidman, 2006)	Narratology	Semi-structured interview schedule developed by the researchers.

Floris and McPherson	2015	UK	Journal of Trauma and Dissociation	7 (5F, 2M)	22-48 (Unknown)	In-depth semi-structured interviews	Framework analysis	Semi-structured interview focusing on their help-seeking attempts, their understanding of being given a diagnosis of DID, the meaning of the diagnosis to them, and the impact of the diagnosis on their lives.
Ribáry et al.	2017	Hungary	Frontiers in Psychology	6 (6F, 0M)	19-29 (24)	Internet forums and semi structured interviews	Unclear	Interview schedule developed by research team.
Zeligman et al.	2017	USA	Adultspan Journal	5 (0F, 5M)	(56)	Semi-structured interviews	Non-linear phenomenological approach (Colaizzi, 1978)	DES-II, demographics questionnaire about their DID experiences, semi-structured interviews.
McRae et al.	2017	USA	Vistas Online	12 <sup>a</sup>	(39)	Semi-structured interview design using a focus group	Content analysis	Semi-structured interview schedule developed by the researchers, focusing on memories of DID symptoms and experiences, help-seeking, and self-disclosure of DID experiences.

Parry et al.	2018	UK	European Journal of Trauma and Dissociation	5, (5F, 0M)	(46.6)	Semi-structured interviews	Interpretative phenomenological analysis	Semi-structured interview schedule developed by the researchers and led by participants, focusing on personal experiences of living with DID.
Černis et al.	2020	UK	PLoS One	12 (4F, 8M)	16-64 (36.3)	Semi structured interviews	Thematic analysis	Interview schedule focusing on experiences of dissociation, impact of DE, relevant factors, and cognitive appraisals. Dissociative Experiences Scale-II.
Blunden and Billie	2021 (eprint)	UK	Psychotherapy and Politics International	2, (2F, 0M)	Unknown	Reflective case study	Co-produced idiographic and person-centred account	None listed

Ciaunica et al.	2021 (pre-print)	UK	PsyArXiv	24 (18F, 6M)	(23.3)	Open-ended questions using IPEASE and EAWE-SR	Thematic analysis	Cambridge depersonalisation scale (CDS-2); Inventory of Psychotic-like Anomalous Self-Experiences (IPASE; Cicero et al., 2017); Examination of Anomalous World Experience-Self Report (EAWE-SR; unpublished).
Orlof et al.	2021	Poland	Advances in Psychiatry & Neurology	1 (0F, 1M)	(30)	Client letters between psychiatrist and client	Clinical Case Description	Case description of working with a client who presented with three selves.
Pietkiewicz et al.	2021	Poland	Frontiers in Psychology	6 (6F, 0M)	(32.2)	Semi-structures interviews	Interpretative phenomenological analysis	Strengths and Difficulties Questionnaire (SDQ-20); Trauma Experiences Checklist; Trauma and Dissociation Symptoms Interview (TADS-I) to identify participants. Semi-structured interviews exploring experiences.

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Note. <sup>a</sup> = gender not listed

### 3.6.3. Quality appraisal

The quality of the studies included after the full text review were assessed using the Critical Appraisal Skills Programme (CASP) for Qualitative Studies Checklist (2018). This critical appraisal tool includes 10 questions that assess the trustworthiness, relevance and transparency of results of qualitative papers. The CASP checklist has been widely used within healthcare research and syntheses (e.g., Angus et al., 2012; Campbell et al., 2003a; Feder et al., 2009) and has been favourably compared to alternative appraisal tools (Malpass et al., 2009). The CASP informs interpretation and a comprehensive understanding of the quality of the papers. Each question was rated as 'yes', 'can't tell' or 'no' (see Table 3). Two studies were excluded on the basis of quality due to them not fully addressing all three of the initial questions in the checklist: clear aims, appropriate qualitative method, and appropriate research design (Edge, 2004; Kryca, 2010). The remaining 13 studies scored between nine and 10, indicating high quality research. As the aim of the review was to consider individual perspectives regarding multiplicity experiences, studies of higher quality were not privileged in the discussion to ensure parity and diversity across voices. In keeping with qualitative research methods, the sample sizes were small, but appropriate for the method described.

Table 3: Methodological rigor of included studies (CASP Checklist)

First author's name and date	Clear aims	Appropriate qualitative method	Appropriate research design	Appropriate recruitment strategy	Appropriate data collection	Relationship between researcher and participants considered	Ethical issues considered	Rigorous data analysis	Clear statement of findings	Valuable research	Total score (T=10)
Edge (2004)	?	✓	?	✓	✓	?	?	✓	x	?	6.5
Perry (2007)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Krycka (2010)	✓	✓	?	✓	✓	?	?	✓	x	✓	7.5
Heriot-Maitland (2012)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Fox (2013)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Floris (2015)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Ribáry (2017)	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	9
Zeligman (2017)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
McRae (2017)	✓	✓	✓	✓	✓	?	✓	✓	✓	✓	9.5
Parry (2018)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Černis (2020)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Blunden (2021)	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	9
Ciaunica (2021)	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	9
Orlof (2021)	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	9
Pietkiewicz (2021)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10

Note. 'yes' is indicated by a ✓, 'can't tell' is indicated by a ? and 'no' is indicated by a x. Scoring: 'yes' = 1, 'can't tell' = 0.5, 'no' = 0.



### 3.7. Thematic synthesis

Analysis of the thirteen (n = 13) studies resulted in the development of four superordinate themes, 1) ‘Multiplicity: disorder versus experience’, 2) ‘impact of understanding multiplicity’, 3) ‘importance of supporting multiplicity’, and 4) ‘continuum of experiences’. See table 4 for descriptions of analytical and descriptive themes. Table 5 details the distribution of themes across the included studies. Due to the complex and individual narratives expressed across studies, participants own voices were used throughout the thematic synthesis.

*Table 4: A description of analytical and descriptive themes*

Analytical themes and description	Descriptive themes	n (out of 13 studies)
1. Multiplicity: Disorder versus experience		13
	1.1 Oversimplification of multiplicity experiences	10
	1.2 Medicalisation of multiplicity	8
<b>How people conceptualised their multiplicity experiences in terms of a diagnosable condition or normative experience.</b>		
2. Impact of understanding multiplicity		12
	2.1 Misdiagnosis of multiplicity	6
	2.2 Stigma surrounding multiplicity	9
<b>How both internal and external understanding impacts on individual’s experiences of both their world and multiplicity.</b>		
3. Importance of supporting multiplicity		12
	3.1 Need for appropriate support	11
	3.2 Impact of support for multiplicity	10
<b>Relates to the necessity of adequate support from loved ones and healthcare professionals.</b>		
4. The continuum of experiences		12
	4.1 Communication and compromise	5
	4.2 Internal structure of multiplicity experiences	10
<b>Relates to how individuals navigate their daily life, both internally and with others.</b>		

Table 5: Distribution of themes across included studies

	References												
	1	2	3	4	5	6	7	8	9	10	11	12	13
	Perry et al. (2007)	Heriot-Maitland et al. (2012)	Fox et al. (2013)	Floris and McPherson (2015)	Ribáry et al. (2017)	Zeligman et al. (2017)	McRae et al. (2017)	Parry et al. (2018)	Černis et al. (2020)	Blunden and Billie (2021)	Ciaunica et al. (2021)	Orlof et al. (2021)	Pietkiewicz et al. (2021)
Descriptive and analytical themes													
<b>Multiplicity: Disorder versus experience</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>
Misinterpretation of multiplicity experiences	x	x	x	x	x	x	x	x				x	x
Medicalisation of multiplicity	x	x		x	x			x	x			x	x
<b>Impact of understanding multiplicity</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>		<b>x</b>	<b>x</b>	<b>x</b>
Misdiagnosis of multiplicity			x	x		x	x		x				x
Stigma surrounding multiplicity	x	x	x	x	x	x	x	x				x	
<b>Importance of supporting multiplicity</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>		<b>x</b>
Need for appropriate support	x	x	x	x	x	x	x	x	x	x			x
Impact of support for multiplicity	x	x	x	x		x	x	x	x		x		x
<b>Continuum of experiences</b>		<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>
Communication & compromise			x	x	x					x	x		
Internal structure of multiplicity experiences			x	x	x	x	x	x	x	x		x	x

### 3.7.1. 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).*

#### 3.7.1.1 *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 conceptualisations 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 which 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 standardised 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.

#### 3.7.1.2 *Medicalisation 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 conceptualisations 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-medicalisation of multiplicity could *“challenge cultural norms and question the labelling of multiplicity as a mental disorder” (p. 3)*. This was mirrored in individual’s conceptualisation 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.

### 3.7.2. 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).*

#### 3.7.2.1 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 which aligned and ignored ones which did not fit within their (inaccurate) diagnosis in a bid to work with professionals’ understanding (Floris & McPherson et al., 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 and McPherson, 2015, p. 484).

#### 3.7.2.2 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 internalised 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).

### 3.7.3. 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).*

#### 3.7.3.1 Need for appropriate support

Participants highlighted needing support to *"help contextualise it and make sense"* of their experiences (Heriot-Maitland et al., 2012, p. 46). Lacking access to appropriate support which 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 contextualise 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 was highlighted favorably (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.

#### 3.7.3.2 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

scrutinised 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 which 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 individuals having multiple avenues of support while they come to terms with their often-complex experiences.

#### 3.7.4. Theme 4: Continuum of experiences

*“Life isn’t a coherent succession of events anymore” (Černis et al., 2020, p. 8).*

##### 3.7.4.1 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 which 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-centered understanding of often complex experiences.

#### 3.7.4.2 *Internal structure of multiplicity experiences*

Individuals reported having various job functions for different system members, including protectors, managers, and organisers (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 emphasised 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).

### 3.8. Discussion

This systematic review aimed to synthesise and interpret qualitative data exploring lived accounts of multiplicity-spectrum experiences. In total, 13 studies were thematically synthesised, which resulted in the development of four analytical themes. Overall, results emphasise the scale of heterogeneity within reports of multiplicity-spectrum experiences, highlighting the need for person-centered, 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 minimised 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 synthesised 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 conceptualisations across the continuum.

#### 3.8.1. 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 (Şar et al., 2011). Findings also recognised 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 tenets of depersonalization, rather than supporting self-acceptance. As detailed in table 6, there are unique features associated with multiplicity, DID, and depersonalization-derealization disorder which warrant individual exploration, terminology, and support.



*Table 6: Unique features of Multiplicity, DID, and Depersonalization-Derealization*

<b>Multiplicity</b>	<b>DID</b>	<b>Depersonalization-derealization</b>
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 their selves	Questioning identity and reality
Apparent lack of mental health issues as a result of being multiple	Commonly associated with increased symptoms of anxiety and depression	Commonly associated with increased symptoms of anxiety and depression

### 3.8.2. 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 the review, stigma has been examined as a barrier to support due to internalised 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 the findings, these damaging beliefs can harm individuals, limit disclosure, and result in a reduction in access to appropriate support, both formal and social.

### 3.8.3. Importance of supporting multiplicity

The current review advances our understanding by illustrating why experiences of multiplicity would benefit from being supported within a person-centered 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 which focuses on the positive aspects of multiplicity, the importance of internalised support, and communication can aid people to have a voice and the freedom to explore their experiences.

### 3.8.4. 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 (Şar, 2011). As a result, the ISSTD (2011) have 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 conceptualisations 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-medicalised 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 medicalised lens.

### 3.8.5. Clinical implications and future research

Furthering this notion, including a wider range of multiplicity experiences within the spectrum and recognising 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-centered approaches to support and intervention was emphasised within the review, reflecting existing research which has recognised 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 my 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 allows 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 individualised approaches to support.

#### 3.8.6. Conclusion

The current synthesis combines the findings from empirical studies that explore personal conceptualisations of multiplicity spectrum experiences. Within the accounts some significant indications as to the heterogeneity within experiences emerged. These experiences require a person-centered, 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 internalisation of stigma between staff and service users. Socially, raising awareness, reducing stigma and psychoeducation to normalise 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 internalisation 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 conceptualisations of their identity in relation to multiplicity and self-concept clarity.

### 3.9. Postscript – considering psychosocial functioning

As highlighted in the preceding review, although not explicitly named, multiplicity experiences can have a variety of impacts on people's psychosocial functioning. As discussed in the review, within this context psychosocial functioning is viewed as the ability for people experiencing multiplicity to navigate daily life, communicate well internally, and maintain positive friendships. Functioning, a term used widely within discourse, is assumed to be understood, however, as Tyrer (1993) suggests, it is actually "*a much more ambiguous term*" (p.2). With that in mind, it is important to note that an accepted definition of psychosocial functioning is currently lacking within research. There are various reasons as to why this may be the case, including the complexity within human experiences; the lack of clarity regarding objective experiences; and the challenge of defining day-to-day activities. Even within literature which aims to explore the impact of specific experiences (e.g., loneliness; Vanhalst et al., 2013) on psychosocial functioning, the actual concept is not clearly defined. While some studies define psychosocial functioning through mental health experiences, such as depression, anxiety, and self-esteem (Hutten et al., 2021), the current study utilises a broader description.

On a micro-level, psychosocial functioning can be described as our ability to contend with environmental and social tasks on a day-to-day basis (e.g., maintaining relationships,

attending work, completing errands). On a macro level, it can be described as the pursuit of prominent life outcomes (e.g., achieving self-actualisation; Ro & Clark, 2009). It has been argued that psychosocial functioning is inextricably linked to people's mental health, with the two concepts engaging in a bi-directional relationship (Papakostas et al., 2004). For example, someone's ability to derive pleasure from relationships may be impacted by depressive symptomology, which in turn may result in them retreating from such activities, impacting their day-to-day functioning. Positively, if someone has a positive future outlook, they may be more inclined to strive for promotions within their career, reaching higher levels of self-esteem and self-belief.

Furthermore, the explanations of the concept often focus on psychosocial dysfunction, limiting the discussion to solely negative impacts on people's day-to-day living. However, when taken at its base level, psychosocial functioning could be argued to be on a spectrum, including positive, neutral and negative impacts. By only exploring negative impacts of experiences, as demonstrated within the research included in this review, a full picture of people's experiences is currently lacking, and thus a skewed perspective is being provided. It is important to note that discussions surrounding psychosocial functioning are often linked to the demands set by the community and society in which an individual lives. In relation to this review, the ability to appear as one person, cope with daily stresses that the population have, be able to attend to a career and family are not specific to people experiencing multiplicity-spectrum experiences, but they are often more complex. Having to navigate a world which does not often understand them, or even believe their existence often results in people behaving as one person to the outside world, creating tension internally amongst selves. As such, moving forward with the project, psychosocial functioning will be focused on in light of such aspects.

#### 3.9.1. Impact of the systematic review

While the findings of the review indicated that there is minimal research conducted around the topic area specifically, outside of the realm of medicalisation, that is not to say that the focus of the research is not vital and needed. Indeed, since the review was published in *Clinical Psychology and Psychotherapy* in September 2023, I have received positive feedback from people with lived experiences (see Figure 5).

**Excerpt from an email received from someone with lived experiences (22<sup>nd</sup> September 2023)**

This was a very long email, but I wanted to express my appreciation for your willingness to acknowledge non-disordered plurality. You and your co-authors have helped to advance clinical understanding of multiplicity closer to the truth, and the perspective in your article is the closest match I've ever seen to my impressions of how our community views ourselves. I've felt for years that psychological literature is decades behind general community knowledge, and it's such a relief to finally see an article as comprehensive as yours. I want you to know that I think you're doing an immense amount of good with this research.

*Figure 5: Feedback excerpt one from an email from someone with lived experience.*

In light of this feedback, it was positive to understand that the thesis as a whole was focusing on the experience from an appropriate vantage point, and using language that is accepted by the community. It was illuminating to see the response identifying areas for further exploration (see Figure 6), of which many have been discussed later in the thesis (see Chapter 6 and Chapter 7).

**Excerpt from an email received from someone with lived experiences (22<sup>nd</sup> September 2023)**

There is an app called SimplyPlural that allows systems to track their switches...there are also various sites with basic information about systemhood, to help systems educate others who haven't heard of the concept before...there's PluralKit, commonly abbreviated to PK. PK is a Discord bot that allows systems to have their messages sent with a name and avatar of their choosing.

Establishing a presence in Discord communities, if you have not done so already, could allow you to connect more easily with folks willing to participate in research. The community tends to be wary of people who cite an interest in psychology as motivation for connecting with us, but I think the fact that you've helped to establish healthy multiplicity as a recognised phenomenon will offset that wariness a lot. You might experience pushback, however, from communities who believe that systemhood can only happen as a result of trauma (this belief is called sysmedicalism).

*Figure 6: Feedback excerpt two from an email from someone with lived experience.*

It is often easy to worry about the progress being made, or whether the final thesis will be representative of the community of focus, however from the responses, both as evidenced by the email above, and by comments on Twitter, I gained confidence that it is. The importance of the topic is highlighted by experts-by-experience who felt validated by the review and were seeking additional information that would help explain their experiences to others, and potentially to help conceptualise it clearly themselves.

### 3.10. Summary

This systematic literature review and thematic synthesis explored personal experiences of multiplicity or related experiences. From 13 studies, the review provided a holistic understanding of people's lived experiences, highlighting individual voices and perspectives, which discussed the positive nature of being multiple. This view of functional and positive multiplicity opposes medicalised understandings. However, as demonstrated by the review, lived experience voices are not common within research, and majority of the research identified did not specifically focus on multiplicity itself, but rather multiplicity-spectrum experiences. As such, the current research project addresses this gap in knowledge. Chapter 4 details the current research project's methodology.

## Chapter 4. Methodology

### 4.1. Introduction

The preceding chapter demonstrated that multiplicity experiences are complex and that there are gaps in both academic and professional knowledge, thus further research in the area is required. In part these gaps are the result of a dominance of medicalised research, which often focuses on quantitative methodologies. In this chapter, the rationale for the choice of a qualitative research design, and more specifically a constructivist grounded theory approach is justified. Discussions are presented regarding the research approach, along with the researcher's ontology, epistemology, and axiology. The chapter further discusses the specific grounded theory method utilised within this research, before highlighting the sampling strategy and data collection procedures employed within this thesis. Chapter 5 which follows on will discuss the approach to data analysis utilised in depth.

### 4.2. Theoretical and research paradigm

Researchers within the social sciences have a vast array of choices regarding how to study their area of interest. Generally, researchers will first choose between qualitative or quantitative enquiry (or indeed identifying a mixed-methods approach as is becoming commonly utilised; Creamer & Reeping, 2020). While traditionally, quantitative methods were viewed as more robust and favoured within Psychology and related fields (Wray & Wallace, 2011), qualitative methods are becoming better understood and valued, particularly within under-researched areas of interest. While using quantitative research in this study could reveal the prevalence of people who report experiencing multiplicity, how many participants relate multiplicity to dissociation, and the number of support networks who view the experiences as positive, qualitative methods can answer data rich questions about experience, meaning and perspective from the participant's own understanding (Hammarberg et al., 2016), which is the approach taken within this project. The focus of the research was not on a national sample of people aligning with multiplicity, thus prevalence rates were not explored. However, as discussed in Chapter 4.8.3, the Cambridge Depersonalization Scale was utilised to understand the contextual nature of the experience of being multiple in regard to other, more known experiences along the dissociation continuum.



As a result, individual researchers must decide both the approach and the paradigm within which their work will be located (Buchanan & Bryman, 2007). The case of understanding the nature of reality is informed by the research aims and the wider context of the research, but it must be noted that personal biases, beliefs, and values are greatly impactful to the research design. This is known as the '*research paradigm*' (Denzin & Lincoln, 2011, p. 230). A research paradigm is described as a "*set of commonly held beliefs and assumptions within a research community about ontological, epistemological, and methodological concerns*" (Johannesson & Perjons, 2014, p. 167). A clear and well justified articulation of the paradigm is vital to the development of the research approach, ensuring consistency and applicability of the research paradigm and research design.

#### 4.3. Philosophical self-reflection

##### 4.3.1. Ontological position

Ontology is focused on the nature of reality, both physical and social, and different ontological positions aim to address questions such as 'what is the nature of reality?', 'does a single, verifiable reality exist?' or 'do multiple realities exist?' (Creswell & Tashakkori, 2007). While many researchers have argued for diametrically opposed positions of realism and relativism, Andrews (2012) postulated that the explanations are more suitable to conceptualise on a continuum. At one end of the continuum, realism suggests that there is an objective reality that exists independently of our representations of it (Searle, 1995). At the far end of the realist viewpoint, naïve realists argue that there is only one reality and one way in which reality can be broken down and therefore explained (Nudds, 2009). Discoveries are viewed as concrete and viewed without researcher bias (Ross & Ward, 1996). As such, one would expect to find the same conclusions regardless of the researcher conducting the research.

Using a realist approach within social sciences could result in problems for researchers, particularly qualitative researchers who often postulate that multiple realities exist. Therefore, a relativist position is more suited, which argues that reality is a finite subjective experience that only exists in our thoughts (Denzin & Lincoln, 2011). In line with this view, Guba and Lincoln (2005) argue that reality is not distinguishable from the subjective experience of it, as separation would presume that there are two entities to separate. Instead, relativist researchers indicate that people's worlds are different, rather than the notion that people are experiencing an external world in different ways (Stajduhar et al.,

2001). As a result, research will not produce an objective truth or single reality and must therefore be understood within the context it was researched (Levers, 2013).

My position aligns most with the relativist ontology: simply put, I believe that there are multiple realities that are experienced by people that are in large part constructed by their values, interactions, and culture. I accept that no single viewpoint is an objective truth, and as such a range of perspectives are required to develop shared understanding. My own perspective of the experience of multiplicity is constructed from the shared understanding from my supervisory team, my limited personal experiences of 'umbrella' multiplicity experiences, the lack of academic literature specifically focusing on multiplicity, and my perception as to how this experience relates to other forms of unusual sensory experiences. Within this, I acknowledge that my understanding of the experience will be unique and different to other researchers in the field, as well as the participants within my research, although there will likely be overlap within the understanding. As a result, I understand it is vital to explore multiple perspectives to develop a clear shared understanding which both outsiders and those familiar with the experience will understand and feel represented by (Fantl & McGrath, 2012).

#### 4.3.2. Epistemological position

Epistemology is focused on understanding how one makes meaningful sense of the world, or as Crotty (1998, p. 3) states, it *"...is a way of understanding and explaining how I know what I know"*. Within epistemology, it is important to understand what the relationship is between the knower and what can be known (Lincoln et al., 2011). Carter and Little (2007) argue that understanding one's epistemology is more vital than understanding their ontological position. As such, an actively reflexive researcher adopts a specific stance, while a less reflexive researcher implicitly adopts one form of knowledge theory, which can have large impacts on the methods used and the resultant data collected.

As with ontology, epistemological positions also lie on a continuum of two broadly opposing stances: objectivism and subjectivism. Objectivism is often utilised by realist researchers and refers to the belief that an objective reality exists within an object that is independent of human subjectivity (Crotty, 1998). Researchers using this stance are required to remove contextual factors and biases from research in order to discover knowledge about the object of focus (Rand, 1990). Contrastingly, a relativist researcher will likely adopt a subjectivist stance which indicates that meaning exists within an object and that the researcher imposes meaning onto that object (Wright, 2008). As such, subjectivist

researchers believe that knowledge is *“always filtered through the lenses of language, gender, social class, race and ethnicity”* (Denzin & Lincoln, 2005, p. 21). This is however challenged by Rorty’s (1989) assertions around pragmatism which indicates that *“truth is made, not found”* (p. 3).

A constructivist epistemology can be argued to be a middle ground between objectivist and subjectivist stances. It should first be noted that within academic literature ‘constructionism’ and ‘constructivism’ are often used interchangeably, although they were originally developed as distinct viewpoints. Both constructionist and constructivist paradigms aim to move away from the positivist notion that the world is objectively knowable, towards an understanding that there are multiple realities (Moon & Blackman, 2014). Constructivism focuses on the construction of individual experiences, and the implications of their experiences on people’s social lives (Patton, 2002). Contrastingly, constructionism focuses on the generation and transmission of meaning regarding individual experiences (Crotty, 1998). Understandably within research, particularly researchers that utilise a social constructivist stance employ a combination of the two, and as such the terms have become conflated over time. In line with the constructivist grounded theory methodology being used within this research, I will utilise the term ‘constructivist’ regarding my epistemological stance henceforth, while understanding the two terms are closely linked within my research.

Similar to my rejection of a single true reality, I also reject the belief that knowledge is independent of human subjectivity. Instead, I believe that knowledge is co-constructed through multiple realities and perspectives, along with my interpretation of those realities (Mills et al., 2006). I appreciate the construction of knowledge, but also acknowledge the critical awareness of barriers to acceptance of a multiple self, aligning with a critical constructivist epistemology. As such, my research requires a methodology which allows for the exploration of multiple direct experiences to understand what multiplicity means to different groups.

#### 4.3.3. Axiology

Heron and Reason (1997) argued towards the inclusion of axiology to clearly understand one’s research paradigm, in addition to an understanding of ontology and epistemology. Axiology, also known as the Theory of Value, is associated with how a researcher’s values, ethics and moral conduct impacts the research process (Carter & Little, 2007). Two particular questions of interest include ‘what makes a good researcher?’ and ‘what is

worthwhile science?’ Understandably, the answers to these questions are interrelated with the researcher’s ontology and epistemology. A researcher working within a strong realist ontology and epistemology aims to generate knowledge that is free from context and ‘value free’, in a bid to develop generalisable knowledge that can be applied across settings and populations (Hudson & Ozanne, 1988). Such researchers deny the influence of personal values and biases on the research process, and instead aim to be impartial to both the process and the output.

Contrastingly, researchers who adhere to a relativist epistemology and ontology acknowledge that knowledge is ‘value laden’, and influenced by the cultural norms, value systems, upbringing, and biases of both the researcher and research participants (Killam, 2013). While it can be argued that all researchers bring their own axiology to the research process, qualitative researchers explicitly make their values clear by being positioned ‘within’ the research. This is particularly true for the current study which utilises a constructivist grounded theory approach which highlights the importance of the researcher’s experience within the process (Charmaz, 2006). Through reflexivity, the researcher is aware of their personal and professional values and biases, and actively work to integrate these into the final product. This will be discussed in greater depth in Chapter 5. In line with the choice of qualitative methods, whereby understanding is prioritised over prediction, my own axiological approach necessitates me to acknowledge the importance of multiple perspectives. I also acknowledge the influence that my values, understanding, and interpretations have on the research process. As I had minimal in-depth knowledge regarding the medicalisation of experiences and had never engaged with people who had been diagnosed with DID<sup>6</sup>, I potentially was more open to the broad continuum of experiences, and multiple expressions of the self. If I had specific knowledge, it may have resulted in the focus of the thesis being on one element of the experience. As a result, I allowed people aligning with multiplicity to lead the focus throughout, with myself being more of a facilitator of the knowledge generation. As discussed in Chapter 4.7.1, this was viewed positively by respondents, who felt that they could be open and honest about their true experiences.

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<sup>6</sup> That I knew of – people may have had diagnoses or experiences that I was not aware of.

#### 4.3.4. Methodological position

While researchers of all levels generally understand the importance of setting out clear methods, one's methodological position is not often explicitly discussed during the process (Scotland, 2012). The methodological position focuses on *"how can the inquirer go about finding out whatever they believe can be known"* (Guba & Lincoln, 1994, p. 108), or which methods can answer the research question while staying true to one's ontological and epistemological assumptions (Schwandt et al., 2007). Broadly, this research aims to develop understanding of an under-researched area which required in depth exploration as opposed to solely quantitative methods which would lack clarity and instead aim to verify previously known theories. As I believe that there are multiple realities which are all true experiences, I am best suited to exploring experiences through direct engagement with participants in a range of contexts and settings.

Within this, I understand that the development of this awareness comes from the co-constructed nature of research with my participants, or as Kaplan (2017) refers to it, 'reconstructed logic'. As such, I am acutely aware of my own interpretations of my participant's responses, and how this may have impacted the final theory that was developed. Through carefully managing the research process, which will be explored in Chapter 5, I worked to limit personal biases which could have confounded the final theory, ensuring experts-by-experience voices were centralised throughout. Through using a semi-structured approach to the research, the research area was focused, but allowed space for participants to guide the research and ensuing data (Charmaz, 2006).

#### 4.3.5. Theoretical paradigm

The theoretical paradigm refers to *"a system of ideas, or world views, used by a community of researchers to generate knowledge"* (Fossey et al., 2002, p. 718). Denzin et al. (2006) further purport that one's paradigm is the net that holds one's epistemology, ontology and methodological beliefs. One's theoretical perspective is linked to their epistemology and ontology and can be broadly viewed as either believing that knowledge development is deductive and generalisable, or knowledge development is abductive and contextually unique (Clark & Becker, 1998). It is vital for researchers to be explicit with their theoretical perspective as it allows both the researcher and readers to understand the underlying assumptions made during data collection and analysis (McWilliam et al., 2009). Often natural science researchers will utilise a positivist theoretical perspective which argues that observations can derive logical truths, which often benefit from using quantitative methods

(Park et al., 2020). The perspective argues that society shapes the individual, often through exposure. This perspective is often linked to realist ontologies in that they believe that science is both testable and generalisable (Payne, 2004). However, interpretivist researchers posit that individuals are not passive agents within society, and as such are not puppets reacting to external forces. In line with this, qualitative methods are viewed as more suitable to an interpretivist stance as knowledge is subjective and bound to the culture and historical context within which it is situated (Ryan, 2018).

Social constructivism, sometimes known as (social) constructivism emphasises the importance of culture and individual context within knowledge acquisition (Thomas et al., 2014). The perspective views knowledge and experiences to be socially constructed through interactions (Lincoln & Guba, 2000). These include prior and current interactions which both directly and indirectly impact one's understanding of their experiences, along with the interactions between the researcher and the participant (Levers, 2013). In line with my research approach and methodology, I align with a social constructivist paradigm and acknowledge that the meaning developed within this research is not an objective truth, but rather a co-constructed understanding of multiplicity within this point in time and culture.

#### 4.4. Research approach

This research utilises a relativist ontology, a critical constructivist epistemology, and a social constructivist theoretical perspective, which posits that there are multiple realities, all of which demonstrate truth, which is inextricably interlinked within the current culture and historical context that this research is situated within. The aim of this research is to develop understanding regarding the experience of emerging multiplicity within a young adult population (aged 14-30), with specific relation to their psychosocial functioning. As such, the following two overarching research questions that underpin the research were:

1. What does the experience of multiplicity consist of for young people?
2. How do experiences of multiplicity impact young adults' psychosocial functioning?

These central research questions were supported by the following research aims:

1. To understand how young adults conceptualise multiplicity through, and outside the lens of medicalisation.

2. To understand what young adults perceive as barriers and facilitators to engaging effectively with services that aim to support their multiplicity experiences.
3. To examine how young adults' perceptions of external understanding of multiplicity impact their internal and external relationships, and subsequent psychosocial functioning.
4. To understand how young adults develop meaning making in relation to their inner experiences.

As the aim of the research was to develop a substantive theory regarding the emergence of multiplicity, with an acknowledgement that knowledge is co-constructed by the researcher and participants, the research utilised is a social constructivist approach to grounded theory. The next section reviews and critiques different versions of grounded theory and presents a rationale for the version utilised within this research.

#### 4.5. Grounded theory

##### 4.5.1. The paradigms of grounded theory methods

Grounded theory is one of the most popular research designs utilised, particularly within the fields of psychology, nursing and sociology. While it is primarily used with qualitative data, it has also been successfully implemented using quantitative and mixed-methods research (Chun Tie et al., 2019). The aim of grounded theory is to produce a substantive theory and knowledge in an area where little was previously known academically (Chun Tie et al., 2019). One of the main tenets of grounded theory is that the theory is truly grounded in the data. The researcher starts with an area of interest, in this case the experience of emerging multiplicity, and collects data to answer the research question(s), allowing areas of exploration and importance to emerge. As Strauss and Corbin (1990) state, understanding complex data through grounded theory research is done:

*“... inductively, derived from the study of the phenomenon it represents. That is, discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory should stand in reciprocal relationship with each other. One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge” (p. 16).*

This is in comparison to deductive methods which begin with preconceived notions or theories which utilise the data to test the hypothesis (Gilgun, 2019). By grounding the research and the emergent theory in the data it can be argued that the final theory is more truly reflective of participants experiences. There are common characteristics across

different forms of grounded theory, including the use of constant comparison, memo writing, theoretical sampling, and the development of a substantive theory (Holton & Walsh, 2017), all of which will be discussed with specific reference to this research in Chapter 5. While grounded theory has been widely used, often researchers will use it without adopting all its distinct guidelines and techniques (Gilgun, 2019). Fewer research articles have completed the final step, actually developing a substantive theory that elucidates understanding in the area of interest (Urquhart, 2022). Critics of grounded theory have used poor examples of research to argue against the utility and effectiveness of the approach, however poor examples exist for all methodologies and thus should not be taken as fair representations of the method.

There is a growing argument within grounded theory researchers, and the wider qualitative sphere regarding whether grounded theory is a method or a methodology, and as such this needs to first be addressed before moving onto the specifics of the research design. Traditionally, using the suffix “-ology” refers to the study of a topic, for example psychology, sociology, biology. However, this understanding does not extend to research whereby many authors will use “method” and “methodology” interchangeably. Indeed, Glaser (2014) refers to grounded theory as a methodology, while Charmaz (2008) calls it ‘grounded theory method’, indicating divergence over terms within the ‘inner circle’ of grounded theorists<sup>7</sup>. Methodology generally refers to the broader rationale that informs one’s method – this includes the researcher’s epistemology and ontology, along with the theoretical perspective being used (Mills et al., 2014). Comparably, the method refers to the strategies and techniques that are utilised within a research project. Within grounded theory, there is a clear strategy employed throughout the process, including coding, conceptualising, abstracting, and theorising. While the two are used interchangeably within research, I will refer to the specifics of grounded theory as the grounded theory method moving forward in line with Charmaz’s (2008) constructivist grounded theory method (Bryant, 2017).

#### 4.5.2. Justification for a grounded theory approach

The identification of the best method for the current study was determined by a range of factors. These included the aims and research questions; an evaluation of various qualitative methods and their utility; engagement with other academic researchers in

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<sup>7</sup> Inner circle in this context is referring to the predominant researchers within grounded theory, including Glaser, Strauss, Corbin, and Charmaz.



neighbouring fields; and discussions with the supervisory team and other postgraduate students. While a variety of qualitative methods would have produced clear findings, only grounded theory allowed me to develop a substantive theory into the experience which currently lacks academic knowledge. By lacking an academic foundation on which to work from, the study required a method that allowed for the exploration of new data, under-researched phenomenon and careful consideration of information that lacked a theoretical background.

Two of the most widely used qualitative research methodologies are grounded theory and phenomenological approaches (PA; Padgett, 2017; Strandmark, 2015). PA seeks to deeply understand the lived experience of participants in a given area (van Manen, 2016). The two methodologies have similar philosophical and methodological approaches. In relation to the current study, Gadamer's hermeneutic phenomenology may have been suited in that it aligns with a relativist ontology and constructivist epistemology, in a similar manner to constructivist grounded theory (Gadamer, 1998). Both approaches integrate the researcher's assumptions with participant narratives to create meaning. While phenomenologically similar, GT has a focus on common social processes, while PA focuses on the lived experiences of specific research participants. As a result of the ability to construct a substantive theory in an area with minimal current academic and practice knowledge, GT was identified as most suited to the research as the project can not only understand the phenomena, but advance description through the theoretical explanation (Creswell & Poth, 2018).

The choice for utilising a grounded theory method was deemed appropriate because of its ability to generate substantive and formal theories, which aligns with the thesis aims of generating a substantive theory of emerging multiplicity and its impact on psychosocial functioning within the contextual boundaries of an under-researched area. Furthermore, grounded theory can generate a theory that is grounded in, not abstracted from, the situational reality of participants whose experiences are currently misunderstood. Lastly, the method's ability to attend to and elucidate complex social processes, such as the influence external parties have on the personal understanding and conceptualisation of multiplicity experiences make it well suited to meet the aims of the study. It is understood that the research is sociologically-oriented in today's society, with the associated level of understanding, media representation, and access to tailored support.

#### 4.5.3. Origins of grounded theory method

Grounded theory was initially developed by Glaser and Strauss (1965) when they were studying the social processes of dying in a hospital setting, and subsequently publishing their seminal book 'The Discovery of Grounded Theory' (1967). The method argued against the hypothetico-deductive approach that was commonplace within research at the time. Positivism, while similar to the realist approach mentioned earlier, postulates that there is only one objective reality that can be observed by a researcher who remains detached from the process (Crossman & Noma, 2019). Glaser and Strauss challenged the emphasis that was placed on verification of understanding and instead highlighted the importance of theorising within the research process. Glaser and Strauss aimed to systemise and legitimise the use of inductive qualitative theorising within research to develop new understanding (Charmaz, 2014).

The method was heavily influenced by both the philosophy of pragmatism and the tradition of interactionism (Byrant, 2017). Pragmatism is a research approach used to evaluate ideas in terms of their practical functioning, instead of focusing on debates about the nature of reality (Rorty, 2000). Dewey and Mead, both influential pragmatist researchers, assumed that knowledge is created through action and interaction (Dewey, 1929; Jeon, 2004). Symbolic interactionism was developed from Mead's work, arguing that society is the product of shared symbols including language (Milliken & Schrieber, 2001). One's social world is constructed by the meanings that they attach to events and interactions, using language to transmit these symbols to others (Chamberlain-Salaun et al., 2013).

Since the method was first developed by Glaser and Strauss (1967), there have been a number of iterations and modifications to the original, often termed 'classic Glaserian' grounded theory method. Indeed, Glaser and Strauss invited scholars to "*use grounded theory strategies flexibly in their own way*" (Charmaz, 2006, p. 9). The division of methods came about because of the researchers aligning with opposing paradigms; with Glaser remaining firmly within a positivist paradigm, while Strauss aligned more with an interpretivist viewpoint (Ralph et al., 2015). As such, Glaser remained a staunch researcher and proponent of classical grounded theory, teaching and publishing in the method for decades (Walsh et al., 2015). Researchers who have chosen to utilise a grounded theory method within their research are further required to choose between three main iterations of the approach, which are discussed below (Singh and Estefan, 2018).

- Classic Glaserian grounded theory (CGGT) – this claims to represent the ‘traditional’ form of grounded theory, developed initially by Glaser and Strauss (1967) and further developed by Glaser (1978; 1992). The method has a focus on the researcher remaining neutral and allowing the data to speak for itself. As a result, Glaser argues for the researcher to remain uninformed about the phenomena prior to data collection and analysis to allow a bias-free theory to be developed. He argued that scholars should conduct the literature review late in the research process, only once the ‘core category’ has emerged. While Glaser originally argued for a neutral ontology and epistemology, his method appears to fall under the objectivist ontology in the belief that truth exists within the data and is awaiting discovery.
- Strauss and Corbin’s grounded theory (SCGT) – this was the first divergence from CGGT, developed by Strauss and Corbin (1990). The researchers aimed to offer clear procedures for the use of grounded theory method, particularly for novice researchers. This approach developed a systematic, defined coding paradigm (Strauss and Corbin, 1990; 1998). By providing a level of standardisation within the method, Strauss and Corbin argued the modified version of grounded theory provided increased rigour when compared to Glaser’s original method (Strauss and Corbin, 1998). Further differences lie in the use and understanding of previous literature in the area. Strauss and Corbin cautioned against ‘naïve induction’ whereby researchers may find benefit from understanding the phenomenon in order to aid the development of the research and interview questions (Heath and Cowley, 2004). The method recognises the influence a researcher has on the process; however, the researcher still aims to remain distant from the data collection and analysis to minimise potential contamination of the theory. Glaser (1992) strongly contested the revised version of grounded theory; objecting to the use of a coding paradigm which Glaser deemed formulaic and overly prescriptive. He further argued that the emergent nature of grounded theory was ignored within SCGT, with the data instead being forced prematurely into theoretical ideas (Urquhart, 2022). Glaser (1992) argued that any resulting theory would be regressive and impeding the true emerging theory. Since SCGT was first published there have been numerous revisions to the approach, most notably a move away

from the use of a coding paradigm which is de-emphasised within subsequent work (Strauss and Corbin, 1998; Corbin and Strauss, 2015).

- Constructivist Grounded Theory (CGT) – this was a further development of the grounded theory method, rooted in pragmatism, utilising a relativist epistemology (Charmaz, 2006). Charmaz, a student of Glaser and Strauss, understood the importance of the researcher, and as such embedded them within the process. She states *“the [grounded] theory depends on the researcher’s view; it does not and cannot stand outside it”* (Charmaz, 2006, p. 130). The main difference between CGT and the original form lies in what constitutes data. Charmaz (2014) understands that data and indeed subsequently the theory is co-constructed by the researcher and the participants. Charmaz has further argued that the final theory should be written in a more literary style as opposed to more scientific research to carefully reflect participants experiences (Mills et al., 2008). The researcher is aware that the emergent theory is therefore context specific and thus may not be generalisable (Charmaz, 2014).

While the method and the philosophical basis of the three perspectives differ greatly, there remains a common origin of methodology. The practical elements that are used remain hallmarks of a grounded theory study (Bryant & Charmaz, 2007). These include beginning research with inductive logic, simultaneous data collection, analysis, and theory construction, the use of constant comparisons and theoretical sampling (Hood, 2007; Hunter et al., 2011). These will be discussed in greater depth regarding the current research in Chapter 5.

#### 4.5.4. Justification for constructivist grounded theory method

In order to decide on an appropriate form of grounded theory to use within the research, a decision needed to be made, however, this was not a simple matter. Indeed, there were components of all three approaches that were seen as beneficial to the study. The notion of mitigating the influence of bias through systematic data collection and analysis using classic grounded theory could be argued as beneficial for a study which focuses on participant’s experiences that are often overshadowed by professional interpretations. Strauss and Corbin’s framework would have been useful for use within this research to allow for a robust and consistent approach used across data collection. Furthermore, their clear and systematic coding framework and guidelines was seen as beneficial to me as a novice researcher who had not conducted grounded theory previously. Charmaz’s

constructivist approach was seen as appropriate as it aligns most closely to my own ontological and epistemological beliefs. It is important for me to understand participant's own meaning making and their interpretations of their experience, as well as the understanding that I am not a passive observer of research.

As this research project was heavily influenced by the participant's culture, historical awareness of multiplicity and other umbrella dissociative experiences, external understandings, and portrayals of their experiences, I came to realise that a key point within research is that the researcher should adhere to the central tenets of the method and use them flexibly to best suit their research (Bryant & Charmaz, 2007; Stern, 2007; Stern & Porr, 2017). Initially I was focused on doing the research in the 'right way' and making sure I was completing each step to the letter, which resulted in anxiety about the process, particularly the notion of line-by-line coding. Indeed, I began practising my coding on newspaper clippings to ensure I could follow the steps outlined in previous research. However, Stern and Porr (2011, p. 14) suggest:

*"The beauty of GT is that while you must adhere with key tenets, you are not beholden to methodological dogma. You can tailor aspects of your approach to fit unique research contexts and particular scientific pursuits without sacrificing methodological integrity".*

Upon reflecting on the importance of this quotation, I realised my research and indeed my research lens remained firmly within interpretivism and constructivism respectively. As a result, I identified constructivist grounded theory to be the most suitable method for both the research project, and myself as a researcher. A constructivist approach allows the researcher to preserve the complexity of social life within data collection and analysis, which is often minimised with other methods (Charmaz, 2008). Indeed, Charmaz argued for the importance of understanding three key areas within CGT:

1. The relativity of the researcher's perspectives, positions, practices and research situation;
2. The researcher's reflexivity; and
3. Depictions of social constructions in the studied world.

As discussed in Chapter 2, the context within which this research sits, both social and historical, has a large impact on the focus of the research, and the resultant theory that will be developed. The push for demedicalisation within many mental health related fields has resulted in clearer understanding about the potential utility of continuums of experiences,

and alternative perspectives. Indeed, if this research had been conducted even 10 years ago, the focus will likely have been on medicalised experiences and how they impact psychosocial functioning. As a result, I understand that the emergent theory will not be the sole arbitrator of truth in the field, and that it is specific to the context of this project, and the place in history in which it stands. In saying this, the context-specific nature of the resulting theory does not weaken its importance or relevance, particularly as the novel nature of the experiences and the emergent theory will aid understanding, validation, and awareness of these currently misunderstood and disregarded experiences.

#### 4.6. Complementary research tools in inductive research

What constitutes rigour in qualitative research is less consistent when compared to quantitative methods which often rely on measures of reliability and validity (Gioia et al., 2013). Comparably, qualitative research relies on the notion of trustworthiness (Mishler, 1986). To address this, triangulation is often purported as an appropriate methodological tool whereby multiple sources of data and/or methods are investigated within a single study (Huberman & Miles, 1994; Johnson, 1997). It is important to note that triangulation has often been misunderstood within research and has been argued to be the simple confirmation of results using multiple sources (Flick, 2019). However, triangulation is not purely used for validation purposes, but is instead used as an alternative to validation, to add depth and strengthen the research design (Azulai, 2020; Denzin & Lincoln, 2011). While there are different forms of triangulation, including investigator (the inclusion of several researchers and their perspectives), theoretical (combining various theoretical approaches), and methodological (the use of multiple methods), the most commonly used is data triangulation (Denzin, 2010). Data triangulation, the combination of various sorts of data was utilised within this research study, through the incorporation of multiple population groups, which will be discussed in greater detail below (Flick, 2018).

From the initial development of grounded theory, triangulation has been argued as an important facet, with Glaser and Strauss suggesting researchers should work with multiple “*slices of data*” (Glaser & Strauss, 1967, p. 65). In line with their argument that no one technique or kind of data is wholly appropriate, various viewpoints can aid the unfolding of data and their related concepts (Denzin, 1970). Triangulation is further used in grounded theory to reduce the likelihood of misinterpretation when working with data that lacks a theoretical basis or prior understanding (Flick, 2011; Kusenbach, 2020). From an epistemic perspective, when adhering to an understanding that multiple realities exist, as is used

within this research, it is appropriate to incorporate multiple methods and data sources (Jonsen & Jehn, 2009). This use of triangulation further supports the use of a constructivist grounded theory method within this project, allowing for multiple perspectives to be considered, demonstrating validity and trustworthiness within the resulting findings (Creswell & Miller, 2000; Jones & Noble, 2007).

#### 4.7. Data sampling methods

##### 4.7.1. Research Sampling

Coyne (1997) highlighted the importance of sample selection, arguing that the choices made have a large impact on the quality of the research, and the strength of the resulting theory (or lack thereof). Sample adequacy is still viewed to be an important component of the research design, identifying the appropriate composition and size of the sample to best address the research aims and questions (Vasileiou et al., 2018). The intricacies of identifying an appropriate sample for qualitative research is dependent on a variety of factors, including the topic of interest, the level of depth required, the research design, along with the researcher's theoretical perspective (Gergen et al., 2015; Sandelowski, 1995). Suggestions within the literature regarding sample size varies greatly, although 20-30 data sets have been argued as common and appropriate (Creswell, 2013). Conversely, grounded theory has even been successfully used with single-case study designs as the flexible nature allows for ample opportunity to attain sufficient data (Eisenhardt, 1989; Flyvbjerg, 2006). Guest et al. (2006) discussed the importance of theoretical saturation as opposed to concrete ideas of sample sizes. They proposed that while theoretical saturation occurs most commonly by the time the twelfth interview has been analysed, the basic elements of the concepts are often present at interview six. However, they noted that the flexible nature of qualitative research allows assurances that theoretical saturation is truly met, ensuring researchers are not prematurely stopping data collection.

As the experiences of multiplicity are often complex and disparate, as highlighted in the systematic literature review, it was important to include multiple participants from different experience groups to strengthen the understanding. Experts-by-experience were the predominant focus of the research, in line with research that has argued for the practical and theoretical relevance of investigating lived experiences (Denzin & Lincoln, 2011). Lived experiences are not passive, and thus exploring these can help aid understanding about how people perceive and attach meaning to their experiences (Eastmond, 2007). People experience life, and in this case multiplicity on various

dimensions including thoughts, feelings, emotions, as well as bodily and sensory dimensions which result in a complexity regarding their lived experience (Mason, 2006). People's lived experiences change the meaning and perceptions of previous events, and as such it is vital that this context is understood when conducting research with experts-by-experience (Josselson, 2006).

Additionally, professionals who work with young adults experiencing multiplicity (e.g., early intervention staff, mental health support workers), and support networks (e.g., family, friends, partners) were also incorporated in a complementary role, in line with data triangulation. The incorporation of multiple stakeholders within qualitative research has yielded insightful research findings in numerous mental health areas (e.g., Rodríguez et al., 2014), particularly when current perspectives lack academic or professional understanding. Due to the focus of the research, and the resulting research aims, the primary focus of the study was on co-constructing understanding based on experts-by-experience's responses. Allowing those with lived experience to be at the centre of the research process allows for greater depth and specificity in the resulting data (Mason et al., 2006).

Due to the focus on multiplicity, which currently lacks clear definitions or inclusion information, it was decided early on that no diagnostic criteria would be employed within the research. This was viewed positively by participants, some of whom discussed the fact they had been given various previous diagnoses which they did not feel aligned to their current experiences. As such, while two participants reported being diagnosed with DID, they felt more aligned with the experience of multiplicity. By not including diagnostic criteria as an entry requirement, greater perspectives were discovered, and more specificity regarding experiences was shared.

Often people who experience dissociation and other mental health conditions are told they lack insight into their experiences and are thus removed from decisions about their care and support (Eve & Parry, 2021). Traditionally, professional voices and understanding have been centred in research, which often lack depth regarding individual experiences. For example, within Blewis's (2018) research, they found that while 73% of 83 mental health professionals believed that DID is a valid disorder, only 38.4% would believe a new client who reported having DID. As a result, it was important for this research to address this disparity and ensure experts-by-experience were centred throughout the project. Data from the Young Voices Study identified young people from the age of 14 or 15 begin



describing experiences of multiplicity, even though they often lack the recognised terminology (Parry et al., 2018). This is in line with research into the development of other dissociative experiences which indicate that the average age is 14-16 (Brand et al., 2018). It was deemed appropriate to focus on recent experiences and as such an age range of 14-30 was selected to engage with a population who had recent memories of going through the experiences developing. Retrospective research has its benefits, particularly when used with sensitive experiences, however it was deemed inappropriate for this research as the aim to understand the impact emerging multiplicity has on psychosocial functioning would not have been captured when discussing previous experiences (Toftagen, 2012). The often-complex developmental stage of 14-30 years is further associated with numerous changes that are often disregarded or misremembered in later adulthood. Further research can aid the understanding and the lifelong impact multiplicity has on people's lives, and the experience of multiplicity emerging later into one's life.

#### 4.7.2. Research Sample

The sample comprised three groups as previously noted, experts-by-experience who had personal experiences of multiplicity; support networks (e.g., friends, family) who support someone with multiplicity; and professionals who have worked with young adults experiencing multiplicity. Experts-by-experience remained the focus of the research, thus they represented the largest cohort, comprising of 10 interviews and 15 surveys. During the recruitment process, informal discussions were had to identify which individual would be taking part in the research, with systems identifying one self to give consent and be interviewed. To my knowledge, no selves switched during the interview process. Two friends of systems<sup>8</sup> were interviewed within the support role, and four support networks completed the survey. Finally, one professional was interviewed, and two completed the survey. A purposive sampling strategy was employed within the research to ensure information-rich cases were identified to address the research questions (Patton, 2002). Purposive sampling involves deliberately selecting individuals with knowledge or lived experiences about the area of interest.

Due to the recruitment of participants via social media, there was a spread of participants outside of the UK which would have likely been the location of participants who took part if the study was conducted face-to-face. As discussed within each of the finding's chapters

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<sup>8</sup> A common phrase used to describe people who experience multiplicity – the bodily system comprising of all selves sharing the body.

(Chapters 6, 8, and 9), participants in this research were located within the Global North (predominantly USA and the UK). Furthermore, the participant sample was predominantly Caucasian, resulting in a potential biased interpretation of the experience of multiplicity. As discussed in greater depth in Chapter 10.3.2, other cultures view experiences along the dissociation continuum more holistically, and are more accepting of variance, often viewing experiences as being evidence of higher powers. The notion of the self and identity are related to experiences that are culturally constructed (Dorahy et al., 2014). As such, there may have been a potential influence on the level of understanding, and acceptance of variance within support network and professional accounts due to the cultural framing within which they are positioned. Considerations around access to support and understanding from professionals is noted within expert-by-experience narratives within Chapter 7.3, demonstrating a potential influence of culture within support.

#### 4.7.3. Theoretical sampling

Theoretical sampling followed on from the initial purposive sampling. Theoretical sampling is a process of data collection which involves the researcher collecting, coding, and analysing data, using the initial analysis to guide the subsequent data collection (Glaser & Strauss, 1967). Theoretical sampling is either used to select further participants, or modify the questions asked to develop the codes and categories in a more focused manner. For this project, theoretical sampling was employed in relation to the modification of interview questions and probes following the first five interviews. Several open codes and researcher memos related to the internal life of people with multiplicity, with participants highlighting the complexity of living in two worlds. Therefore, sampling focused on the emerging concepts in greater detail with the subsequent semi-structured interviews. Following 10 expert-by-experience interviews similar codes were emerging thus participant recruitment was paused for this cohort, with the understanding that expert-by-experience surveys had also been completed which would add rich, additional information to the emergent codes.

### 4.8. Data collection methods

#### 4.8.1. Gaining entrée through a consultation process

*“The qualitative researcher’s perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences and meaning systems of others—to indwell—and at the same time to be aware of how one’s own biases and preconceptions may be influencing what one is trying to understand” (Maykut & Morehouse, 1994, p. 123).*

The complexity of conducting qualitative research within psychology-related fields can be emboldened by being an outsider in the area (Dwyer & Buckle, 2009). This is particularly true for sensitive research areas, in which participants are asked to share personal, potentially upsetting experiences. As with other qualitative research, participant's experiences of engaging in research, their responses, and the way they relate to the research is often unpredictable (Joseph et al., 2021). The language used, the format of the research, the level of underlying knowledge, and awareness of potentially sensitive or "no-go" areas can all influence how positive a research experience is for participants, and indeed how specific their responses end up being.

Insider research refers to when one conducts research with a population to which they also belong, sharing an identity, language and/or experience with participants (Asselin, 2003). An insider researcher in this case would be someone that has personal experiences of multiplicity. There are a range of benefits to conducting insider research including giving the research a sense of legitimacy and care, allowing the researcher to be accepted by their participants quickly, and often facilitating added depth within the data collected (Fleming, 2018). However, various challenges have been noted regarding conducting insider research, including the possibility of lacking objectivity, inherent bias to the research process, and role confusion in which the researcher struggles to respond only as a researcher instead of as an identity member (Brannick & Coghlan, 2007). Contrastingly, outsider research refers to conducting research with a participant group that they do not belong to (Hellowell, 2006). Traditionally, this was viewed as the only way to conduct research, in order to create 'objective' findings. In this case, a researcher with no personal experience of multiplicity would be considered an outsider. While objectivity is often touted as a positive within research, differential power dynamics within the research process must be considered within ethical research (Hellowell, 2006; Jack, 2008).

Often academia would argue that the researcher is the 'expert' because of their inherent status within the process, and as such their values, beliefs and outlook to the data hold the most weight. However, there is a growing consensus regarding the importance of dispelling power dynamics within research and placing greater emphasis on 'experts-by-experience', particularly within psychology, social work, and related fields (Horgan et al., 2018). As a result of the complexity of conducting outsider research, I recognised I needed to have a better understanding of what multiplicity meant from a social, cultural, and linguistic perspective prior to designing the research protocol. I had my own preconceived ideas, but

to develop my research in a sensitive, open manner, I decided to conduct an online consultation, requesting the views of those with knowledge of the experience. A consultation was chosen to be conducted via Qualtrics to ensure anonymity in the responses; allowing those that did not wish to be interviewed in subsequent phases to share their views regarding the focus. A short online survey was developed which requested views regarding how to engage the multiplicity community, what areas of importance there are to the community, and how participants could feel supported and represented by the project (see appendix G for full questionnaire).

Within the survey, I was clear about being an 'open outsider'; a researcher that lacked personal experience of the area of interest, but one that was open to gaining knowledge and understanding from participants throughout the process (Wigginton & Setchell, 2016). It was made clear that the key areas of interest would be taken forward within the research design. Recruitment for the survey was conducted via social networking platforms, which have been touted as a positive area for recruitment and research awareness (Grové, 2019). Participant recruitment posters were developed for each participant group (see appendices D, E, and F). For many young people who have grown up with the internet, social networking platforms including Twitter, Facebook and Instagram are seen as an extension of their daily lives and are often used as a community space (Kietzmann et al., 2011). This is particularly true for members of communities that are often subjected to ignorance, lack of awareness and a lack of compassion offline, a common theme for people within the umbrella multiplicity community (Polillo et al., 2021). Research using populations of people who experience psychosis, schizophrenia, and other unusual sensory experiences have touted positive engagement from participants and found the traditional barriers to access were minimised (Ennis et al., 2012; Firth & Torous, 2015).

Twitter was the primary platform used for the consultation recruitment, with the advertisement using relevant hashtags that the community were already using in their posts<sup>9</sup>. There are numerous ethical considerations associated with recruiting research participants using online methods including social media. At present, there is no specific regulatory guidance as to the use of social media for research recruitment (Flood-Grady et al., 2021). However, using social media as a recruitment tool requires researchers to navigate the space and understand ethical principles within a potentially unfamiliar context

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<sup>9</sup> Hashtags identified included #multiplicity, #plurality, #plural

(Gelinas et al., 2017). Two key ethical considerations regarding the current study were 1) respect for the privacy of social media users, and 2) researcher transparency. Social media users may not always be cognizant of potential privacy concerns, or privacy settings on their individual pages, thus may share information that is not intended for the general public's view (Parsi & Elster, 2014). While recruitment was conducted via social media, potential participants were directed to follow a link to either an anonymous Qualtrics survey for the consultation, or to email myself directly to receive information about the formal research. As such, potential participants did not have to engage with the content to be involved, thus potential sensitive information was not shared on their individual profiles (Taddicken, 2013). Regarding ensuring transparency as a researcher, no private groups were joined which were associated with multiplicity. Instead, twitter hashtags were used which individual users can search for and use. Additionally, as noted within the above paragraph, I made it explicit that I was an outsider in the area without lived experience, thereby not deceiving potential participants as to my role within the project (Gelinas et al., 2017). In line with my epistemology and ontology, participants self-identified as multiple, and chose to take part if they felt the research aligned with their experiences. As such, no confirmation of experiences took place; participants were taken at their word and accepted as having multiplicity experiences.

The response to the online survey was extremely encouraging, indicating both the topic itself and the openness of the research was viewed positively by the multiplicity community. I was able to gather 94 responses from people who experience multiplicity as well as support networks and professionals within a two-week period. The results from the consultation allowed the next phase of the research to be refined, and the research questions to be developed utilising the main six areas of interest and importance to the respondents. Further understanding was gleaned from the responses including appropriate language to be used, the importance of various research options, and the importance of truly listening to participant's experiences instead of presenting biased interpretations of their responses. The importance of participant care cannot be overstated, especially when the topic is potentially sensitive as is the case in this research (Dempsey et al., 2016). It was important for people with lived experience to be at the centre of research decisions, both in terms of the design, and the focus of the questions.

#### 4.8.2. Interviewing

The consultation highlighted the importance of conducting in depth discussions with experts-by-experience, and as a result semi-structured interviews were decided as the primary data collection method. There are a range of aspects to consider when interviewing participants. First, and potentially the most influential to the level of depth a participant goes into, is the relationship between the researcher and interviewee. Within the interview itself, and the subsequent data analysis, the data and participants are viewed through the lens of understanding and knowledge on the part of the researcher. King and Horrocks (2010, p. 135) specified that we “*situationally create different selves in the field – being a member of a group, being a friend, being sympathetic...*”.

I was acutely aware of my position as both a researcher from a university, and as someone who has no direct personal experience of multiplicity, in any of its myriad of forms. I was however peripherally aware of the complex relationship that people have with mental health services when having similar experiences, which I aimed to not bring forth within the interviews. Previously a family member had been in contact with mental health services because of personal troubles, which presented itself as psychosis. From listening to his narrative, once the label was placed on him, he struggled to get staff to listen or understand what was happening. While alternative diagnoses were later identified, the stigma and misunderstanding of his experiences was felt for many years when he engaged with other healthcare and professional services. I carefully considered what the benefit versus risk would be of introducing this knowledge to participants before the interview started. At first, I believed it could be beneficial to allow them to see I could understand in some way how complex their experiences are, however upon discussing the situation with peers and other researchers, I understood the potential bias and influence this knowledge could have on the focus of the interview. As such, I decided to introduce myself solely as a researcher and doctoral student who had interest in helping develop clear knowledge in the area.

Conducting interviews online because of the pandemic was associated with both strengths and challenges (Eve et al., 2023). Many interviewees felt more comfortable discussing their experiences with the physical and technological barrier in place. However, it was initially difficult to develop the caring and sympathetic nature I believe I normally portray via a video call. As such, I made a concerted effort to make the interviews relaxed, using my reflective listening skills, and responding openly to their stories. I asked the interviewees to recommend a time and date with which they would feel comfortable. As a result, the

interviews were more closely spaced together than I had initially planned, which meant I was not able to fully transcribe and analyse each interview before conducting another, which will be discussed in greater detail in Chapter 5. Due to most of the participants residing in the USA, interviews were often conducted in the night UK time, prioritising participant comfort. The first two interviews that were conducted late into the evening felt somewhat stressful as some sensitive information was shared and I felt I did not have an outlet to discuss my feelings or thoughts. However, using a reflective diary in a more free-flowing manner helped me make sense of the conversations, understand questions I had on the process of interviewing, and considering both the responses themselves, and potential underlying emotions that were associated with people's responses.

Kvale (2007) highlights the benefits of using semi-structured interviews to gain a clearer understanding of participants' experiences. The process of becoming more confident in my interview style developed over the course of the research project. Having not spoken directly to people with multiplicity experiences previously, I was worried I would use inaccurate language, or I would mention something that made the interviewee feel uncomfortable. However, after considering the language used within the consultation responses, and after receiving positive responses from the first couple of interviewees, I became more confident in my ability to direct the conversation, and to ask more probing questions which were lacking from the initial round. I also went into more depth with my acknowledgements of interviewee's responses, to ensure I understood what they were referring to.

The interviews varied in length, with the majority lasting between 30 to 45 minutes. The shortest interview was 13 minutes, in which initial probes and requests for more information did not elicit more detail, thus the decision was made to not push in case it made the interviewee feel uncomfortable<sup>10</sup>. The longest interview was 1 hour 15 minutes, although the focus was sometimes lost, for instance when we realised we both had the same medical condition. I decided to share my personal experiences of this as it was unrelated to the research, yet it helped develop a rapport with the interviewee. Being prepared to share elements of oneself as an interviewer has been found to be important in the development of positive rapport and information sharing (Knapik, 2006). As discussed by respondents to the consultation, the interviews may have been the first-time

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<sup>10</sup> The interviewee was asked if they wanted to pause the interview and continue another day, or stop the interview altogether around the halfway point, but they said they wished to continue.

people were asked to discuss their experiences openly and honestly. As such, it was important for me that they did not feel that I was seeking out potentially sensitive information without giving anything of myself in return. Key elements associated with positive qualitative interviews are affiliation and empathy (Prior, 2018). Affiliative responses are viewed as pro-social as they *“match the prior speaker’s evaluative stance, display empathy, and/or cooperate with the preference of the prior action”* (Stivers et al., 2011, p. 21). While I could not affiliate with people’s in-depth narratives about their experience of being a multiple self, I displayed empathy, understanding and awareness of the broader implications of their points. For example, when one respondent discussed the worry of being judged by people who had watched the movie *Split*, I was able to discuss my understanding of the potential harm it posed and empathised with their difficult decision to share personal experiences with others. This was developed throughout interviews, as my knowledge about the intricacies of the experience deepened, I was able to acknowledge some of the smaller points being raised to demonstrate understanding and support.

Longer interviews often included greater depth about how their system worked and the roles that they had. Most of the interviews had free-flowing prose, and around ¼ of interviewees used metaphors to explain their experiences, with one respondent noting they often use metaphors to explain multiplicity to people without prior knowledge. The questions were very open to begin, for example *“tell me about your day-to-day experiences of multiplicity”* and *“what do you think multiplicity experiences are?”* Participants spent as long as they wanted on each question. I asked further probing questions to clarify points, for example one participant was talking about their experiences of being co-consciousness<sup>11</sup>, and I enquired more about what the experience was, having not come across that language in previous research. Such probes and information elicitation could not have occurred if a fixed interview schedule was utilised (Hanna, 2012). Questions about experiencing co-consciousness were then added into subsequent interviews and became a source of detail about interviewee’s internal worlds and complexities of functioning. By keeping a clear reflective diary throughout the interviews, probes were able to be reflected on, improved, and therefore the interview structure was often modified, in line with

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<sup>11</sup> Co-consciousness refers to the experience of more than one system member is active at once. This will be discussed in depth within the findings.



grounded theory method. The utility of reflective notes and memos will be discussed in Chapter 5.

#### 4.8.3. Survey

The responses to the consultation further highlighted the importance of allowing participants the option to engage with the project in different ways. As a result, an online survey was also developed to allow participants to anonymously share their experiences without the pressure of speaking directly to the researcher (Allen, 2017). As Burkill et al. (2016) detail, there are various benefits to conducting online survey research in addition to in depth interviews. Participants can share potentially sensitive information with the barrier of anonymity which is a positive for some. This is particularly relevant for under-researched and misunderstood population groups including those explored within this research. Participants often shared that this research was the first opportunity to share their true accounts of their multiplicity, suggesting a potential benefit of allowing participants multiple routes to engagement.

In line with the semi-structured interviews, the six key areas of interest identified were utilised within the online survey, and included surveys for experts-by-experience, professionals, and support networks. This allowed for consistency and clear comparisons to be made across the interview and survey data. Within each of the six sections, there were three to four focused questions that allowed participants free text space to respond (see appendix H for full list of questions). For example:

##### Understanding multiplicity

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What do you think multiplicity experiences are?

What do you think might cause multiplicity experiences to develop?

What do you think other people think multiplicity experiences are?

Does this fit with what you think and feel about your experiences?

By keeping the questions open and not directly asking about specific elements of their experiences, respondents were able to focus the survey on their own understanding instead of trying to fit their understanding into a pre-designed box. This was important so as not to mischaracterise understanding of the experiences and allow the subsequent analysis to be driven by participant's own accounts (Bryant & Charmaz, 2010). As this was often the first time that participants were asked directly about their experiences, the

consultation highlighted the potential struggle to clearly conceptualise and articulate their experiences through solely narrative formats. As a result, the option of including a quantitative scale was decided as a positive addition to aid the development of knowledge. The quantitative scale was not used for diagnostic purposes, but to aid contextual clues relating to the qualitative data. As such, the quantitative data is not discussed within its own chapter or used to suggest a mixed-method approach was undertaken; the contextualisation is reflected on in Chapter 10.2.2.

The Cambridge Depersonalization Scale (CDS; Sierra & Berrios, 2000) was identified as an appropriate addition to the open questions within the online survey, as it focuses on the supposedly related experiences of depersonalization (Holmes et al., 2005). The CDS is a self-report questionnaire which aims to capture the duration and frequency of depersonalization symptoms over the previous six months (Sierra & Berrios, 2000). While not often used within research settings, the version of the scale included within this research incorporated duration, frequency, distress, and usefulness subscales to understand the context of participant's experiences clearer (see appendix J). Depersonalization is the experience of feeling detached from one's self, and being able to observe the body's actions, thoughts and feelings from a distance. However, unlike for people with DID, individuals with depersonalisation disorder maintain insight into other selves ("the other agent is me"), thus the self is responsible for actions (Ciaunica et al., 2022, p. 7). In line with this definition, items within the CDS include 'when doing something I have the feeling of being a "detached observer" of myself (item 6)', and 'my surroundings feel detached or unreal, as if there was a veil between me and the outside world (item 13)'. Due to the overlap within experiences, it can be argued that depersonalization, dissociation, and multiplicity all exist on a continuum, rather than being discreet experiences (Hart, 2013). The CDS has been used within both clinical and non-clinical samples, and has high internal consistency (Braithwaite et al., 2013; Dewe et al., 2016). The scale appears to represent psychometrically valid and conceptually discrete dimensions of depersonalization experiences, which have links to multiplicity experiences as previously detailed (Simeon et al., 2008). As such, the scale was included at the start of the survey for experts-by-experience, although participants could choose whether to complete the scale or not.

The survey was designed to be completed in around 30 minutes, although this was dependent upon how much detail participants shared. All responses other than the consent

form questions were optional. Within the online system, Qualtrics, participants were given the option to pause the survey and complete it at another time point, within a one-week period. This was deemed important due to the potentially sensitive nature of participants' prose and was informed by the consultation responses. Within each page of the survey, respondents were able to download a word copy of the debrief form (appendix I). This was deemed appropriate in case participants did not reach the end of the survey, or paused and felt they required signposting information for appropriate support.

While online qualitative surveys often have lower response rates (e.g., Groves & O'Donoghue, 2009), I ended up being faced with a different problem. When designing the research, upon discussion with my supervisory team we had considered a sample of around 15-25 survey responses for experts-by-experience would be in line with both grounded theory method and would support the in depth interviews I was also conducting. As such, the survey was published on a Thursday, and had received 13 responses by Friday afternoon. When I viewed the Qualtrics survey on Sunday afternoon, there were 74 completed responses for experts-by-experience, with 59 of these being fully completed. At this point, I closed the survey to this group, and emailed my supervisory team and the MMU ethics team to make them aware of the study progress as it was out of the scope of the approved ethics form. It was deemed appropriate to not remove the additional data, but the survey was to remain closed to experts-by-experience. While it was initially overwhelming to both exceed my sample, and potentially be in violation of ethics, once the decision to keep the data was made and approved, I began to understand how valuable and rich the data was that had been collected, and how potentially important this research was to a vast range of people. There is an argument within dissociation research that the experiences are misunderstood and lack focus because of the minute section of the population who have the experiences. However, this research, and potentially the non-clinical, inquisitive focus of the research lend itself to high response rates, and a vast amount of rich, personal narratives.

#### 4.9. Ethical considerations

Research that involves potentially sensitive topics have several specific methodological and ethical concerns. In this section of the chapter, I discuss the ethical considerations and processes that were involved to ensure that this research was conducted in a sensitive, open manner which ensured no harm to participants and myself. Ethical approval for this

PhD study was gained from the Department of Psychology Research Ethics Committee at Manchester Metropolitan University (EthOS ID: 24208; appendix B).

While many of the key ethical considerations in conducting research with young people and sensitive experiences are the same as adults, there are a range of additional complexities which require additional consideration (McCosker et al., 2001). Young people, and particularly those who experience potentially sensitive and relatively unknown experiences are not always heard, their voices disregarded, and their realities misunderstood, often because of inherent power disparities between researchers and young people (Karnieli-Miller et al., 2009). As a result, it was vital that I worked within both university ethical guidelines and adopted higher level ethical principles to help evaluate ethical dilemmas and make moral decisions based on the research (see Table 7; Kitchener & Kitchener, 2014).

*Table 7: Ethical principles adhered to in the current study.*

<b>Ethical principle (Kitchener &amp; Kitchener, 2014)</b>	<b>How it applied to this research</b>
<b>Nonmaleficence</b>	
<p>The researcher must not cause harm to others. This includes inflicting intentional harm or engaging in behaviours that risk harming participants. It should be noted this differs from discomfort that sometimes accompanies research which is justified.</p>	<p>The researcher was aware of the potentially sensitive nature of the research, and how recollection of past experiences could cause upset. The researcher adopted a sympathetic approach throughout and allowed participants to guide the conversation and stop at any time. No questions were deemed a requirement so participants could choose whether to answer.</p>
<b>Beneficence</b>	
<p>The research should benefit or do good to others, contributing to the health and welfare of others by increasing knowledge.</p>	<p>The research was designed to develop novel knowledge about emerging multiplicity to aid awareness and validation within current understanding. This in turn will aid access to support from peers and professionals.</p>
<b>Respect for persons</b>	
<p>Individuals should be treated as autonomous individuals, allowing freedom of action within the research process, and allowing participants to make their own informed choices.</p>	<p>The Gillick competence principle was used for all participants to ensure they understood the research requirements, and that they could make their own decisions. Potential participants were sent the Participant Information Sheet (PIS) and given opportunity to ask questions about the study. At least 48 hours were given between participants receiving the PIS and being sent the consent form to allow time for reflection and informed consent to be given. Written informed consent was taken prior to the start of the study, and the PIS was gone through, and consent verbally given again before interviews began recording. Participants were made aware that they could withdraw at any time up to 2 weeks after completion, although none utilised this option.</p>

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**Fidelity**

The relationship between the participant and the researcher should be based on faithfulness, loyalty, honesty, and trustworthiness. This relationship is bi-directional.

Anonymity and confidentiality were maintained through the use of pseudonyms and through not collecting identifiable information. Audio recordings and transcriptions were sent to participants to ensure their responses were clear and in line with what they were meaning to discuss, ensuring trustworthiness and faithfulness to both the participant and the data was upheld. There were no instances of deception within the research, as participants were made aware of the focus from the outset. Participants were taken at their word in terms of having experiences of multiplicity.

**Justice**

Research should be inclusive and must not discriminate based on protected characteristics such as age, gender, race, origin, or religion.

No diagnostic, location, race, religion, or gender characteristics were excluded within the research. Thus, the research did not unduly favour the experience of white males as has previously the case in research. Justifications for age eligibility criteria has previous been discussed in this chapter.

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For participation in research to occur, it is essential that participants understand what is required of them, and what they will engage with; often termed informed consent (Shaw et al., 2011). Young adult's involvement in research requires information to be available in a format that is understandable and accessible. To ensure informed consent was given, prospective interview participants were sent the information sheet and given at least 48 hours before the consent form was sent to them, to ensure all participants had enough time to carefully read through the information and make an informed decision regarding their participation. In line with the Gillick principle (National Institute for Health and Care Research, 2021), engaging minors<sup>12</sup> is a complex and individual decision. It is vital that the

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<sup>12</sup> In this instance, I am referring to minors as individuals aged 16 and under in line with NIHR guidance for conducting research with children and young people (NIHR, 2021)

participants can give informed consent. As a result of the potentially complex and sensitive nature of disclosing multiplicity experiences to parents, it was decided that all participants would give consent, and parental/guardian consent would not be requested. The consultation demonstrated that familial relationships were commonly not the support network being accessed, thus requesting parental consent may have resulted in the 'outing'<sup>13</sup> of people's experiences. Prior to interviews taking place, the information sheet and consent form was discussed again, with the researcher ensuring the participant had understood the terms of participation. Participants were given the chance to ask any questions before the recording started, and they gave confirmatory vocal consent. This subtle shift in power enabled young people to be in charge of their participation, ensuring their voices were centred from the first instance. While these robust plans were set in place, no interviews were conducted with individuals aged under 16, however the Gillick principle was still employed with all participants.

To ensure participants felt secure when sharing their experiences and viewpoints, solely pseudonyms were used throughout the process, from when they completed their consent form which requested their chosen pseudonym, with their 'formal' name not being used henceforth (see appendix C for consent form). Experts-by-experience could choose to be known as the pseudonym chosen for their system<sup>14</sup> or their individual pseudonym. It was noted by participants during the interviews that this choice allowed them to feel that the researcher was coming from an inquisitive and non-judgemental position with an awareness for the realities of participant's lives. Additionally, no identifiable information was collected within the interviews; a decision was made not to ask expert-by-experience participants about their education level or professional background as it was deemed not relevant to the focus of the research. Solely age, gender, pronouns, and country of residence was collected to better contextualise their experiences; this became particularly relevant in latter interviews where therapeutic intervention was discussed at length, with differences between the UK and USA care providers highlighted.

As a result of restrictions placed on the research from the COVID-19 pandemic, interviews were all completed via Microsoft Teams, an encrypted software. All interviews were audio

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<sup>13</sup> Outing in this context refers to the disclosure of experiences previously hidden from the outside world, or from specific people.

<sup>14</sup> A system name is a name used which incorporates all members of their system, while each system member can also have an individual name too.

recorded, with the recording being provided to participants after the interview finished. Participants could choose whether to turn their cameras on, and they were made aware that regardless of their decision, only their audio would be transcribed allowing them to feel comfortable. Over half of participants chose to utilise their cameras which gave them a greater sense of conversation and connection. Regardless of their choice my camera remained on<sup>15</sup>, which I decided would allow participants to see I was engaged and listening to their experiences. By audio recording, it allowed me to remain present in the conversation instead of making notes which could be deemed as passively engaging with the research process (Rutakumwa et al., 2020). As a result of participants being given the choice to have their cameras on, it was decided that only verbal information would be coded. While embodiment of experiences may have elicited a range of information around how selves behave and navigate the body, participant comfort was deemed more vital.

It is understood that qualitative research involves people talking about potentially sensitive experiences, which has the potential to cause emotional distress (McCauley-Elsom et al., 2009). To allow participants the opportunity to discuss any sensitive information, a debrief was informally conducted after the recording was stopped, along with the written debrief information emailed to them. By allowing participants the space to discuss any worries without recording, ethical, non-exploitative methodologies were upheld, in line with previous research (e.g., Shaver, 2005). Additionally, participants were sent a copy of the recording and transcript for them to review. By sending transcriptions to participants after two months, participants were able to reflect on their experiences and disclosures and decide if they wanted to remove anything from the final transcript utilised within the analysis (Mero-Jaffe, 2011). As Forbat and Henderson (2005) highlighted, by allowing participants the space to confirm and reflect on their previous responses, it is understood that the transcripts are interpretive structures based on numerous factors that influenced the original interview. They are not viewed as arbitrators of independent truths in line with the constructivist grounded theory method being utilised (Alemu et al., 2015). No participants requested removal of information, although two participants clarified points made, and one participant sent a short, written narrative via email to be included in the analysis.

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<sup>15</sup> For one interview, my camera was turned off as a result of poor internet quality. This was explained to the participant, and they were offered a different interview date if they wished for my camera to remain on. They agreed to continue with audio only.



#### 4.10. Summary

This chapter provided an overview of the methodology and methods employed within this study. The philosophical and theoretical aspects of grounded theory were detailed in order to situate the ontological and epistemological underpinnings of the research. The background of grounded theory was discussed, followed by a justification for the choice of constructivist grounded theory method. The research design was guided by two exploratory research questions, and four complementary research aims. The design of the data collection methods was determined through an online consultation process, which elicited responses from the community of interest. This resulted in a semi-structured interview and online survey design, to allow participants the choice of how they responded to the six key areas which were identified through the consultation. Participants were recruited via social media, which was determined to be specific, conducive to data rich narratives, and related to the topic. Three participant groups were explored, experts-by-experience, professionals, and support networks. However, in line with grounded theory method, experts-by-experience remained the focus of the research, with the other two groups providing validatory and expansive knowledge about the experiences. Chapter Five will go into greater depth about the analytic process conducted with the data collected.

## Chapter 5. Analytic process

*“When I review a paper containing a claim of grounded theory, I check to ensure that, at a minimum, the authors have described their methodology transparently enough to reassure me that they followed core analytic tenets of the method...”* Suddaby (2006, p. 640).

### 5.1. Introduction

Building on the project’s methodology discussed in the previous chapter, the analytic process is now presented in relation to the qualitative design which follows a constructivist grounded theory approach. The analytic process addressed the study aims and research questions to explore the experience of emerging multiplicity, and its impacts on young adults psychosocial functioning. As identified in Chapter Four, constructivist grounded theory researchers do not stand outside their data (Mills et al., 2006). The theory and meaning generated is not an exact picture; it is an interpretive account of what has been studied. Together, the young adults, support networks and professionals created the data during the interactions with myself, the researcher. The result is a construction grounded on both the experience of the researcher (myself) and the experience of the participants. This chapter presents a description of the analytic process employed within the study, drawing on guidance from Charmaz (2006) to code, categorise, and identify the emergent theory. While there is a subsection included specifically focusing on the process and utility of research memos, examples of memos I wrote during the process are included to highlight my considerations during each stage. The following section provides a transparent overview of how the findings were developed to account for the findings, emergent theory and recommendations presented in the subsequent chapters.

### 5.2. Interview transcription

I transcribed all the audio recordings using the intelligent verbatim method to preserve the authenticity of the interviews. This is viewed as a ‘cleaned up’ version of verbatim transcription, whereby repetition, pauses and ‘ums’ are not included. I decided to only include the interviewee’s words, and not include pauses, intonation, or other expressions, due to the potential unfamiliarity of being interviewed via video conferencing. Additionally, some participants noted that this was the first time they had been given the opportunity to speak openly about their multiplicity experiences, and as such did not always have an answer prepared. Interpreting pauses and intonations may have resulted in inaccurate understanding of the participant’s meaning; if a participant paused before discussion of an

emotional topic, I may have noted this was due to intense feelings, however there are a range of other reasons for pauses. By including such detail, the true meaning of participant responses will likely have become muddled and unclear. I also considered the potentially complex internal structure of my participants – there may have been internal dialogue that was occurring at the same time as me asking a question, thus other perspectives may have been shared internally before it being verbalised. While the transcription was verbatim, I kept a reflective diary for each participant once the interview concluded. This enabled me to better understand what the meaning of the response was during the coding process so as to not misinterpret wherever possible. This also enabled me to understand the tone in which information was provided (e.g., when participants were being sarcastic, which would not come across within the transcript alone).

While word-for-word transcription has been argued to be time consuming and distracting from the focus of the research, it is an important step in the analytic process, particularly for grounded theorists who become immersed in the data (Roberts, 2008). The process allows the researcher to reflect and revisit the interview prior to coding. The transcription was completed primarily by myself. Initially, the decision was made to not use professional transcription software as transcription can be a highly valuable and interpretive process. However, because of the time limitation from participant's schedule requests, along with work and personal commitments, after the 6<sup>th</sup> transcription was completed, a decision was made to use professional software, otter.ai which was recommended due to its high level of accuracy, and ease of access. These transcripts were read through whilst listening to the original recording to check for errors and allow for re-immersion in the data. The process of checking and listening occurred multiple times to ensure accurate transcriptions were generated, and that I was immersed in the data. Prior to the start of coding, the audio was listened to once more to gain awareness as to the context of the transcript. By being immersed within the data, I was able to recall participant's discussions, and key points that were made with ease. This also allowed me to 'hear' other participant's voices during subsequent transcription and coding, allowing the constant comparison method to be fully ingrained throughout.

The transcription process resulted in 154 pages of typed transcripts for the 13 interviews, and 38 pages of qualitative survey responses for the 15 expert-by-experience survey responses which were included before saturation was reached. A further 17 pages of qualitative survey responses were collected from professionals and support networks.

Additionally, handwritten notes were made immediately after each interview was completed, and further memos written after familiarisation with the transcripts. To verify the accuracy of the interview transcripts, and to allow participants the option to remove or clarify responses, transcripts were emailed to respondents. Participants were requested to respond within 14 days if changes were required. Only one participant included additional information in an email following the interview, and all other interviewees confirmed their agreement with the content of the transcript, with two clarifying responses.

### 5.3. The contention of coding

#### 5.3.1. The constant comparative method

Utilising comparative analysis is one key feature within all forms of grounded theory, whereby data is worked with, and considered both within themselves, and across different data sets to develop awareness of social processes (Straus & Corbin, 1998). The process is iterative, and utilised during each stage of analysis, when the researcher is concurrently collecting, coding, and analysing data (Charmaz, 2006). The importance of constant comparison is discussed by Locke (1996, p. 241):

*“Categories and codes ... are the basic building blocks of a grounded theory. As they are developed, the same recursive, theory driven, comparative processes are used to surface the links and relationships among the categories to construct a complete theoretical framework.”*

By utilising the constant comparative method, there is clarity in relation to how the theoretical categories have been integrated and explicated, whilst ensuring that the findings remained grounded in the data (Charmaz, 2014). Within the current research, the method was instrumental in developing an abstract rendering of social processes regarding living as a multiple self from young adult’s narratives. The guidance provided by Charmaz (2006) was used within the current research, in which data was compared against data within and across data sets. Resultingly, abstracted categories were developed. By comparing narratives, an in-depth exploration of lived experiences, along with novel insights emerged from the data. The following sections consider how the constant comparison method was utilised within each stage of constructivist grounded theory analysis.

#### 5.3.2. Memo writing

Memos are used within all iterations of grounded theory, to document the process, develop the model, and as such are utilised throughout the analytic process (Corbin & Strauss, 2015; Glaser, 1978). Throughout the data collection and analytic process, memos

were used to theorise about the ideas emerging, allowing a clear record and train of thought, ensuring understanding and initial considerations were not lost during the long analytical process. The use of memos can draw out meaning implicit within data, in addition to identifying how the researcher has interpreted such data (Charmaz, 2006). The process of memo writing is seen to encourage the researcher to actively reflect on the data, and to be more theoretically sensitive, which is of particular significance to a constructivist grounded theory study within which the researcher is embedded within the research process (Chun Tie et al., 2019). Charmaz views memos as a key step within grounded theory, allowing researchers to bridge the gap between data collection and writing the emergent theory, in that memos are often the place where researchers identify when theoretical saturation has been reached (Charmaz, 2014). For the interviews, a reflective diary was completed after each interview concluded. The recorded notes were descriptive and reflective in nature, and aimed to develop observations, ideas, and questions on numerous areas including: the participants responses, my understanding (or lack thereof) of terminology used, any emerging issues with the data, and how the interview aligned (or did not align) with my own limited understanding of the area. I felt it was important to write out my observations and understanding of the data straight away instead of waiting until the coding occurred, in which some thoughts or immediate queries may have been lost. Figure 7 shows an example of quick reflections made after interview two.

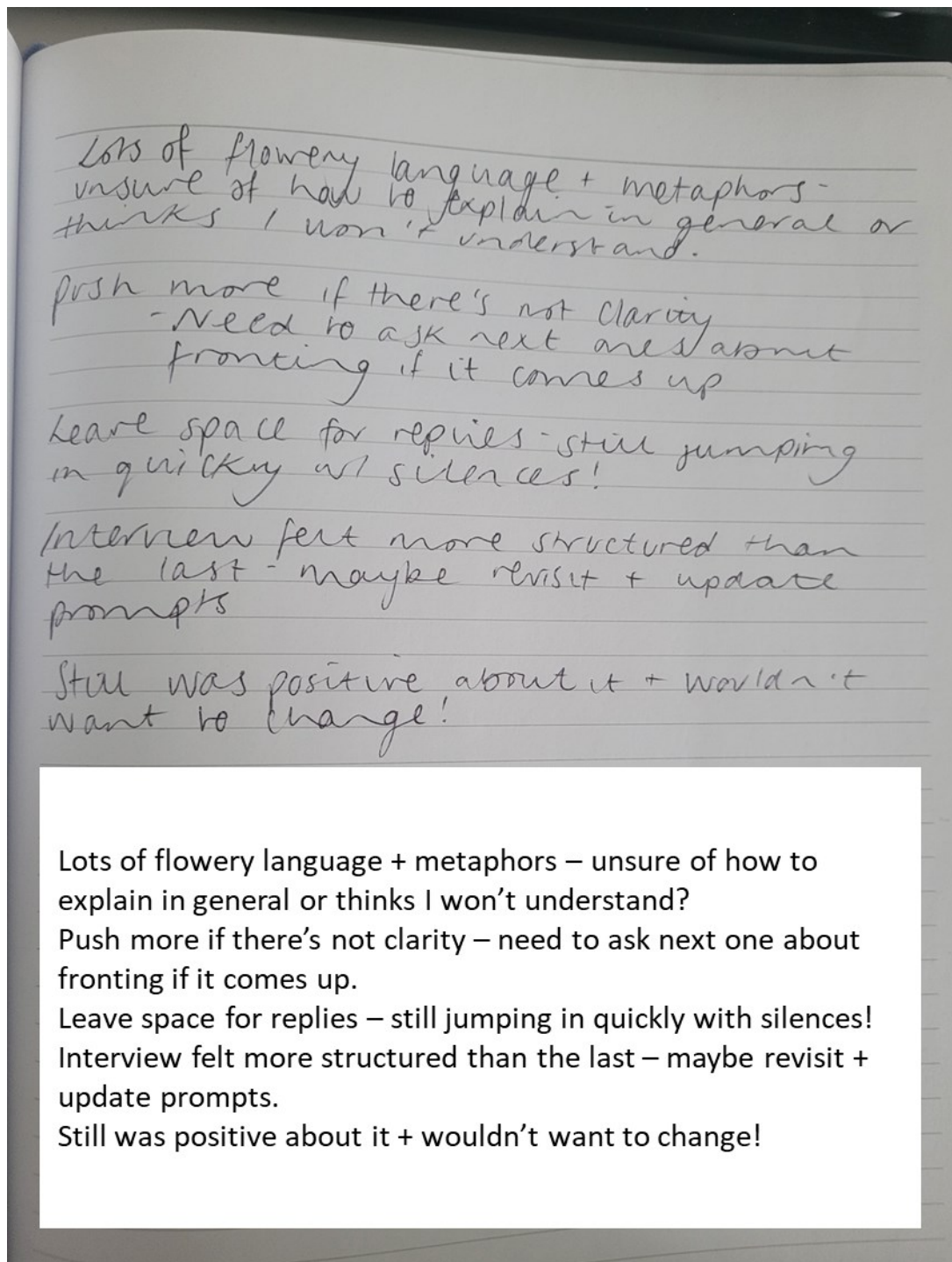


Figure 7: Reflections made after interview two.

Memos and reflections were also documented after the coding process of the interviews. The memos were by no means exhaustive or overly detailed but allowed for quick comparisons to be made across the data set as the codes were emerging. Table 8 presents examples of sections of my reflections and memos.

Table 8: Reflective memos documented during interview line-by-line coding.

Quotation from interview transcript	Reflective memo written during coding process
<i>"I have gotten to the point where I'm able to communicate with other parts and ask them to step forward, or to switch out if they want to."</i>	The journey to being able to communicate positively with other selves seems like it may have taken a while, but they are happy that it is happening now. There seems to be positive sharing of the body space between selves.
<i>"It's kind of controversial because we think it's been hyper medicalised. The psychological aspect seems to be taken too negatively."</i>	The essence of their thought being controversial appears to link to the wider argument of medical understanding only – if they feel it's controversial when they're talking to me, how must they feel when talking to professionals about their experiences?
<i>"There's a lot of misinformation on various levels of there. There's a lot of very bad pop culture stuff, but also lots of modern psychology's various terrible interpretations."</i>	They evidently feel misunderstood and misrepresented by the information and understanding that's currently available on lots of levels, by different people. It isn't just the general public that seems to be misunderstanding, but professionals as well, potentially meaning people don't know who to turn to if they need support.
<i>"Especially if it's like parts, that has its own meanings that you're talking about something. But even alters is kind of, that's coming from the certain framework that isn't the framework that we work within."</i>	The language that currently exists doesn't seem to fit with people's experiences, and how they want to be viewed. There are specific connotations to the language choices that are used – maybe people don't know any different, so they are trying to use the language that's in research/medical information. However, it doesn't seem to be comfortable to hear in relation to their own experiences.

For the survey data, reflections were documented via two methods: through NVivo software during the coding process, and a reflective diary once each data set was coded. The annotation tool on NVivo was used to keep track of in the moment thoughts, queries, and comparisons across the data set, and was useful to contextualise the queries as they were attached to individual quotes. Table 9 presents examples of my annotations completed via NVivo software.

Table 9: Reflective memos written during survey coding.

Quotation from survey transcript	Reflective memo written during the coding process
<i>"Since I tend to lean towards the belief that it is a neurodivergency."</i>	Born multiple connects with neurodiversity and 'everyone is different' idea, although this does not seem closely connected with other ideas. Maybe multiple 'I believe/I think' indication of thoughts from selves?
<i>"Could be anything from a spiritual reality to a misunderstanding of how the brain works. Singlets are far too invested in being one person to acknowledge the possibility they're wrong. No offense to y'all."</i>	Linked to theory that we tend to come from a "normalised" thought process about reality and people's experiences, instead of taking into account diversity in experiences - could link this in future research in terms of how we think about multiplicity?
<i>"The external world can only interact with some of us who can front, but that doesn't mean the internal world doesn't exist."</i>	There is a point to be made that even though we can't see their internal world, it doesn't mean it isn't real - can be linked to stigma, disbelief and the struggle to get support from medical professionals, and understanding from others.
<i>"...but I prefer headmate to alter as alter is used more by traumagenics."</i>	Linking to DID/OSDD being a completely separate thing (in reality) which needs its own set of language, understanding, support and guidance. We are not trying to take away from the utility of having diagnostic language which accurately explains someone's DID/OSDD experiences, but I am instead trying to identify language which is representative of the specifically multiple experiences.

Furthermore, as with the interviews, I kept a reflective diary after each survey was coded. The reflections recorded at this stage were more overarching, and more clearly reflected on the data set as a whole, as opposed to individual queries as with the annotations. I often noted that the surveys were more similar in tone, quotations, and overall emergent codes than I anticipated when starting the coding process. I had anticipated that a second round of expert-by-experience interviews and/or surveys would be required once all data had been coded in detail. Even when questions were not directly asked about specific experiences of multiplicity, such as switching, or the impact that inaccurate media and



discourse has had on people's thoughts towards people with multiplicity, these points were commonly elucidated on by numerous participants. Examples of methodological and reflective memos are presented throughout this chapter, and within the subsequent finding's chapters.

### 5.3.3. Theoretical sensitivity

Theoretical sensitivity is a key concept within grounded theory analysis, whichever form it takes (McCann & Clark, 2003). The concept involves researchers having insight into the research phenomenon, understanding of the complexity within responses, and the ability to reconstruct meaning within an overarching narrative (Mills et al., 2006). The first step was to engage with participants without preconceived ideas about the potential areas of importance. However, it is important to note that while some grounded theorists will argue for the complete lack of immersion into the topic of interest, within this project it was deemed vital that I had a basic level of understanding to meet the needs of my participants sensitively and appropriately. This is not to say that I went into the interviews with a clear plan in place, however I did immerse myself into previous research through developing the systematic literature review presented in Chapter 3. This process, in addition to the consultation process as discussed in Chapter 4.8.1 allowed me to tailor questions of interest, identify language that was appropriate, and to be aware of some key issues the community often report facing. Conducting these two processes prior to data collection allowed me to ensure that the research was truly centring participants from the outset, and the study was sensitive and open minded to the concepts that subsequently emerged from the data. When open coding both the interviews and survey data, everything is treated as significant, thus preconceptions were put aside, and participants own voices and phrasing was used, as advocated by Glaser (1978).

As highlighted in Chapter 4, theoretical sensitivity is a key aspect of grounded theory research. Qualitative research is not focused on numerical significance (Merriam & Tisdell, 2016). It is instead focused on understanding the phenomenon of interest. As a result, the sample chosen is vital to the quality and specificity of the output. Samples within grounded theory involve strategically choosing participants whose experiences can illuminate, and add meaning to the research (Cleary et al., 2014). While traditionally, sampling within qualitative research is focused on certain characteristics, grounded theory uses sampling which directly relates to the emerging conceptual categories of interest. As a result, theoretical sensitivity is gained by *“studying a phenomenon from multiple vantage points,*

*making comparisons, following leads, and building ideas throughout this process seeing possibilities, establishing connections and asking questions” (Charmaz, 2006, p. 135).*

Throughout the research, purposive sampling was used, as discussed previously, in which participants all had personal or professional experiences of living with or supporting someone experiencing multiplicity. The interviews and surveys completed by support networks and professionals further illuminated the complex experience as discussed by experts by experience. The identification of the professionals was important as the emergent data pointed towards a continuum of experiences which were heterogeneous. Key points however were raised in relation to the over-medicalisation of services, and the lack of support for people not aligning with clinical descriptors. As such, the questions were modified to focus more on the experience of providing support, how decisions about support are made, and the focus of therapeutic intervention. In line with this notion, while support networks often mirrored lived experience narratives, their personal stories often had a diverging focus which explored their own reconstruction of knowledge, and how they support those with multiplicity. As a result, it was determined that these three overarching narratives would be limited by being presented simultaneously. Thus, the three participant group narratives are presented separately, to more accurately reflect their own lived experiences within Chapters Six to Nine. The narratives are then brought together within the theoretical model presented in Chapter 11.

#### 5.4. Interview and qualitative survey analysis

There is a debate between grounded theory researchers regarding the most appropriate approach to data coding. Interpretivist grounded theory prescribes a structured approach utilising three main steps, 1) open coding, 2) axial coding, and 3) selective coding (Bruscaglioni, 2016; Strauss & Corbin, 1990). However, constructivist grounded theory argues for three different main phases, 1) initial or open coding, 2) focused coding, and 3) theoretical coding (Charmaz, 2008). The constructivist approach is viewed to be more malleable and interpretive than the Classic or Strauss and Corbin forms, and allows greater flexibility for the researcher. In this way, while the central tenets are employed, there is scope to develop the project in the best way to suit the researcher and participants. The style of coding is also adaptable, with the researcher choosing to code word-by-word, line-by-line, or incident-by-incident (Charmaz, 2014; Martin & Barnard, 2013). Within this research project, line-by-line coding was utilised to understand the specific content of participants’ narratives, aiming to ensure context was not missed. However, all forms of GT

employ a constant comparative method to aid the development of categories, along with memoing, theoretical sampling and saturation which are common across all forms of GT, and as such were utilised within the current research (Charmaz, 2008). Within the thesis, Charmaz’s coding hierarchy is utilised, following the structure of codes, categories, and concepts. These will be discussed in relation to the research stage within this chapter, and chapter 11 when the theoretical model is presented.

Although the stages presented within the coding steps are organised as a linear process (see Figure 8), moving from one stage to the next, it should be noted that the reality is that several steps were conducted concurrently or iteratively. As Harry et al. (2005) highlight, the presentation of a linear analytic process is useful for readers, but is a vast simplification of an iterative, messy, and often complicated process.

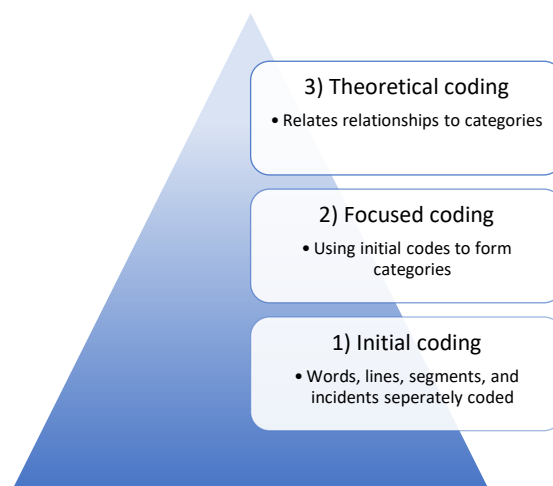


Figure 8: Main stages within Constructivist Grounded Theory analysis (Adapted from Charmaz, 2008).

#### 5.4.1. Line-by-line coding/initial coding

Glaser and Strauss (1967) describe open coding as the process of breaking the data into concepts and categories by utilising the ‘comparative method’ in which all pieces of data are being explicitly compared and contrasted to each other. Coding attaches labels to sections of the data and describes the contents accordingly. It is often viewed as the “*pivotal link*” between data collection and developing a theory which *explains* rather than *describes* the data (Charmaz, 2006, p. 15). At this point, it is important for the researcher to be wary of not forcing theory onto the data, instead allowing data to speak for itself (Charmaz, 2014). Constructivist grounded theory utilises ‘in vivo’ codes where the concepts remain as close to the participants’ own words as possible. This style of coding allows for clearer understanding of the implicit meaning participants attribute to their answers. For

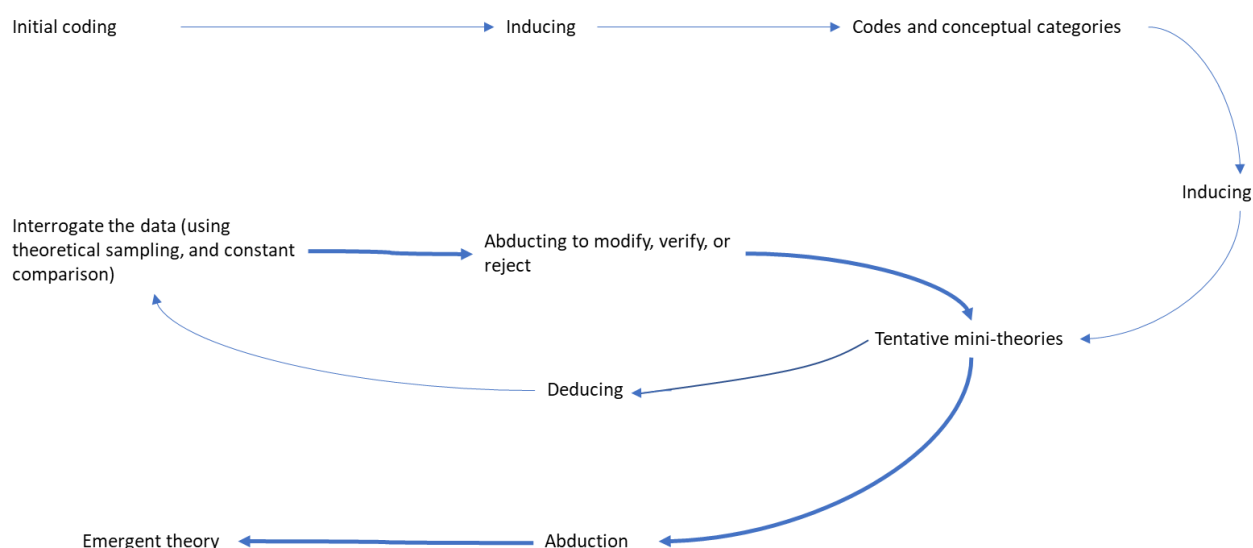
example, *'brain working best with more than one'* encompassed the understanding that people viewed their experiences positively, and felt they functioned better on behalf of being within a multiple system than they would if they were a singular person. *'Never feeling alone'* was also used as an in-vivo code to express the sense of relationships internally, and how people felt supported by others in the system. It would have been difficult to capture the essence of the response in any other way. This approach is 'heuristic' in nature because of the codes eliciting further understanding and clarity for the researcher, and thus identifying further areas of interest (Lewis, 2015). However, the use of in-vivo codes has been viewed as subjective with different researchers interpreting participants' words differently resulting in subjective bias in coding. As only I coded the data, all codes were in line with my constructivist process and emergent focus. By using constant comparison, I was able to elicit understanding in regard to in-vivo codes, ensuring they were in line with my understanding.

***Methodological reflection: There is no one right way***

*The process of open coding appeared simple to start, although I often worried about whether I was 'doing it right', or whether my coding was truly in line with constructivist grounded theory methodology. I thought that some of my initial codes lacked substance or meaning, and I thought that I may have been overusing longer phrases the participants said. However, through further reading around the method, and speaking to my supervisory team, I gained confidence in my approach. My supervisory team provided examples of how they would code a sample of the data, which furthered my understanding and allowed me to 'go with the flow' of line-by-line coding.*

Due to the inductive nature of constructivist grounded theory, it was important for me not to make assumptions about the data that had been collected, as well as not assuming what would be 'found' in the data. Due to the lack of prior knowledge around multiplicity in academic and professional spaces, there was a lack of hypotheses that could be applied beforehand; therefore, the analysis underwent an inductive inference process (Charmaz, 2014). As indicated by Charmaz (2006), induction involves raising analysis from individual cases into higher level categories. The next step involves abducting where next to seek information to develop codes via theoretical sampling and constant comparison of pre-developed codes. This has been argued to refine categories, as they are then validated against further data, which also involves the researcher considering appropriate reasoning to the data and emergent categories (Corbin & Strauss, 2015; Haig, 2018).

Linking to the importance of reasoning within grounded theory research, abduction is conducted to generate explanatory hypotheses or theoretical insights based on the analysis of data (Douven, 2011). First described by Charles Sanders Peirce, abduction involves entertaining all possible explanations of the data in order to reach the most plausible interpretation. It involves making logical inferences to propose plausible explanations for observed phenomena. Within this research, abductive reasoning was key to me understanding the data, and ensuring the codes were truly reflective of the data that was collected, rather than based on any implicit biases. Abduction allows researchers to move beyond description to develop rich, explanatory theories to capture the complexity of the phenomena. The process involves going back and forth between the data and the emerging theory, constantly testing and revising hypotheses in light of new data and codes. Throughout this process, researchers aim to achieve theoretical saturation, where the concepts and relationships in the theory are sufficiently developed and supported by the data. This process is demonstrated in Figure 9.



*Figure 9: The journey through abductive reasoning within grounded theory*

Within the current project, this process was used within the emergent coding that occurred, first with experts-by-experience, and then with support networks and professionals. As with all techniques associated with grounded theory method, this was a concurrent journey, whereby data was being collected, reflective memos captured, and data was analysed. Due to the minimal prior knowledge available, I was aware that any section of the data could elicit new areas of development and could therefore generate

mini-theories. For example, within Figure 10, it is shown how the application of abductive reasoning was applied to the emergent category of stigma, which was developed as new data was collected, and I gave thought to the explanations of experience via theoretical sampling and constant comparison. Without being able to tailor the focus of subsequent interviews, and selectively code the survey results, I may have considered stigma to be an accurate category that needed to be taken forward into focused and theoretical coding. However, the process elicited clearer understanding, which was supported by additional data, allowing me to reconceptualise the category into something that more clearly mirrored people’s disclosure experiences.

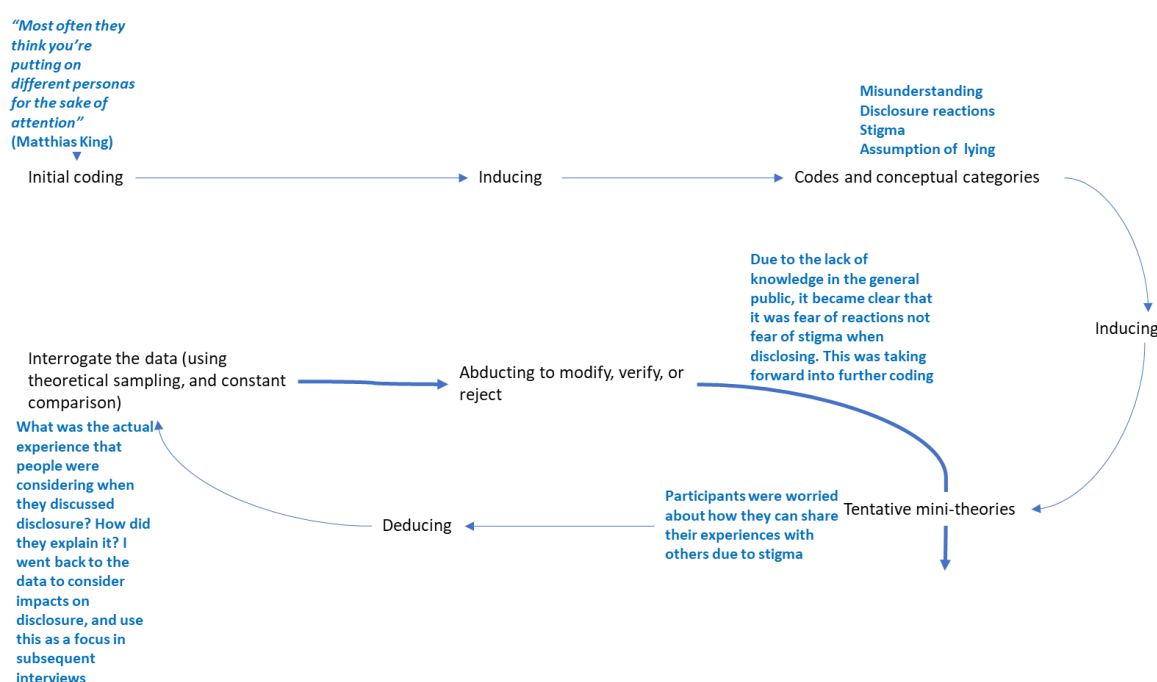


Figure 10: Mapping abductive reasoning within the current study

During initial coding, Charmaz (2008) suggests using two key questions, 1) “what is the chief concern of participants?” and 2) “how do they resolve this concern?”. Within this study, the initial stage of coding looked to identify how multiplicity experiences were conceptualised by participants, and what the impact was on young adults psychosocial functioning. As a result of initial coding, I identified that participants focused a lot more on their personal experience of multiplicity, discussing the complex nature of their inner world, and how they reconciled their experiences in light of singular expressions of self. Coding using such flexible parameters allowed for new codes to emerge from the data and allows the researcher to be comparative throughout the process, identifying areas to follow

up in subsequent collection and analysis (Charmaz, 2014). The data for the interviews and surveys were coded and managed with NVivo version 12 software.

***Methodological reflection: Using software to code***

*The process of using NVivo to code data was somewhat overwhelming as I hadn't truly used the software previously. I had intended to use the software during coding of my systematic literature review, however I ended up coding on paper, and then transferring the codes onto NVivo for ease of comparison. Initially the process felt quite clinical, and I ended up printing the first two transcripts to code by hand. When I re-uploaded the initial codes, I realised the utility of NVivo, particularly when looking for comparisons and contrasting information across data sets. Being able to quickly identify common codes, and map those onto specific participants was greatly useful in the early stages of initial coding.*

As noted in Chapter 4, there is an argument for the researcher to locate themselves within the research with an open mind, so as not to influence the data collection or analysis (Corbin & Strauss, 2015). However, as discussed, contemporary arguments have highlighted the difficulty in truly acting in this way, particularly as a doctorate researcher (Dey, 1999). Doctorate researchers must present a clear plan for their research which involves, at a minimum a scoping review of the literature in the area, to ensure a clear grasp of how their novel project will emerge. As such, Charmaz (2014) argues that coding line-by-line reduces the influence of the researcher's views, to minimise inaccurate interpretations from occurring during analysis. Line-by-line interpretation can allow respondent's perspectives and viewpoints to speak for themselves, with the researcher being the facilitator of their story. However, it is important to reiterate at this point, constructivist grounded theory does not position itself in the belief that prior research will have no influence on the analysis; the entire process of designing and conducting research will inevitably have an influence on responses – including the data collection setting, the environment developed during interviews, and relationships that develop. As such, it is vital for the researcher to be clear about their perspectives to shine a light on the process as a whole.

Line-by-line coding was the first time that I had gone into such depth during analysis of research. Furthermore, this project was the first time that I had worked inductively rather than deductively; not working from prior theories or frameworks. When starting this process, I had a lot of trepidation as noted within the methodological reflection above. I felt an enormous amount of pressure to accurately represent the participants' voices, and their individual narratives. I had collected so much data that I had initially struggled to look

both across and within the data set. To say the process of coding was not a linear process is likely doing the almost trial and error initial process a disservice. There were multiple iterations of coding, numerous checks with my supervisory team, and various spider diagrams developed in a bid to make sense of the data. I had initially grouped my data into three overarching categories (personal conceptualisations, reflections on emerging multiplicity, and learning to cope), which I now realise were overly descriptive and did not truly represent the extent of the shared narratives my participants had discussed (see Figure 11, 12, and 13). While it was useful to attempt to group and compare the main emergent points that were coming out, at times, I could feel myself rushing the process, feeling like I needed to be moving on to focused coding, even though I still needed to fully go through the initial coding process with the data.

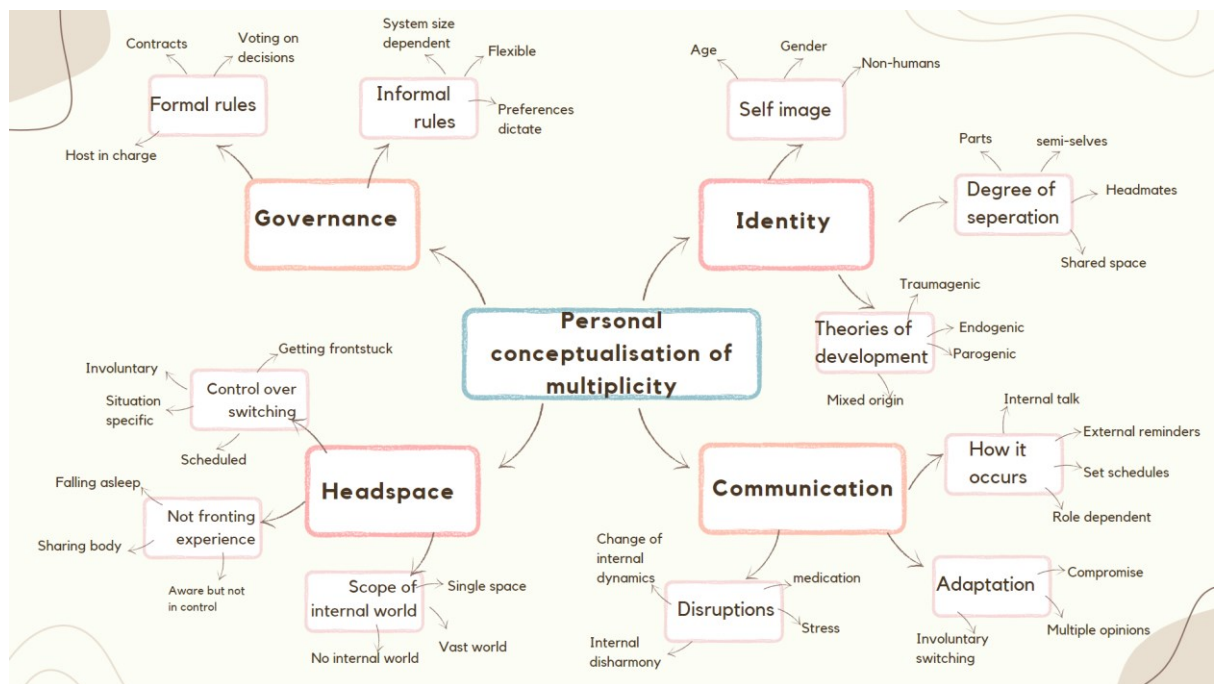


Figure 11: Attempt one to group line-by-line codes.



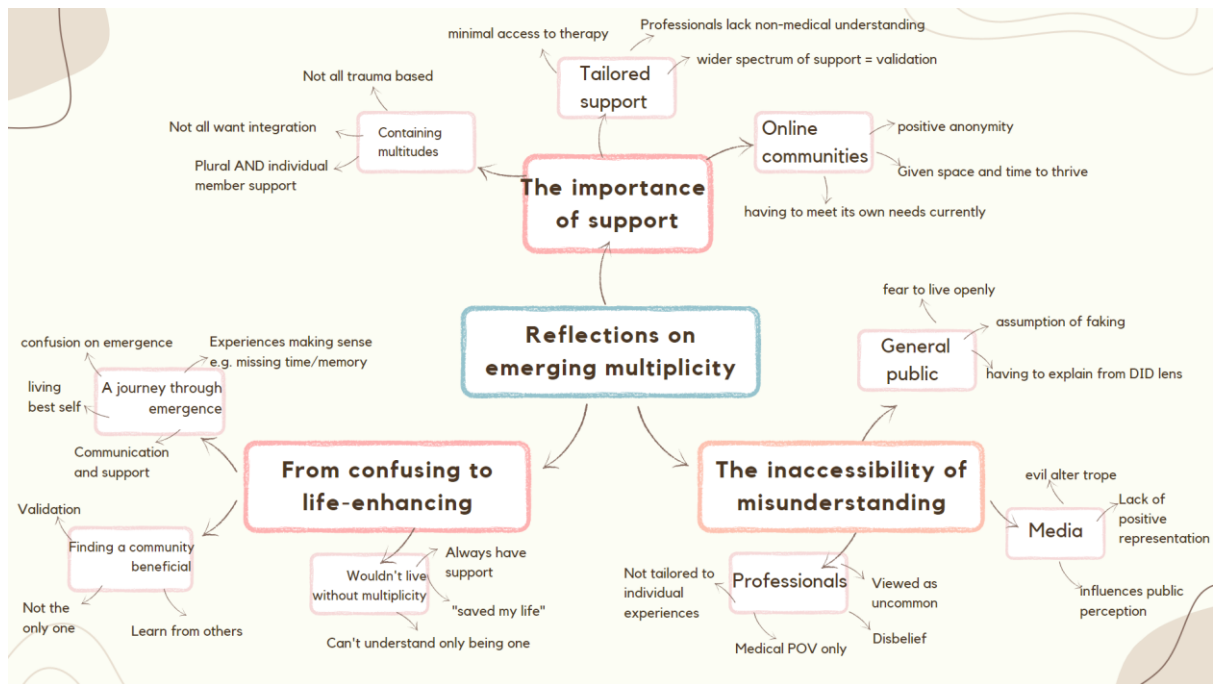


Figure 12: Attempt two to group line-by-line codes.

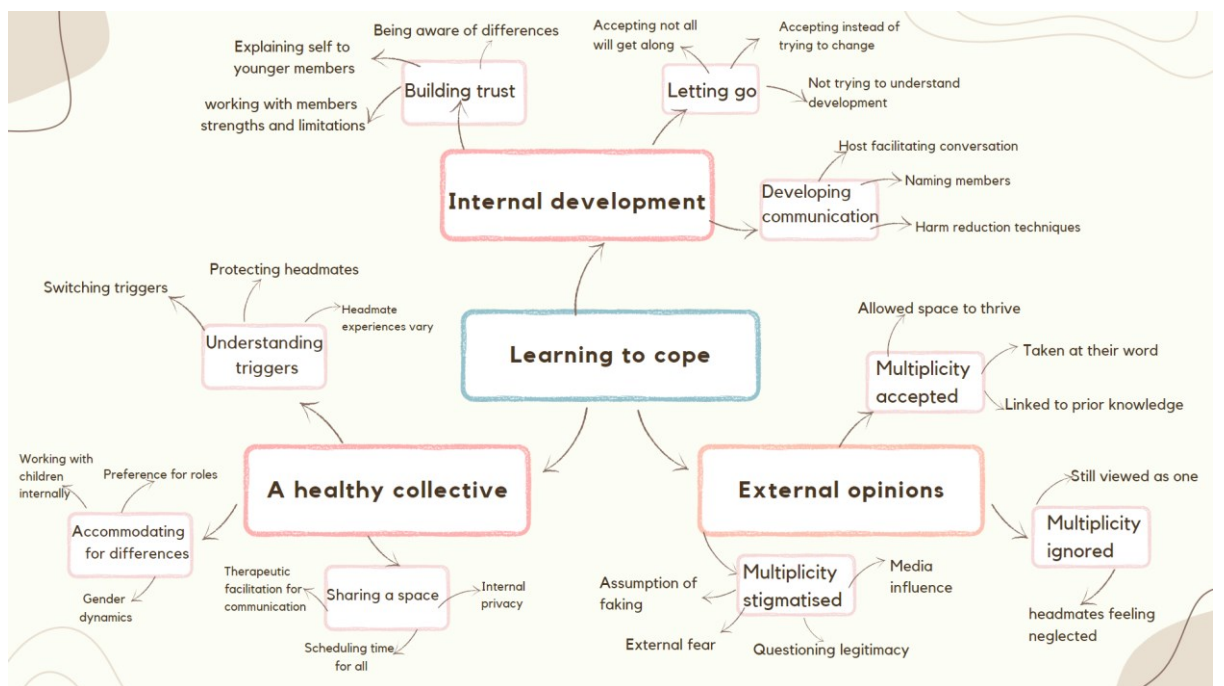


Figure 13: Attempt three to group line-by-line codes.

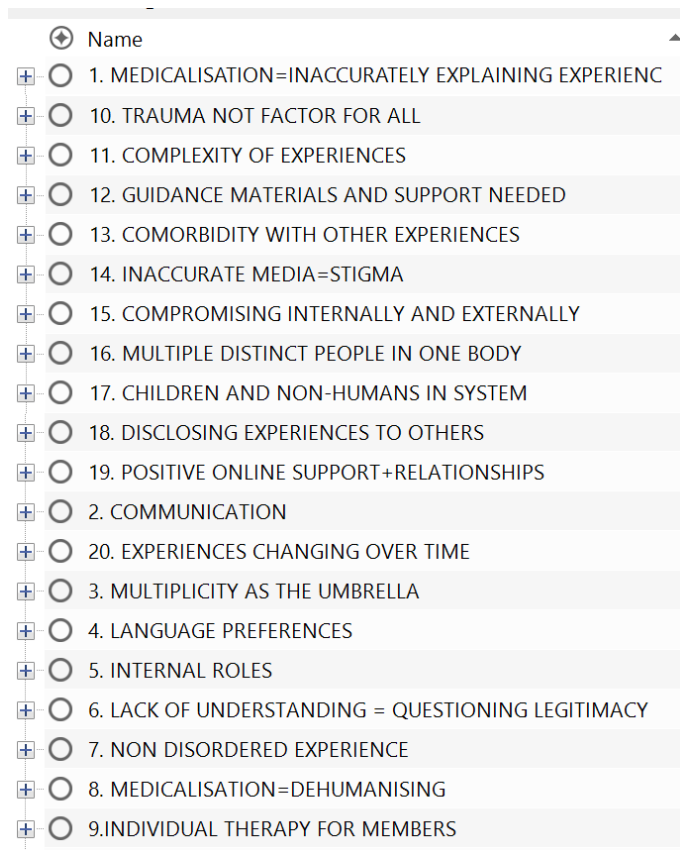
Upon discussion with my supervisory team, I noticed that many of the areas detailed in the diagrams above mapped on clearly to other areas of research. As such, I had to go back through the data, and understand where specifically my participants were coming from. Upon reflection, the process of moving through the attempts at coding was a little bit of trial and error – the first attempt was focused very specifically on a narrow amount of information. At this stage, I was worried that I was not including the depth that participants

were sharing with me, and as such I chose to have a narrow focus. However, moving through the second and third attempt, it became clearer to me that the grouping of codes had to be broader and more open to new emergences within the data. I noted that many responses and codes mapped on most clearly to how young adults perceived their experiences, and how the outside world impacted their views, thus this focus was taken forward into the focused coding stage.

#### 5.4.2. Focused coding

Focused coding is concerned with significant and frequent initial codes which are assessed for relevance to the broad topic area (Thornberg & Charmaz, 2014). However, it is important to note that within CGT, there is the understanding and ability to preserve theoretical directions within the data at this point, rather than immediately narrowing the focus. This opposes classic grounded theory method which argues against maintaining 'too many' codes when moving to focused coding (Sebastian, 2019). Considering this, focused coding is more selective and conceptual than initial coding and utilises constant comparison to ensure codes and emergent categories remain close to the data collected (Charmaz, 2014). The aim within focused coding is to identify the core category which can then guide future data collection and analysis. One key tenet within CGT is remaining open to the data, as identifying a core category too early in the process can limit the practicality and clarity of the emergent theory. As a result, Thornberg and Charmaz (2014) argue that researchers should remain open to modifications in the focus of their coding, allowing themselves to be "*surprised by the data*" (p. 8).

When considering the emergent focus of the data, I then made an initial attempt to group codes together in relation to conceptualisations and external impact. As demonstrated in Figure 14, I utilised NVivo to group codes. However, after initial grouping, I was still left with 20 overarching codes underneath the emerging core category. While the focus had developed somewhat, I was aware of commonalities across the 20, with them often representing similar experiences and categories.



*Figure 14: Grouping codes together using NVivo software*

After a considerable period of open coding using NVivo, I realised I developed the long list of codes, and I was noting commonalities within my reflective diary. As somewhat of a technophobe, it was easier for me to see relationships between the codes when physically holding them, so I printed the codes, cutting them into individual slips of paper to work with physically (see Figure 15). Researchers have argued that the use of computer software is a ‘cleaner’ method to data analysis (Saldaña, 2021), allowing researchers to complete coding quickly using coding strips (Hutchison et al., 2010). Indeed, by using NVivo, the large amount of data was stored and managed more easily than with various word documents or printed full transcripts (Ghauri & Firth, 2009). However, as noted, I struggled sometimes to identify patterns when looking at a long list of codes – by not being able to easily manipulate the list on the screen, I would often miss certain codes and categories when scrolling.

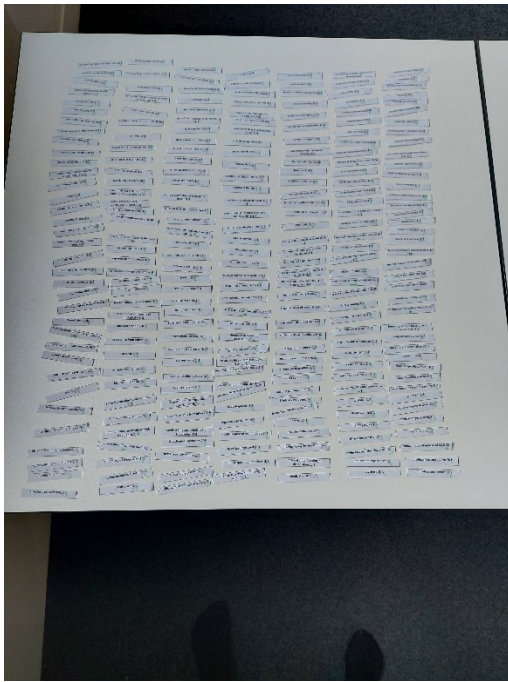


Figure 15: Physically moving the codes on paper into groups.

When physically moving the codes into similar categories, I noted I had often coded very similar descriptions in different ways, which I had noticed somewhat within NVivo grouping, but I had not noticed how often this occurred. For example, I had coded data as: *separation; separate people; separate experiences; more than one; individual people; more people internally*. However, when considering these on paper, it became evident they were encompassing the same broad meaning. I grouped the codes according to broad areas manually, which were grounded in participants own words using in vivo techniques. The groups were not consistent in the number of codes within them. As a qualitative researcher, I did not feel the need to quantify the data in such a rigid way, particularly when my own language influenced some duplication of concepts (see Figure 16).

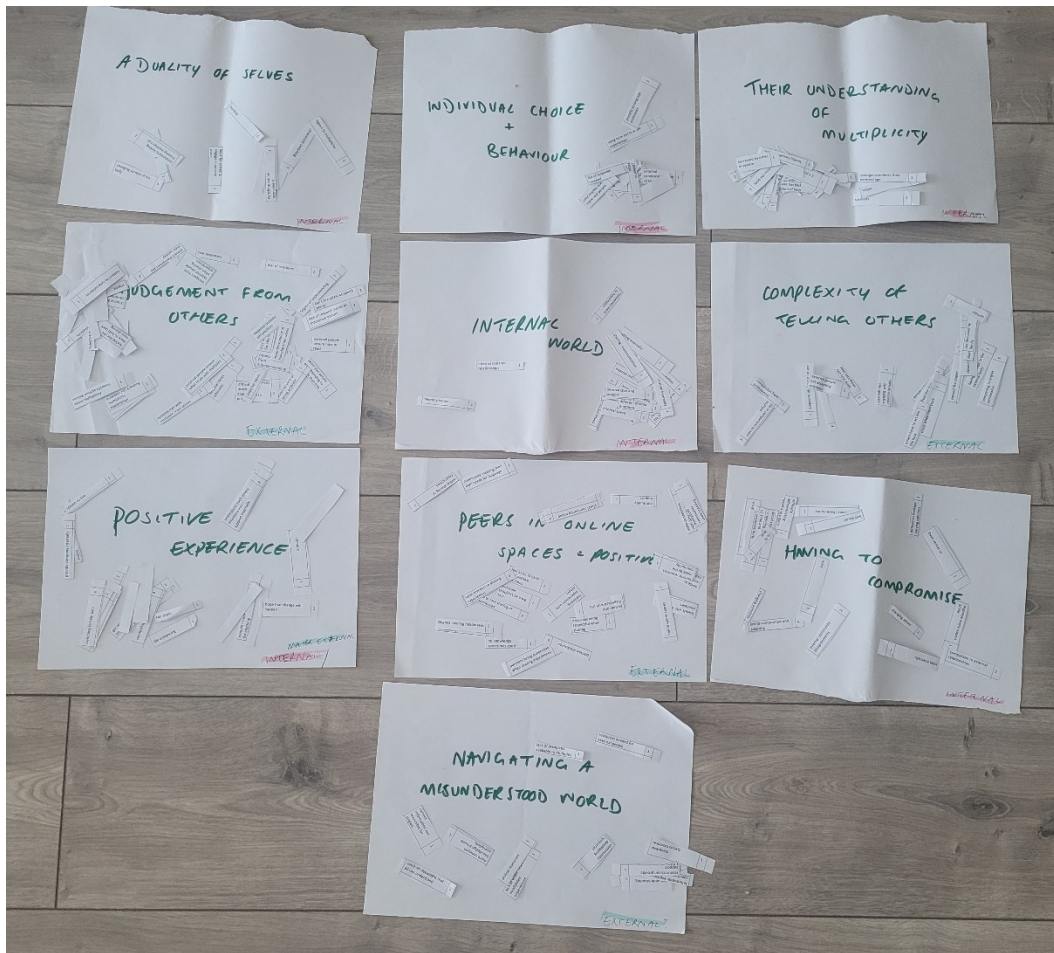


Figure 16: Grouping expert-by-experience codes together manually, considering relationships between codes.

Due to the lack of prior research and understanding within the area, it was important to present clear information regarding the experience. As such it was decided that the findings would be discussed individually to begin with in order to consider each groups experience of multiplicity. As such, the groupings developed at this stage were eventually portrayed within the findings chapters, before bringing the information together within theoretical coding as presented in chapter 11.

#### **Methodological reflection: Rushing the process**

*After reading a range of articles, books, and watching various YouTube videos about the process of completing grounded theory analysis, I found myself focusing on the final theory. I had read a few submitted theses, all of which presented a clear diagram of their theory, which clearly mapped onto the categories being presented. I started fixating on this, attempting to map my emerging focused codes onto a theory. My supervisors noted in meetings that I would often discuss how I could present my theory, instead of talking through my ongoing coding process. I hadn't noticed how detrimental this was to my coding process until I took a step back and attempted to forget I needed to develop a theory. By focusing solely on the coding process, and the development of themes or core categories, I was more able to become immersed in the process itself, instead of the end goal.*

In line with CGT, new data was constantly compared to each other, and to initial codes, considering whether they were representative of the content and the emerging narrative (Corbin & Strauss, 2015). Focused codes are more conceptual and abstract compared to initial open codes; they are more likely to derive from the researcher's conceptualisation of the data as opposed to being in vivo codes which emerged from the data. As part of this, it is determined to involve conceptualising, explaining, and vocalising an experience or phenomenon which many people may struggle to articulate themselves (Charmaz, 2014). Through constant comparison, it became evident that respondents were focused on the journey to being understood, navigating life as a multiple self (or indeed navigating a 'new life' for support networks and professionals), and understanding the self. As such, these tentative mini-theories were taken forward into theoretical coding, with the understanding of allowing the core category to emerge.

#### 5.4.3. Theoretical coding

Constructivist grounded theory is an interpretive form of generating theory, which provide a basis for understanding the concept or phenomenon of interest, rather than describe or explain it. The importance of finding patterns, relationships, and connections contrasts the positivist view of theory generation which is more linear and predictive. Indeed, the positivist viewpoint seeks to identify causes (Glaser & Strauss, 1967). Comparably, Charmaz (2014) defines interpretive theory as an:

*"...imaginative understanding of the studied phenomenon. This type of theory assumes multiple realities; indeterminacy; facts and values as inextricably linked; truth as provisional; and social life as processual" (p. 126).*

As such, the final phase of data analysis in a constructivist grounded theory study involves selective coding, often known as 'theoretical coding' (Glaser, 1998). During theoretical coding, the researcher identifies a core category, or categories, and relates substantive categories to that. These are generally presented in the form of relational statements, propositions, or hypotheses, but can be presented through story or models. This is conducted to produce a coherent theoretical framework that explains basic social processes of interest (Charmaz, 2014). As such, Corbin and Strauss (2008) provided a set of criteria for selecting a core category, noting that it should:

1. Be sufficiently abstract to allow all other categories to be related to it and also so that it can be used to do research in other substantive areas;
2. Appear frequently in the data;
3. Be logical and consistent with the data; and,
4. Grow in depth and explanatory power as each of the other categories is related to it through relational statements.

Within this stage, as with all stages within constructivist grounded theory, it was vital that the data remained representative of participant narratives. As an outsider who lacks personal experiences of multiplicity, it was important for me to go back to the codes, ensuring the categories were clear and representative. Codes were revisited and refined through constant comparative method. It was important to centre the research and thus the emergent theory on experts-by-experience. That is not to say that the other participant group perspectives were not important, however they were considered in a more holistic, validity manner, exploring their perspectives in light of lived experience narratives. As such, categories emerged independently for each participant group, as presented in the subsequent four chapters. Following those, an emergent theory is presented in Chapter 11, which considers all perspectives, using theoretical coding.

Theoretical coding involves the refinement and merging of concepts into theoretical categories which characterise the social reality of the chosen phenomenon (Charmaz, 2000). As a result, theoretical coding provides an insight into the relationships between the concepts, demonstrating key links and processes which inform the emergent theory (Charmaz, 2006). There are two types of codes that are generated within grounded theory research as elucidated by Glaser (1978): substantive and theoretical codes. Substantive codes conceptualise the empirical substance of the area of research, while theoretical codes conceptualise how the substantive codes may relate to each other. It is important not to force a theoretical code onto the data (Glaser, 2005). Theoretical sampling has been argued to be considered in two specific ways, namely a) considering data differences, or b) considering group differences, or indeed a combination of the two at the same time (Urquhart et al., 2010). A commonly used option, particularly within postgraduate projects is to choose one option to focus on, in line with time and scope limitations.

Grounded theorists often use theoretical coding as the final coding step in the journey to developing reasonable and feasible relationships between the emergent categories, and thus construct the theory (Charmaz, 2014; Urquhart, 2013). Glaser, and other classic

grounded theorists favour the use of theoretical coding families within the theoretical coding stage (Glaser, 1978). The coding families are frameworks of general concepts designed to support the development of the theory. They have been touted as useful in generating ideas about the relationships between categories. However, Charmaz (2014) has argued that Glaser's coding families risk drawing on positivist theories. Additionally, Glaser himself warned researchers against the possibility of forcing theoretical codes onto the data, rather than leaving space for the construction of accurate codes (Glaser & Holton, 2005). As such, I did not use coding families within my analysis, but rather explored possible relationships between codes more openly.

A key consideration that researchers must contend with is whether the codes developed are saturated or unsaturated (Glaser & Strauss, 1967). An unsaturated code refers to the initial exploration and identification of early relationships within the data, characterised by flexibility and openness as demonstrated by line-by-line coding. Comparably, saturated codes refers to the move towards theoretical integration and refinement of research focus (Levitt, 2021). In light of this, I had to consider whether I wanted to saturate codes further to densify the theory or pursue further unsaturated codes in order to expand the theory. While there was scope to do the latter, it was decided that due to the specific nature of the experience of being multiple, along with the complexities in experiences already discussed, it was more appropriate to focus on densifying the theory as opposed to bringing in multiple codes that may be better suited to their own theories. In a similar vein to other PhD students' research designs, rather than identifying further cases to identify further unsaturated codes, my participants were recruited relatively quickly. As a result, I had the experts-by-experience that wished to be involved in the interviews already booked in. Theoretical sampling was used instead to adapt the interview schedule to facilitate the collection of data in a way that was more closely relevant to the theory that was beginning to be under construction. In this way, the surveys were theoretically coded in line with the emergent focus. There was the option to collect additional data if the information did not feel relevant or substantive enough, however this was not needed after 15 of the 59 surveys were coded.

Theoretical coding was conducted in conjunction with writing of the individual finding's chapters. As demonstrated in Figure 17, initial attempts to compare core categories in order to build the emergent theory were overly complicated. As experienced within initial and focused coding, I felt beholden to narratives at times, in that I did not wish to miss out



important information that was common across narratives. However, over time I felt more confident in my ability to compare data.

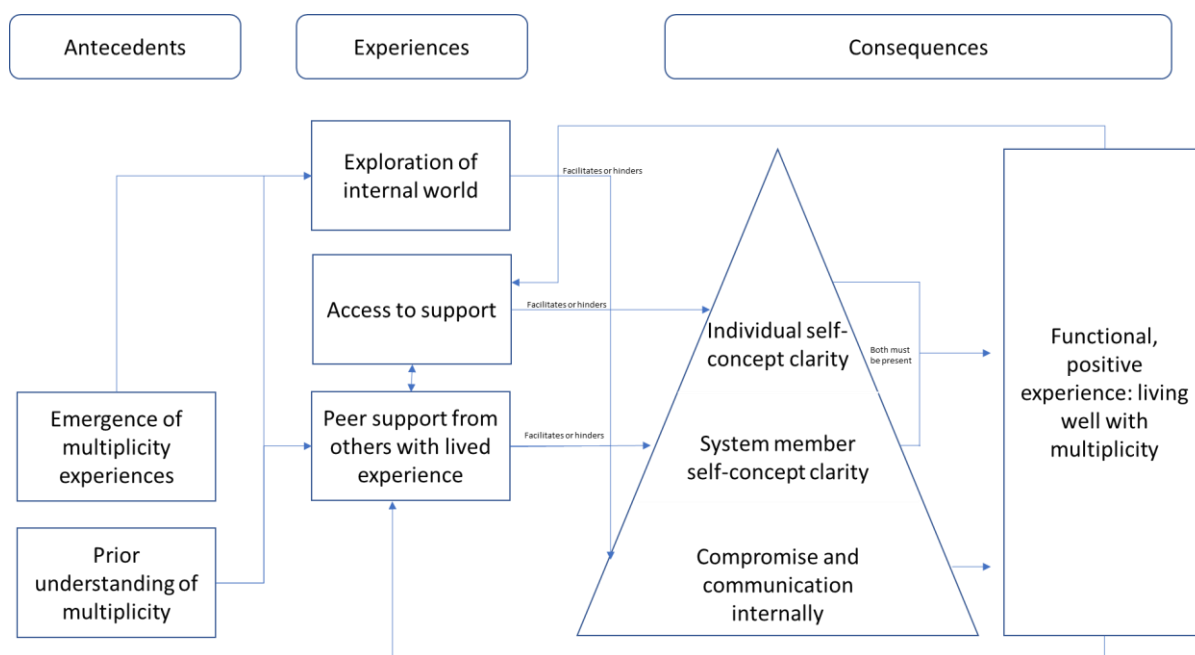


Figure 17: Mapping the emergent category into early version of theory.

### Methodological reflection: Trusting the process

*The nature of emergence caused me stress for many weeks and months, with me feeling that the notion itself was ambiguous, and that I had no clear steps to grab onto and follow. I was often told by supervisors that the emergent theory will be the last thing to occur in the process. When we discussed this early in the process, I couldn't see how this would happen, and as a result, I could feel myself trying to force the data into a theoretical model which did not mirror the process that was being discussed by participants. However, over time I came to realise that the nature of the emergent theory was by nature tailored and specific to the data that was collected.*

As stated by Birk and Mills (2015), by using storyline techniques and theoretical coding simultaneously within this final stage, researchers are better able to integrate the data into a coherent and clear theory, which has explanatory power. At this stage, the categories that have emerged will be abstract, developed to represent multiple stories, which have been reduced into highly conceptual terms. It is key to understand the interrelated concepts within the categories. Birk and Mills (2015, p. 180) define storylines as *“a strategy for facilitating integration, construction, formulation, and presentation of research findings through the production of a coherent grounded theory”*. In essence, the storyline is the

conceptualisation of the core category – by being able to explain connections between categories in a ‘story’ format, the explanatory power is demonstrated. It also allows for gaps within knowledge to be identified, and as a result, the researcher can commence further data collection if required in order to address the gap(s) (Chamberlain-Salaun, 2015).

As indicated by the above methodological reflection, I needed to take a step back from the data to consider it as a whole more clearly. As a result, I met with a member of my supervisory team, who asked me to talk through the categories that I had developed, explaining what I felt the relationships were, in a story-like format. This allowed me to consider areas of most importance, categories that had emerged, and the relationships between the data. After almost two hours, I had identified the key processes that were involved in the overarching narrative of factors that impacted empathetic understanding of being a multiple self.

#### 5.5. Theoretical saturation

Across grounded theory, one key consideration relates to when should the researcher stop collecting data. Charmaz (2014) notes that data collection should cease at the point when categories are saturated, and new data is not adding additional theoretical insights. Rather than being concerned with whether respondents are presenting with repetition in their narratives, theoretical saturation is focused on the point where no new concepts are being added during the analysis and memoing stages. As Corbin and Strauss (2015) state, saturation occurs when the core category is well developed, and the relationships between data is clear and well established. As noted in Chapter 5.3.2, the use of memos is key to identifying the point at which the relationships are developed enough to cease collection of further data. There is a lack of guidance concerning strict rules in terms of how much data is required for a successful grounded theory study (Corbin & Strauss, 2015; Thomson, 2010), but researchers are required to be aware of how claims of saturation impact the credibility of a given study. Thomson (2010) put forth an argument that within 100 grounded theory articles, 30 interview (or comparable) participants is sufficient to demonstrate the scope and specificity of a given emergent theory. While this was not strictly adhered to as a rule, the incorporation of 35 respondents is in alignment with the aforementioned research and suggestion. Most importantly, the respondents included provided detailed information which allowed for the development of a substantive emergent theory.

## 5.6. Building the theoretical model

Once the central relational statements were developed, it was important to the current research to develop a theoretical model that could be easily explained to the public as well as people within academia. While grounded theories can be displayed in numerous ways, including statements, hypotheses, and stories, a theoretical model has the added benefit of demonstrating the often dynamic and ever-changing experience of moving towards empathetic understanding of multiplicity.

One of the most common criticisms against grounded theory is that it only produces low level theories around specific phenomenon (Layder, 1998). This has occurred within some grounded theory studies due to the intense amount of richness within the line-by-line coding. However, there is the scope to 'level up' theories into more abstract, substantive theories. Grounded theories exist at different levels of abstraction, which are in line with the degree of conceptualisation that takes place (Urquhart et al., 2010). Grounded theories start within a bounded context; for this project, the context was focused within the current time in which people are exploring their multiplicity experiences. As a result, as discussed in Chapter 4, this means that the emergent theoretical model is bound by current understanding (or lack thereof), current service provision, and the ability to live openly as a multiple self in light of judgement and views around multiplicity, and the broader understanding of unusual sensory experiences. As considered in Figure 18, theories develop from low, to substantive, to formal theories, with majority of grounded theories existing within narrow concepts, and substantive levels.

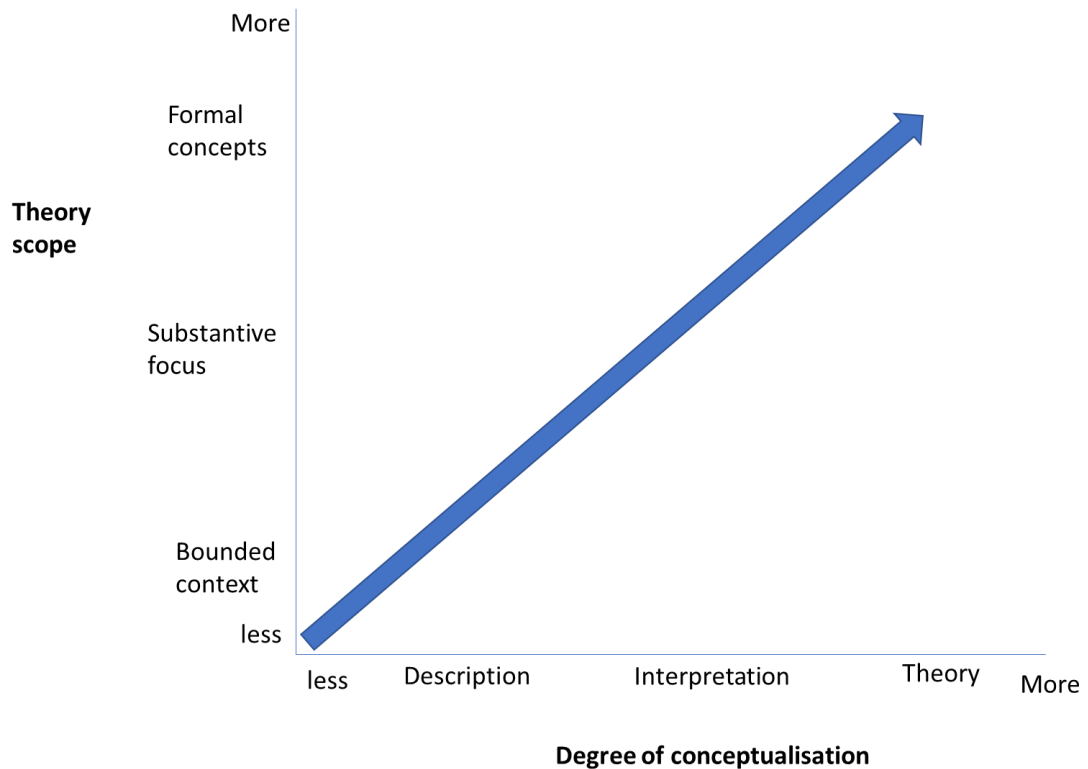


Figure 18: Degree of conceptualisation and scope of the theory (Urquhart et al., 2010)

In order to test the theoretical model, I went back to the data, and mapped three participant interviews onto the model, ensuring the processes involved were representative of the discussions we had. It became clear that I had been able to sufficiently represent experiences from the participant groups. I then noted and considered in which ways could the theoretical model be developed to ensure it is less context-bound, while still retaining the key tenets of the theory. In this way, the theoretical model presented in Chapter 11.3 is a substantive theory which can be mapped against different phenomena within mental health. It is anticipated that the theoretical model will be used and adapted for purpose in different areas within mental health experiences that are currently misunderstood, or lack awareness.

#### 5.7. Evaluation criteria for grounded theory studies

*“Quality is elusive, hard to specify, but we often feel we know it when we see it. In this respect research is like art rather than science” (Seale, 2002, p. 102).*

As with other forms of research, readers who were not immersed in the data collected will ultimately be the final judge regarding the quality of the final product. As such, it is important that the evaluation criteria is used to assess the final product as presented within this thesis. This is particularly true for the development of a grounded theory which

develops a provisional understanding of the topic. This requires the researcher to be “*sensitive to the competing virtues of parsimony and comprehensiveness*” (Whetten, 1989, p. 490). In line with this, Charmaz (2014) suggested four criteria to assess quality within grounded theory research: credibility; originality; resonance; and usefulness. While alternative phrasing is used across researchers, including ‘rich rigor’, ‘sincerity’, and ‘meaningful coherence’, as argued by Tracy (2010), the tenets of the markers are the same. Each of the criterion is explained below, and then applied to the emergent grounded theory that has been developed within Chapter 12.4.

#### 5.7.1. Credibility

Charmaz and Thornberg (2021) argue that credibility starts with having sufficient data to be able to question, and thus allowing researchers to make constant comparisons across data sets. Credibility refers to how much the data collected accurately reflects the phenomenon (Beck, 1993), how much confidence one can have in the truth of the findings (Bowen, 2009), and whether participants recognise the outcome of a study (Lincoln & Guba, 1989). Changes that are made within the grounded theory study show that the method was applied correctly, evidencing credibility. It can also be enhanced by reflexive practice, which is also discussed by Hall and Callery (2001), who argue that sufficient detail concerning data collection and a reflexive discussion of the research process enables readers to judge the quality of the research. Credibility has also been connected to a researcher’s confidence in their own knowledge based on carefully studying and analysing the field of interest, along with gaining knowledge regarding the data collected. Glaser and Strauss (1967) put forward the following three criteria for judging credibility within research.

1. A detailed and vivid description of the data so that readers feel that they have been in the field as well, and literally can hear and see the participants;
2. Reader’s assessment of how the researcher came to their conclusions – what is the data, and how have they been gathered and analysed?; and
3. Multiple comparison groups to increase the scope and generality of the theory, and to correct and adjust the emerging theory to diverging conditions.

#### 5.7.2. Originality

The strength and utility of a grounded theory can be said to be the analytical insights presented within a substantive area of research. In this way, novel ideas are significant if they can further research and practice in the chosen field and beyond (Charmaz, 2006).

#### 5.7.3. Resonance

Resonance demonstrates the researcher's ability to construct concepts that both represent their own participant's experiences of the chosen phenomenon, but also the ability to provide wider insight into other experiences (Charmaz, 2006). The criteria relates to how well the fullness of the identified experience was portrayed within the research. The research should encompass the lived experiences of participants, while also considering the social processes that drove actions presented within the theoretical model. Resonance put simply is the extent to which the findings and emergent theory makes sense to the people involved, in this case people with lived experience of multiplicity, and those that support people.

#### 5.7.4. Usefulness

Usefulness refers to how relevant the emergent theory is to inform practices, and how it contributes to existing knowledge (Charmaz, 2006). A strong grounded theory will be able to influence the lives of people who experience the phenomenon of interest. The theory will also be able to stimulate further enquiry. Charmaz (2104) summarises usefulness as:

*“When born from reasoned reflections and principled convictions, a grounded theory that conceptualises and conveys what is meaningful about a substantive area can make a valuable contribution” (p. 338).*

### 5.8. Summary

In this chapter, I explored the constructivist grounded theory approach used within the current research. The importance of reflexivity and the role of the researcher in the data analysis process was highlighted, along with the use of coding, memoing, and theoretical sampling. Overall, this chapter provides a comprehensive overview of the analytic process undertaken and offers insights into how the constructivist grounded theory approach has been used to generate rich and nuanced understandings of complex experiences such as multiplicity. The subsequent four chapters discuss the findings from three participant groups, ensuring clarity within responses. Expert-by-experience narratives are first discussed in two separate chapters, focusing on intrapersonal and interpersonal experiences of being multiple, reflecting people's navigation of two worlds.

## Chapter 6. Expert-by-experience intrapersonal findings

*“Knowing yourself is the beginning of all wisdom” (Aristotle)*

### 6.1. Introduction

The previous two chapters outlined the methodological and analytical process of the research. This was a constructivist grounded theory approach using online interviews and surveys to collect data. In line with the predominant focus on lived experience narratives within this project, the following two chapters will detail expert-by-experience views. As a result of the complexities within experiences, these narratives have been separated into intrapersonal and interpersonal experiences of multiplicity. First, the lived experience participant group will be discussed, before moving onto the two overarching categories within intrapersonal experiences. The information presented within Table 10 was chosen by respondents. As discussed in Chapter 4.9, participants were given the choice to identify a pseudonym as their name – some participants chose a name for their singular self (e.g., Ayden), while others named themselves using a system name which encompassed the system as a whole (e.g., Stellar Lake System). Once participants chose their pseudonym, they were only referred to as that name in all communication, and throughout the interview (if engaged in that method). The pseudonyms chosen are used throughout participant quotes in Chapters Six and Seven.

Due to the complexity associated with sharing the body with multiple people, the gender category had the option to complete gender information for themselves as individuals, or for the bodily system within the survey. If participants chose the ‘multiple genders’ option, a free text box would be available for people to input information they felt most reflected them. The free text box was also available if participants chose ‘other’ instead of one of the designated choice options. Additionally, the choice for ethnicity had designated options to choose, along with the choice for ‘other’, or ‘mixed/multiple ethnic groups’. If either of these options were chosen, a free text box was available for participants to give more information.

All expert-by-experience participants discussed their understanding and awareness of selves internally, highlighting the distinct group of systems. As identified by informal

discussions prior to interviews starting, along with the responses within the consultation, participants were actively aware of, and conversed with other selves internally, it was determined that they likely had some level of control over their experience, opposing clinical experiences wherein individuals often do not have awareness of other internal selves. Within the narratives and quotations detailed within Chapters Six and Seven, various references to the self are made. As discussed in Chapter Two, people experiencing multiplicity often refer to themselves as systems. A system encompasses multiple selves who each have individual thoughts, preferences and behaviours. In light of this, within quotations, some responses discussed their experiences of being a member of a system. Overarching narratives often resulted in respondents discussing their individual perspective of being a system member, as opposed to speaking on behalf of the system as a whole. As such, when discussing “selves”, I am referring to individual narratives, with the understanding that other selves internally may have described their experiences differently if they had engaged with the project. While follow up interviews were considered, the consultation and informal discussions with participants highlighted that specific selves chose to take part. However, other selves were not prevented from engaging; they had the opportunity to self-select to engage with the research, although to my knowledge multiple members of a system did not take part. When respondents are talking on behalf of the system as a wider group, this will be made clear in the quotation and surrounding discussion. At times, significant narratives are utilised throughout the chapters due to the specific and detailed knowledge provided via direct quotations. By using extended narrative quotations, individual narratives can illuminate the category in greater depth and nuance. In line with the constructivist grounded theory approach to data collection, participants completed either an interview with the researcher, or an online survey (one respondent completed both an interview and survey). As such, at the end of each quotation either an I (interview) or S (survey) is indicated for clarity and consistency.

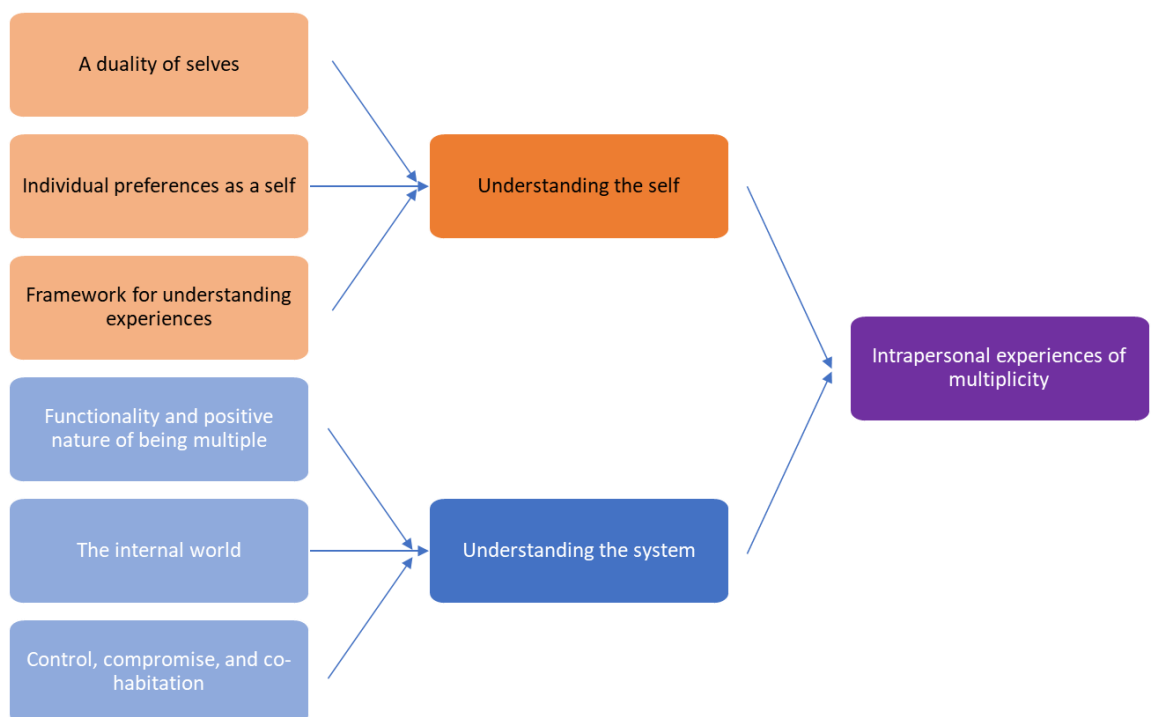


*Table 10: Participant characteristics – experts-by-experience.*

Pseudonym	Age	Gender	Pronouns (not all responded)	Location	Ethnicity	Interview or survey	Members in system
Ayden	28	Male	He/Him	USA	White	Interview	5
Chad	23	Male	He/Him	USA	White	Interview	Unsure
Claire	22	Female	She/Her	USA	White	Interview	14
Diesel	26	Male	They/Them	Scotland	White	Interview	15+
Leslie Dyke	24	Non-Binary	It/It is	USA	Jewish	Interview	15
Owls	20	Gender queer	-	USA	White	Interview	Varies
Songbirds	26	Non-Binary	They/Them	USA	Chinese American	Interview	20
Soul System	25	Non-Binary	They/Them	USA	White Jewish	Interview	16
Stellar Lake System	21	Agender	-	USA	-	Interview	40
The Alexandrite System	27	Female	She/Her	USA	White	Interview	30
Moss	19	Gender Fluid	-	Canada	Caucasian	Survey	-
Ida	22	Genderfae	-	Netherlands	Caucasian	Survey	-
Strix	17	Trans guy	-	UK	Caucasian	Survey	-
Emilia Stawarz	25	Gender Fluid	-	USA	Caucasian	Survey	-
Leslie Dyke	24	Non-Binary	It/It is	USA	Jewish	Survey	15+
L	23	Non-Binary	-	England	Caucasian	Survey	20+
Zed	17	Non-Binary	-	USA	Latino/Hispanic	Survey	-
Jello	20	Multiple genders	-	Canada	-	Survey	-
Washington Irving	27	Multiple genders (agender)	-	USA	Caucasian	Survey	-
Matthias King	17	Male	-	USA	-	Survey	-
Isaiah	17	Multiple genders (demiboy)	-	USA	Caucasian	Survey	-
Wolf LJS	19	Multiple genders	-	USA	Caucasian	Survey	150+
Jayce	14	Multiple genders	-	USA	African-American	Survey	-
Acheron	17	Non-Binary	-	UK	Caucasian	Survey	-
Jasper	18	Transgender	-	USA	Mixed origin	Survey	12

*Note. Expert-by-experience respondents chose to answer for themselves as individuals, not for the system collectively; age, and gender often differs between selves. If respondents noted both system and individual gender, it is listed as system (individual).*

Intrapersonal experiences as the overarching chapter title may provoke preconceptions due to the terms often being used within singular expressions of the self; intrapersonal experiences involving inner thought and communicating with the self. Within this study, intrapersonal experiences are referring to participants' experiences of their internal world. Respondents discussed their experience of living as a multiple self, both in terms of being an individual person, and being a member of a system. Resultingly, two overarching narratives 'understanding the self' and 'understanding the system' are presented within this chapter as highlighted in Figure 19. 'Understanding the self' encompasses three subcategories: 'a duality of selves', 'individual preference as a self', and 'framework for understanding experiences'. 'Understanding the system' also encompasses three subcategories: 'functionality and positive nature of being multiple', 'the internal world', and 'control, compromise and co-habitation'.



*Figure 19: Categories and subcategories within intrapersonal experiences of multiplicity.*

## 6.2. Understanding the self

### 6.2.1. A duality of selves

'A duality of selves' represents participants' navigation of their inner world which encompasses both themselves as an individual and a member of a larger bodily system, involving multiple selves sharing one body. Opposing research into clinical experiences, all

respondents to this research understood that they shared their body with other selves, and had communication with others internally. As will be discussed in depth later in this chapter, the level of awareness and communication internally resulted in specific selves being interviewed – this was often the result of conversations and decision making internally. The levels that people cohabit their internal world differed, but often involved people having shared memories, suggesting that there is not full separation between selves, as has previously been argued within DID literature.

*“One headmate experiencing something and remembering it, will be the exact same to everyone else, and every headmate can remember it as if it was their memory (since it basically is)” (Ida, S).*

While there is not complete separation of selves, the following participant described that it is not the same as having preferences based on context, or self states which depend on situations (for example it is not the same as being confident in one environment, and then nervous in another).

*“When I say identity, I’m not talking like work self, school self, you know self states like that. I’m talking a whole other self” (Owls, I).*

Many respondents did not discuss their conceptualisation of the self explicitly, but many did make it clear when they were talking on behalf of the system as opposed to their own ideas and opinions. Respondents sometimes found it difficult to discuss their experiences clearly, which was often linked to not being asked normally about their lived experiences. As such, many used metaphors to detail their conceptualisation of their internal world, and how they live as multiple selves sharing one body.

*“But I think the metaphor we’re going to go for here is like a flock of birds. And we’re not talking a little flock where you can make out every bird, we’re talking one of those huge ones that makes the shape in the sky, and it’s just flexing and looks like a whole living thing all of a sudden. The thing is, it’s still made of a bunch of groups of birds. But a lot of times people don’t see those groups of birds, they just see the big thing in the sky that happens to be made of birds. So, on the surface level there’s our body. If you go down a level below that, you start looking inside, there’s what we call archetypes. And that’s groups of people. Not like individuals, yet, we’re talking a group composed of more individuals that can function almost as if it was its own individual, it’s a composite of everyone making it up. And there’s, you know, there’s several archetypes on that surface layer. And when you look closer at an archetype, it’s made of people. And, you know, those people, depending on which archetype you’re looking at, have different conceptions of how separate or how connected they are.” (Owls, I)*

In line with the above quote, multiple respondents highlighted that while they are both individuals, and members of a larger bodily system, both aspects are equally important to their functioning and daily life – there is no one without the other, and thus both need to be taken into consideration, and neither should be minimised. Often, when focusing on specific elements of someone’s identity, predominantly those which we can see or are actively aware of, other elements are ignored, resulting in people’s full identity being misunderstood. Their personhood was as such stressed greatly across narratives, with many respondents noting their need to be understood holistically. The sometimes-competing duality of selves is complex, both for those experiencing multiplicity, and external people.

*“Yes, we are parts of a greater whole, but also everyone is even singular people, are part of their family, part of their community and so on. So we are parts of this collective, but that doesn’t mean we are any less people” (Songbirds, I).*

The level of personhood was also discussed in relation to levels of tangibility in regard to system members – the level of functioning or engagement with the body potentially impacting how others view the self, which is complex and fluctuates across time and relationships. On the whole respondents were somewhat liberal with their viewpoint regarding selfhood and took the notion to encompass multiple forms of selves which are separate internally from others.

*“The term person also implies a lot about the tangibility and selfhood of one such entity...some people have “imaginary friends”...they are still entities within someone’s mind, and it still counts as plurality to me since they are separate from the host” (Ida, S).*

The overarching narrative that emerged encompassed the understanding that multiples navigate their body between being individual selves, and being part of a collective, or system. The interconnectedness of different selves opposes the complete separation that often exists within literature focusing on DID. The use of metaphors illustrates respondent’s struggle to articulate their experiences, potentially because of societal norms which rarely address such complexity.

#### 6.2.2. Individual preferences as a self

As people currently have to explain their multiplicity in relation to other, more well-known experiences such as DID or OSDD, their individual personhood was reported as getting lost.

It is important for people to feel seen as both an individual person, and a member of a wider system that shares one body. While people are sharing a body with other selves, their experiences are not monolithic, thus by only focusing on their experiences as a system member, their individuality is minimised. While participants are not suggesting that their system experiences should be disregarded, they are highlighting that both experiences should be considered, understood, and supported.

*“We have a very hard time hammering that into other people's heads like, No, we are separate people. I am not this person. They are not me. We are not that close” (Soul System, I).*

This narrative of individuality being disregarded in favour of medicalised understandings of the self was also prominent within discussions regarding accessing mental health services. While some systems may benefit from therapeutic intervention on behalf of the system as a whole, as will be discussed later in this chapter, other people require individualised support. Individual struggles as a person are often misunderstood by clinicians or assumed to be the result of them being a member of a system. Not only can this line of thinking damage the therapeutic relationship people have developed with a clinician, which often took much trust on behalf of the client to disclose their multiplicity, but it can limit focus and impact of the subsequent therapeutic support.

*“Because unfortunately, therapy around here kind of sucks when it comes to dealing with anything to do with multiplicity. We have therapy for depression and anxiety, that's fine, that's great, you know, plenty therapists there to handle that. But the moment we bring up that, “hey, we could use maybe a little help talking to each other about this issue, because we really are struggling with this”, or “hey we can use some help dealing with trauma, but the people here right now don't have that trauma. So, you know, there's going have to be something to get someone else out”. The moment we bring up anything related to multiplicity, a lot of therapists will either bail by referring us out, or just outright say they cannot deal with that. Unfortunately, the only specialists in the area are always booked. So, we've had to do all the therapy related to ourselves on our own which is hard” (Owls, I).*

At the crux of the individualised relationship with clinicians as well as people in general, is the importance of been seen as a person, and being treated as an individual. Oftentimes clinicians will focus on the issue rather than taking the time to see the person attending the session. The medicalised viewpoint often comes before a humanistic view of people, particularly in the USA where majority of the interviewee's resided. Individual therapists

were noted as being supportive and open to new ideas, but overall, participants struggled to access individualised support that truly focused on themselves as people.

*“We've struggled so much to even get to the treatment part, to even get to the part where it's just explaining what we need out of therapy, because we spend a session or two just explaining how we exist. And even then, the therapist is not entirely, we don't know how onboard they are with treating us like people, versus dissociated states” (Soul System, I).*

The individual nature of people's preferences, experiences, and daily lives were also detailed in terms of bodily preferences. There were some complex discussions about the level of compromise required when navigating life with a body various people share. It was important for participants that all members felt seen and supported, while still maintaining their own personal boundaries and choices.

*“One headmate might enjoy hugs, while another prefers not being touched at all. Whenever I am stressed, the other headmates might experience different emotions, and they can help me calm down by staying rational and giving their perspective on things” (Ida, S).*

Sharing the body in a way that all members feel represented and fulfilled by was extremely important; while not all members choose to be in control of the body, for those that do, it is important that those preferences are awarded wherever possible. That is not to say that this is a simple experience, as all participants spoke at length about the journey of communication they have been on in order to feel fulfilled individually and as a collective.

*“I feel like these days, it's a lot of chatting with each other, and just trying to live our lives together. Like negotiating about who wants timeout when, who goes to therapy. You know a lot of us have our own hobbies” (The Alexandrite System, I).*

While certain selves may be in control of the body more often, it is important for people that they are not seen as a 'part' of one self. This was expressed by all participants, in both the interviews, and the survey. The damage that being viewed only ever as part of something else, as opposed to being their own individual person was discussed as extremely harmful to many.

*“[It] can lead to people viewing one part as the 'main part' and ignoring other parts. Can lead to them seeing these other parts as 'fake' or not as important” (L, S).*

### **Reflective memo: outsider understanding**

*When starting the interview process, I worried that I would not be able to understand how people conceptualise their experiences, or that because I do not have lived experiences, I was the wrong person for the project. However, after seeing this narrative coming through all interviews so far, I realised that many issues that are being discussed actually map onto my life. I considered how it would feel to only ever be seen as one part of my self – if people only ever saw me as someone with diabetes, or someone who is completing a PhD, I would not feel like they knew the real, full me. While this is not the same experience at all, or the same level that my participants are talking about, it is useful to consider as I move into interview 6. There are a lot more commonalities than I first considered.*

Overall, the narratives emphasised the need for a more nuanced understanding of multiplicity, that respects the individuality of each person within the system, and acknowledges the complexities associated with shared experiences within one body.

#### 6.2.3. Framework for understanding experiences

Narratives regarding emergence and development of multiplicity were often individual, and based on personal experiences. While many did not explicitly discuss their personal beliefs in terms of formal theories, all respondents appeared to draw on elements of different frameworks in a bid to seek meaning. As this study did not speak to people who switched selves during interviews, the narratives presented were individual to the self, with other system members potentially having different viewpoints regarding emergence. No-one explicitly disclosed that they switched, and I did not notice signs of this happening during interviews. Respondents often discussed a choice being made prior, in regard to who would be interviewed, suggesting this did not occur. In spite of this, it is not a definite fact that no-one switched selves during the interview. As is understood within clinical literature, some respondents discussed their multiplicity having a basis in trauma. However, within that there were differing accounts regarding people's understanding of how impactful that experience was on their multiplicity emerging. For some, while they may have had traumatic experiences previously, they believed that they would have been multiple regardless of the trauma. As a result, their experiences are not inextricably linked solely to a traumatic basis, but there is an awareness of other factors that could have resulted in the development of multiplicity.

*“For us, we suspect that trauma has shaped how our system has developed, but we don't think that that's the only way, nor can we be certain that our system did not exist in some form before our traumatic experiences occurred” (Emilia Stawarz, S).*

Further, for people who discussed having a traumatic basis, some believed that other situations and events occurred for specific headmates to develop, outside of the traumatic experience. As each self internally is a separate identity with their own origin, thoughts, feelings, and behaviours, their development is also understandably individual.

*“We consider our system origin to be traumagenic...however not all the headmates are formed out of traumatic things. Sometimes it can happen through a stressful event; other times it just happens because I hyper fixate on a TV series” (Ida, S).*

This notion was highlighted further by many participants who discussed their multiplicity being a journey in which selves emerge at various times, rather than all selves emerging at once. As many reside within a complex internal world, discussing exact numbers of system members was difficult for many, particularly those who have gone through transitional periods in which new members have joined or integrated into other selves.

*“We don’t really assign a number because part of our system is very fluid. There’s always a static group of like four, and there’s always a core group of about 20” (Songbirds, I).*

There were a variety of other explanations regarding emergence of multiplicity discussed by many respondents, highlighting the individual nature of conceptualisations. Respondents generally presented their thoughts about their own development, and then went on to discuss other potential reasons, regardless of whether they were all their own experiences. As all respondents noted that they engaged regularly with online multiplicity/plurality communities, it was assumed that these descriptions were based on conversations with others, or acknowledgement of information they had seen, as well as their own experiences.

*“There are many potential causes, but the one’s I hear most are trauma/stress, spirituality, intentional creation of other identities, or simply being born that way, or becoming multiple for no apparent reason” (Moss, S).*

Multiplicity experiences ‘just happening to develop’ was a common narrative, often noted by participants as being “endogenic multiplicity”, as opposed to “traumagenic multiplicity” which the community often refer to those whose experiences have a traumatic origin. Endogenic in this context describes people’s experiences which do not have a basis in trauma. This is often used as a catch-all term to describe the various other specific reasons which are not focused on trauma. Often within online discussions, this terminology is used



to assign people to groups – either a traumagenic or endogenic system. As will be discussed in Chapter 7, this interpersonal grouping and ensuing gatekeeping of experiences can be damaging for some systems, particularly people who are just starting to understand their experiences.

*“...We take the developmental approach, thinking that’s just some quirk of how our brain was set up when we came out, led us to be more predisposed to develop that way” (Owls, I).*

The overwhelming narrative presented regarding frameworks was that regardless of reasons behind the emergence, or theories that people can map their experiences onto, the experiences exist now and would not be changed by respondents. Rather than spending time trying to understand *why* they exist, instead people focused on how they could work together, and develop positive internal relationships.

*“It doesn't matter how they came into existence. They're People now, and you don't have a right to claim the body as YOURS. It is all of ours, all of yours” (Leslie Dyke, S)<sup>16</sup>.*

Respondents highlighted the diversity of system conceptualisation, with people acknowledging various factors that contribute to the emergence of multiplicity. The focus of participant narratives was on understanding and supporting rather than dwelling on specific causes of their existence, especially as all respondents highlighted that they would not choose to be a singular self if given the choice.

### 6.3. Understanding the system

#### 6.3.1. The functionality and positive nature of being multiple

As discussed previously, it is important for people to be understood and seen, both individually as selves, and as members of a wider system. While being multiple can cause complexity to people’s lives, as will be highlighted below, all respondents noted that they would not want to change their experiences of being multiple.

*“I mean it’s honestly just great not having to be alone. There’s always a support system there, especially because we communicate so well...If given the choice to have completely separate bodies, I would not take it” (Soul System, I).*

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<sup>16</sup> Inflection is respondent’s own in online survey response. Note, Leslie Dyke completed an interview and a survey.

People discussed that by having multiple identities internally, they can actually live more productively and comfortably than if they were singular people. As Leslie Dyke noted in an interview, people share the load, and due to the positive level of communication between selves internally, individual preferences can be taken into account and acted on. As such, the people who enjoy certain activities, or events can be in control during those times, while people who may not feel comfortable are able to get support from others internally, which would not happen if there was not multiple people co-habiting internally.

*“Other people run errands when I can’t. I’m very agoraphobic, but other people like going outside so they can co-front more prominently, and help deal with severe anxiety” (Leslie Dyke, I).*

This level of positive communication and support was also discussed in terms of protecting each other in situations where certain selves may struggle.

*“...she usually gets put forward whenever we’re being walked all over, whenever someone else is trying to use us, because she’s really good at making people stop doing that. We’re really good at pleasing other people, but when it comes to telling some “hey stop this”, we suck at it” (Owls, I).*

When asking participants about what their day-to-day lives were like as multiple, one participant threw the question back to me, asking me *“what are your day-to-day experiences of living as a singular person?”* (Songbirds, I). They then went on to state that *“maybe some of us would be able to do fine living as a singular person, but others, yours truly included, really wouldn’t be able to function as singular”* (Songbirds, I). This narrative continued in other interviews, such as with Stellar Lake who told me:

*“...we can’t imagine the experience of being alone in your mind. Just that idea is so foreign, it feels like there is a positive in that not being plural seems just lonely” (Stellar Lake, I).*

#### **Reflective memo: a change in assumptions**

*I had not considered the complex nature of living as a singular person until speaking to people who have memories of always sharing their headspace with multiple people. I found it very poignant when people questioned whether I felt lonely being one person in one body; I felt this really resonated with the notion that “traditional” understanding of life is only traditional due to its awareness in the general public. For people experiencing multiplicity, having to live without others internally is difficult to conceptualise. After this interview, I noticed that I started focusing on positive experiences more within subsequent interviews and asked fewer questions about how people ‘live’ with their experiences, especially given people said they would not choose to live without them.*

Participants in this research conveyed a sense of comfort, support, and fulfilment with being a multiple self. They valued the collective support and diverse capabilities that their headmates bring to their lives and expressed a sense of connection and inability to understand the experience of being alone in their minds and bodies.

### 6.3.2. The internal world

As discussed in the previous sections, respondents to this study discussed the level of awareness between selves at length, which is an alternative perspective to much of the literature which focuses on clinical experiences such as DID or OSDD. As such, there was a clear narrative concerning their internal community that has been developed between selves. While it is important for people to be seen as individuals with their own lives, thoughts, and behaviours, it is also important for the system to be understood, and all members to feel represented. This process of developing a positive relationship internally was discussed in terms of actively seeking connections, focusing on others in addition to themselves, and considering life from other perspectives.

*“it's something that takes a lot of work, and a lot of therapy, and a lot of empathy. I think that one of the things that significantly helped my relationships with others in the system was just, I guess, realising that they weren't doing things randomly, or they weren't doing things for the reasons I thought they were. I just didn't understand their point of view so much” (The Alexandrite System, I).*

While people discussed the often-positive relationship they had developed internally with others, this was not something that happened immediately for people. There was a clear discussion about the journey that people had been on to co-habit peacefully. As such, the conceptualisation and experience of the inner world was very individualistic in nature and fluctuated in response to certain events or emotions. However, this is not something that is only specific to being multiple – many people highlighted that “singular” people also have different expressions of self in relation to specific situations or events. For people that are multiple, it is more about how that expression of the self, or selves differs internally. On the surface the body may look to remain the same, but internally there are often some quite turbulent and difficult experiences. Even if there is a positive relationship overall, there are still times when the level of control differed for respondents.

*“So our metaphor for that is day-to-day weather versus climate. So our climate, we can't really change. That would be kind of the default of who tends to be fronting when it's not important to, for someone specific to front, or who wakes*

*up in the morning. That is less controlled, it flows between different people sometimes. But in terms of the weather part of it, it's the day, immediate stuff that can be more deliberate. Like, this person wants to be the person that does this thing, so that's going to be them. We agreed that I was going to be the one to do this interview. So even if someone else was the one who woke up, then I was still going to be able to switch out and do that" (Ayden, I).*

However, it was noted that the individual internal experiences of being multiple are often disregarded, or not understood by others. The body is the most important element for many people, and if that is seen to be functioning well, then the subjective experiences of each member are then not as vital to understand for some. This is particularly the case as most of the general public, and many clinicians do not have an awareness of the experience. However, lacking awareness does not mean that the experiences are any less important to those with multiplicity.

*"It feels like the subjective experience of multiplicity in itself is kind of not considered. Because I mean, from a very clinical standpoint, what matters is what the body does. So if you have the body do the right things and seem not an issue, then that's fine, but you know, anyone who's kind of in the backgrounds, their experiences matter a little bit less" (Ayden, I).*

The lack of understanding generally was further mirrored within people's descriptions of how they navigate their internal world, both individually and as a collective. Various terminology was used by the community within interviews and surveys in order to describe their experiences, which is not currently reflected in academic literature. However, it is important to reflect people's own experiences and language choices when discussing their narratives, as opposed to me re-interpreting using new language.

#### ***Reflective memo: unfamiliar language***

*After interview 2: Many of the points raised within this interview I had not heard of before which worried me a little when I first started it. I did not want to make the participant feel like I did not know what I was talking about, or I had not read around the topic. However, I just had to be open and honest about me not hearing the phrases before and they were happy to explain.*

*After interview 5: After reading around the specific language used by the community, I was able to bring in these questions to subsequent interviews. Participant 5 in particular noted that it was positive I asked questions using their language to show my awareness of their experiences.*

The predominant experiences reflected on across surveys and interviews were those of fronting and co-fronting, being co-conscious, and switching experiences, which will be discussed in turn. These are also explained within an infographic in Chapter 11.3.2.1. Fronting experiences refer to a member of the system being in control of the body and

being able to navigate the external world. The level of control systems have over their experiences of fronting often differed in terms of the events that were occurring, the level of structure internally, as well as stress and other experiences that could impact their level of control.

*“Like, when I’m in front and I am crying, the body will of course produce tears and feel heavy. But when one of the others takes over, it will switch over to their emotions. So when they’re calm, it will make the body calm down too, as my sad emotions aren’t going through it anymore” (Ida, S).*

As discussed elsewhere in this chapter, some systems have developed a very clear level of structure to their lives, such as certain people fronting for specific tasks, or when they want to enjoy specific hobbies that the member chooses. However, other systems function well through being more spontaneous and adapting to each situation as it comes. The decisions made were based on each member of the system, how they each prefer to function, as well as external considerations such as whether a support network has suggested developing clearer schedules, so no-one feels left out of the body’s life. Feeling removed from the body’s decisions and lives was difficult for some, particularly those who choose not to front – external people can forget about them, and they can feel minimised.

*“it’s super difficult to make time for everyone if you’re not involuntarily switching, and we’ve had problems with some headmates getting mad at me because I tend to hog the front” (Strix, S).*

The choice to give up control of the body and allow another member to front was referred to as switching. When there is a positive level of communication, the switching experiences are often simple to navigate. There are also times where the person currently fronting requests another to take over, particularly in situations of stress or unease.

*“I have gotten to a point where I’m able to communicate with other parts and ask them to step forward, or switch out if they want to. And obviously, it doesn’t always work like that, but just having communication now, that is amazing” (Chad, I).*

All interviews noted that there was a decision-making process in terms of who would talk to me during the interview, with those people either fronting throughout the day, or choosing to switch prior to the interview beginning. However, for some the choice was changed after, with a new person being brought in to complete the interview.

*“Sometimes, like it’s involuntary, but we can sometimes control it. I’ve run the situation just now because my brother didn’t want to do this who is also in the*

*system. So I involuntary switched before that, and I've been up here for a few hours" (Diesel, I).*

As there is often a positive level of communication internally between selves within the participants in this study, people have also been able to share control over the body, known as co-fronting. There are also experiences of being co-conscious in which more than one member is aware of what is happening with the body and may be able to talk to the members fronting, but they would not be able to control the body itself.

*"With co fronting if there were two people co fronting right now, one of them could literally just grab the arm and move it without any difficulty. Whereas if they were co conscious, they'd be watching, they'd be aware, they'd be able to talk, but they wouldn't be able to move that arm" (Owls, I).*

If people are not co-conscious, oftentimes they may not have memories of what the body has done (when other selves have been in control), or there may be differences of opinion internally that are not reflected in the overall decision. This can cause stress and a breakdown in communication at times. As will be discussed more in the next sub-category, methods of ensuring all members are aware of events the body has completed, such as through keeping external diaries, or completing handover discussions when switching occurs were touted as key to positive functionality.

*"Trying to remember if we ate is a struggle...It's because we switch and not everyone in the system knows what's going on...people underestimate how valuable memory is" (Jasper, S).*

While experiences where other members take control of the body can be stressful, particularly if the individual wants to be at the front, or gets involuntarily taken from being in control, there was a clear sense from participants that having the ability to switch is comforting overall and allows them to feel a greater sense of fulfilment within their lives.

*"Being able to cope with acutely stressful situations by someone who can deal (better deal with it at least) with it switching in. It makes self-love and comforting ourselves easier, as it's easier for us to accept praise, love, and comfort from others, and being a system means we can get these things from other parts" (L, S).*

In summary, respondents emphasised the individual and dynamic nature of their inner worlds, the complexity of navigating shared control and awareness, and the comfort derived from having a supportive internal system despite the challenges associated with multiplicity.

### 6.3.3. Control, compromise, and co-habitation

As previously reflected on, the experience of being multiple incorporates a range of complex systems, procedures, and negotiations, above and beyond those that singular people encounter within their daily lives. The ability to function positively is the result of a wealth of development, understanding, and effort on behalf of members of the system. Being able to bring bodily issues to the group, or discuss individual differences was a key facet of enabling members to feel fulfilled within their lives as both individuals and members of a system.

*“Honestly I think the biggest aspect of our day-to-day living is just negotiation, cohabitation, cooperation” (The Alexandrite System, I).*

However, not all members of the system may agree at any one time, and certain members discussed having more active roles within the familial relationship and governance of the body. These fluctuations in relationships are not static and they often were the result of outer contextual changes, priorities, and intra-bodily conflicts.

*“Usually, our host spends the most time fronting...Usually only a couple of us are “active” at once” (Zed, S).*

As noted within other sections of this category, personal preference in relation to bodily experience was important for many. This was a contentious issue that is not easily solved for some. Many systems discussed their experience of having multiple selves with multiple genders internally. This lack of cohesion with the body’s presenting gender has had negative impacts of many system members who do not feel that they move through the world in the way they would prefer. For some members, they have been able to adapt to living in a body they do not view as representative of themselves as individuals.

*“I guess the only difference is that this isn't really my body originally, and I don't use the body's name or identity, but I've adapted to it a lot” (Moss, S).*

The decision to transition the body’s gender presentation is complex, time consuming, and can often have large ramifications for many people. For people that are multiple, there is an added layer of complexity in terms of how the decision to transition may impact other members of the system. Having to compromise internally to best meet the needs of the wider system is complex and has caused ruptures to relationships for some. As such, certain

members live with gender dysphoria which does not have simple<sup>17</sup> solutions to, as any solution will impact at least one member of the system.

*“There's also just the fact that my subjective sense of self, the way I picture myself and my body, and everything else, does not match the body that I'm in currently, at all, which not only leads to gender dysphoria, but all sorts of dysphorias that we don't necessarily have fixes for or that I could do anything about. And that's complicated” (Soul System, I).*

*“I feel like something that often doesn't come up is this idea of, like body dysphoria. That's something that I particularly struggle a lot with here that, like, “Oh, this is not my body.” And that's usually not considered as there's definitely a lot of therapy about people getting better in touch with their body, but that's usually coming from the point of view of “you can say that this is my body” and I can't” (Ayden, I).*

Respondents discussed their individual feelings towards their body's gender and bodily presentations, but none explicitly discussed a decision to transition that had been made. From this, it has been assumed that the decision-making process is still ongoing between selves. Being able to communicate to peacefully share the body was an overarching narrative across respondents. This was often discussed in relation to a journey from when they realised they were multiple, to the point at which I interviewed them, or they completed the survey. That is not to say the journey has ended, as many highlighted it is an ongoing process, and will be for the rest of their lives.

*“In the beginning, when I didn't know what was going on, it was very scattered, you know, my day-to-day life would be a lot of memory loss and just being confused or angry or having a lot of feelings that I didn't understand where they were coming from. But now, I do feel like I'm able to have a job and go to school and be in a relationship and live with another person and do a lot of things because I have more contact with people inside” (Claire, I).*

There were some discrepancies between how systems were structured, and the level of control they had over their schedules. The benefits of having a clear structure and schedule were touted in particular for ensuring all members who wanted were able to have time at the front, thus individuals felt ownership over the body. However, that is not the case for all members; individuals within a structured system can also prefer to have less clarity on when they front.

*“Well, we have over the years developed into a system that fronts on a schedule. So Rook, who initially contacted you is usually here from like, Sundays to*

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<sup>17</sup> That is not to say that decisions surrounding transitioning are in anyway simple, but rather the option to talk about transitioning, or thinking about the topic could be more simple for singular people.



*Wednesdays, and I am here between Thursdays to Saturdays, and then Gaz kind of floats in between whatever days end up being free” (Soul System, I).*

Some other systems work more intuitively, with people deciding when and where they want to be active. Communication internally was vital for this process to occur successfully. People noted that when there were times that lacked positive communication, their bodily experiences were a lot more complex. Their internal lives become more hectic and difficult to manage, and fractures in relationships were more common.

*“When communication falls like it does with everyone, with their internal system, then things get more hectic again ... I do feel like because there’s communication internally, I’m able to accomplish goals” (Claire, I).*

Overall, systems highlighted the often complex and time-consuming experience of managing their system, which to the outside world can function adequately to not require specialised support.

*“How much planning and effort it takes, at least for our system. I’m sure that some systems are maybe a lot more laid back about who’s out and to a degree we are too, but you know, I find so much of our life is pre structured. Like, me and some other members of the system, like high ranking members, I guess, are concerned about making sure that people get an even amount of time. It allows room for flexibility. So if a kid like comes out unexpectedly, that’s fine, we can work with that and work around it. It’s not like the end of the world. But something we’ll talk all week about is who’s going to have this therapy session. I think that I think that Claudia should have this one. She’s had a hard week and she put a bid in for it and nobody else seems to seem to have any more pressing issues at this moment. I think our therapist is aware how, how much we like plan our visits” (The Alexandrite System, I).*

In summary, the experience of being multiple involves ongoing negotiations, challenges in gender identity, and internal struggles. It requires constant communication, understanding, and effort to manage the system effectively while dealing with dysphoria and maintaining equilibrium among system members.

#### 6.4. Summary

The findings from this chapter revealed a complex and nuanced understanding of the self on two planes – an individual identity, and a wider bodily system. People with multiplicity highlighted their awareness and relationships with other selves that share the body and discussed the complexity of communication and striving for harmony internally. All participants discussed the functionality and positive nature of being multiple, and no participants shared that they would wish to be singular instead of multiple, demonstrating

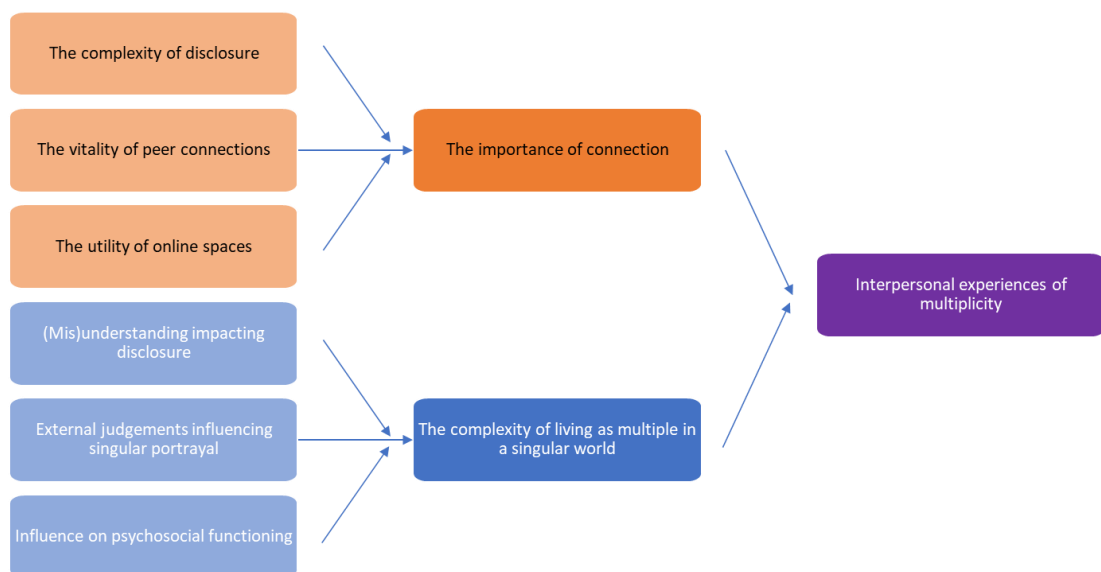
the importance and positivity they ascribe to their experiences. Multiple's work on themselves as a system, but also have to navigate the external world; as such Chapter Seven explores participants interpersonal experiences.

## Chapter 7. Expert-by-experience interpersonal findings

*“The notion of community depends on shared interpretations of place, lifestyle and everyday practices” (Sherlock, 2002 1.2).*

### 7.1. Introduction

As discussed in Chapter Six, the experience of being multiple is often complex, however, there was an overarching narrative of not wishing to live as a singular person. There were additional complexities reported regarding how systems navigate the external world. While intrapersonal experiences related to people’s experience of their own internal world, interpersonal experiences related to the external self. People do not only exist within their own bubble, and thus interactions with others are vital both for a sense of community, but also for the development of support networks and a holistic life. How people cope with day-to-day life was detailed across narratives and is discussed henceforth. Two overarching narratives are presented in this chapter as displayed in Figure 20: “the importance of connection” and “the complexity of living as multiple in a singular world”. Three subcategories are encompassed within “the importance of connection”: “the complexity of disclosure”, “the vitality of peer connections”, and “the utility of online spaces”. “The complexity of living as multiple in a singular world” also encompasses three subcategories: “(mis)understanding impacting disclosure”, “external judgements influencing singular portrayal”, and “influence on psychosocial functioning”.



*Figure 20: Categories and subcategories within interpersonal experiences of multiplicity.*

## 7.2. The importance of connection

### 7.2.1. The complexity of disclosure

When talking to people about their multiplicity experiences, participants often discussed the lack of understanding that others had; as a result, they often had to relate their experiences to alternatives. This predominantly resulted in people using medicalised experiences such as Dissociate Identity Disorder (DID) as a baseline from which to explain their individual experiences. While experiences of multiplicity and DID do not fully map onto each other, people found it helped to have something more concrete to use during disclosure. By being able to discuss clinical criteria which has an evidence base, it was easier for others to understand.

*“Unfortunately, it’s a lot easier to tell my parents “Hey, it turns out I have DID”, than to tell my parents “I’m plural”” (The Alexandrite System, I).*

While DID and multiplicity have some similar characteristics, as discussed in earlier chapters, there are many differences which are not currently understood by the public. Most people who participants disclosed to had not heard the term multiple, or plural previously. As such participants were often required to explain their experiences from scratch. This was extremely tiresome for many people, particularly as it occurs each time they try to disclose their experiences.

*“I kind of don’t want to go through the multiplicity 101 with every new person. Especially because, again multiplicity 101 kind of has to, not start with, but has to be like “here’s DID, and we’re not that”” (Ayden, I).*

Common stereotypes that have been previously used against other mental health experiences have also been levied against multiples, including faking their experiences, making their experiences more dramatic, and using their experiences to gain attention.

*“Most often they think you’re putting on different personas for the sake of attention” (Matthias King, S).*

As the current knowledge available to people generally relates to clinical conditions, there are automatic assumptions that are transferred across to multiplicity experiences. People will often hear stories in the media and take that as the entire truth of an experience or event, thus their understanding is clouded by extreme cases or examples. That knowledge is then taken forward to suggest one form of experiences for all. Even when being explained that multiplicity is different from DID, the assumption often remains that the two are interchangeable.

*“They couldn't grasp the concept very well and resorted to mostly clinical views of plurality - if not outright disrespectful stuff that even exists out of any clinical boundaries of the topic” (Ida, S).*

For some multiples, they found that even though the constant need to explain their experiences to people who lacked any knowledge at all was stressful, this was indeed preferential to some who had clear clinical understandings. For people who lack knowledge, there was a lack of predetermined judgement in built to that (mis)understanding.

*“I guess not many people have ever really thought about it, so when it comes up that someone they know is plural, there aren't many negative thoughts that come to mind” (Strix, S).*

For many, the experience of disclosure was explained as extremely stressful, and taking a large amount of trust with the person before the decision is made to disclose. A range of reasons were given as to the choice, including fear of judgement, and potential loss of relationships. Overall, people had not disclosed their experiences to many within their in person lives.

*“It should be noted, we are VERY selective of who we choose to share our plurality with, and only do so on a personal level with people we are reasonably certain will understand” (Emilia Stawarz, S).<sup>18</sup>*

Overall, people discussed their ability to be open with their multiplicity experiences more online than they were with in person relationships. This was often noted to be because they can regulate who can see their content, be anonymous with their posting, and block people who would potentially damage their view of their self.

*“The only place that I feel comfortable sharing about my experience is online, because it's anonymous. I don't feel comfortable expressing it anywhere else really” (Chad, I).*

When discussing disclosure of experiences, participants also discussed their ideal scenario for sharing their multiplicity with others. Respect and curiosity came through in all interviews; people hoped that others would react positively and accept them as they are.

*“In an ideal world, I would like people to not make a big deal of it, but to still react with curiosity...I think you know, if somebody has openly told you like “hey I'm multiple, bipolar, or schizophrenic”, any not commonly known mental disorders, I feel if they have that level of trust with you. They're probably okay with you asking follow up questions” (The Alexandrite System, I).*

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<sup>18</sup> Inflection is respondent's own in online survey response.

Asking questions and being inquisitive was noted as important for many – for people to ask questions and remain open to the experience showed that they were comfortable with the person, and that their relationship had not changed negatively after disclosure. By asking questions about multiplicity, people felt that they were trying to understand their lives and their perspectives as opposed to moving the conversation on which felt dehumanising to many.

*“Literally just ask anything. A lot of people are like “oh” and then they just kind of shut up for a while...literally any question is better than no questions at all” (Owls, I).*

In summary, disclosing multiplicity experiences posed challenges for participants due to societal misconceptions and lack of knowledge. Participants sought understanding and acceptance and highlighted their preference for curiosity and respectful questioning from others when sharing their experiences.

#### 7.2.2. The vitality of peer connections

Despite some of the complexities discussed above in relation to disclosing experiences of multiplicity, participants noted that there were many benefits to talking about their experiences with others. The notion of curiosity and respect was mirrored throughout discussions relating to how other people view multiplicity. The language itself used to discuss people telling others about being multiple was linked to queer spaces by many, both explicitly and implicitly. The use of the term “disclosure”, which is commonly used to refer to people disclosing their gender expression and/or sexual identity was used throughout. Additionally, people used similar phrasing to discuss who they shared their experiences with.

*“we’re moderately out to people” (Ayden, I).*

*“...but online, most of the time, we’re fully out” (Owls, I).*

The specific use of language mirrors queer community spaces that support people’s own expression and development of understanding. The queer community is often more open to variance in expression and allows people to explore their identity at their own pace. By utilising such language within this context, it could be assumed that the multiplicity community are actively aiming to develop a community along a similar vein of support, acceptance, and tolerance of difference. The nature of living as multiple was also likened to queer spaces, and the importance of having understanding support networks in a world that may look at them differently.

*"I think support online is a big thing right now, because especially in these times, people don't necessarily have access to in real life support groups...especially because many of them are queer, and don't live in permissive households" (Soul System, I).*

Permissive households can refer to a variety of experiences, but it most commonly is used in the context of the family environment. Generally, it refers to people having to hide their true identity within the familial household to appease elder members, most commonly parents and/or grandparents. For people within the queer community, this can refer to portraying themselves as heterosexual within the confines of the family home, while for people who are multiples, it often refers to people portraying themselves as singular at home.

*"On a daily basis, when we wake up in the morning, we have to discuss who's best suited to running the day and "masking" as (pretending to be) the "singleton", or the individual that we pretend to be to hide our multiplicity" (Isaiah, S).*

As a result, peer support and peer connections are vital for multiples to be able to explore their identity and to understand more clearly who they are. General support for other mental health experiences outside of the realm of multiplicity are often not viewed as supportive or accepting to many. As a result, many multiples currently lack a clear support network that accepts them for who they are.

*"...for way too many plurals it just feels like a miracle to come across any space that doesn't nitpick them, or dissect them, and just treats them as they want to be treated, using the words that they want for them" (Songbirds, I).*

Peer support from people who have had similar experiences and are potentially a little further down their exploration journey has been extremely positive for many people, both those experiencing multiplicity and in everyday life outside of the multiplicity realm. As there is a lack of support pathways currently known for people experiencing multiplicity, people often seek out peers who can support them along their journey.

*"There's only so much that therapy and medications can do. And the strongest predictive factor for whether someone recovers is whether they have a good social system outside of therapy...you don't need to come up with the perfect support regimen, just making it so that it's safe for them to exist, letting them be part of the world" (Songbirds, I).*

Speaking to peers who have lived experience can help to validate experiences which are currently not understood within academia and the general public's understanding. Not feeling understood or even seen within society can be very damaging for many people, and

it is often difficult to navigate a world that either does not know you exist, or at worst discriminates and demonises your experiences.

*“The fact that we aren’t in the research at all, just that we are not mentioned anywhere. That changing will be big because people will not be able to use that as a weapon to deny us. Also, it will validate a lot of people who are young and struggling for that validation” (Soul System, I).*

As such, finding supportive peers was a great source of comfort for many people navigating their multiplicity. While it is traditionally believed that the experiences, both clinical and non-clinical are extremely rare, the ever-developing community is demonstrating that people are not alone, and that there are more people having similar experiences. The simple fact of awareness is key for many who felt they were previously the only people to be having these experiences.

*“There’s so many good people in the community of multiplicity, that you can find online or in therapy groups. There’s just so many people that totally understand your experience” (Claire, I).*

In summary, sharing multiplicity experiences with others, especially in supportive and accepting spaces resembling the queer community, is beneficial despite the complexities involved. Peer support, validation, and community understanding are crucial for individuals navigating their multiplicity experiences.

### 7.2.3. The utility of online spaces

As previously emphasised, most respondents discussed how they utilise online spaces to navigate their diverse experiences, enhance their understanding, and establish a support network. While some people spoke about specific in person people they had disclosed to, almost all respondents reported being open about their multiplicity online. A range of reasons were given as to why online disclosures were more common than in person, which generally came down to anonymity, safety, and control.

*“...the internet provides a sort of safety through autonomy and physical distance” (Songbirds, I).*

Linked to the fear many people have when they are deciding whether to share their experiences with others, the internet can feel like a safer option as there is a level of control as to who is seeing their posts, the ability to block people or restrict content, and the ability to be anonymous.

*“Online, most of the time, we are fully out, because that’s a bit safer. If there’s somebody who’s reacting badly, the block button is there” (Owls, I).*



Respondents reported using a range of online systems, including Twitter, Reddit, YouTube, and specific websites developed for multiples. Being able to openly talk about and read others' posts which were specific to their experiences, as opposed to speaking in more vague terms was incredibly validating and positive. Seeing information about specific experiences, such as switching, or working with individual selves internally can be seen as confusing to non-multiples, but very useful for people who are exploring and navigating their own multiplicity. While more vague terms and information can be useful when disclosing experiences to those that may have no prior knowledge, it is also important to be able to identify reliable information that has come from people with lived experiences, which more often than not comes from online spaces. However, the confirmation of reliability is currently complex as a result of the lack of formal, academic or professional knowledge available. As a result, information is generally written by people who have lived experiences, based on their own perspectives.

*"These organisations [websites] are mostly focused on the community themselves, some containing a lot of jargon and information that singlets might not be familiar with at all" (Ida, S).*

The use of online spaces has been linked to the notion of peer mentoring, which is seen as a valuable tool for many systems. Being able to talk to someone outside of more clinical spaces which often view the experience in terms of a disorder which needs to be rectified, or integrated into one self was seen as vital for many. Overall, while therapeutic intervention was discussed by some respondents, majority of people spoke in terms of the need for more holistic care and support for the whole person and system.

*"I think that it's essential to have somebody in your life, even you know just through texts on the internet, who is multiple and is doing okay" (The Alexandrite System, I).*

Currently, there are informal support networks developed through online spaces in which people who have lived experiences share their personal multiplicity journey with others or make themselves available to systems who may be struggling. This support comes in various forms, including talking people through difficult experiences, or sharing their own experience of speaking to others.

*"Peer mentoring is fucking essential in this community. I know that we wouldn't have gotten to the point where we could really start to see a good therapy if it weren't for peer support. And we try to pass that on as much as we can" (The Alexandrite System, I).*

The use of online spaces has also been developed into the community developing their own software for specific websites such as Discord, known as ‘plural kit’. This software allows people to make mock accounts for each individual. As a result, people can post as their individual self on the website, as opposed to posting as a system. While the system will generally share one account on the website, they can each have unique names and avatars which more clearly reflect who they are as individuals. The system has been used on over 82,000 servers across the world, indicating the utility and importance of allowing people to be themselves online.

*“We know that’s made, that can be a huge difference for a lot of systems, for a lot of systems and headmates to feel like they’re posting as themselves instead of as part of their group” (Songbirds, I).*

There are also applications that have been developed which help systems to keep track of the management and administration of the system. One app, called ‘Simply Plural’ allows systems to keep track of members, with the option to share that information with select support networks. The app allows systems to keep track of who is fronting and presents the information in a graph format to allow people to better understand what the body is doing, and who has been in charge. It also allows systems to vote on decisions anonymously in the app, which can be useful for systems who struggle to manage their daily life as multiple.

*“We use an app called simply plural. It’s very new, but it lets us keep track of who’s fronting when. It also has some other utility stuff for systems that don’t have as good of internal communication” (Stellar Lake, I).*

While online spaces were viewed as positive and accessible for many people, participants did express hope for there to be more in person support and community development. In a similar vein to the Hearing Voices Movement<sup>19</sup>, which has informal meet ups and communities in different cities across the world, there is a hope that an in person multiplicity community could be developed. The overarching narrative was that the in person community would continue being supportive of people’s own expression and perception of their own experiences; people with lived experiences along with support networks could join; and that they would be run by people with lived experience.

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<sup>19</sup> The experience of being a multiple self is considered in relation to the Hearing Voices Movement in Chapter 10.3.3.

*“Nothing about us, without us and so on. Having plural leadership in this group will go a long way towards determining a lot of accessibility needs” (Songbirds, I).*

However, it was noted that the journey towards developing in person, local support networks and communities will likely be a lengthy process, particularly because of the lack of current understanding and acceptance as to what multiplicity is. As such, online support networks were still preferred by many participants.

*“For things to happen locally, there would probably need to be a much wider acceptance and understanding of what plurality is among the general public” (Ida, S).*

Participants noted that online spaces have played a crucial role in providing support, information, and community for individuals experiencing multiplicity. While there is a desire for in person support networks, the journey towards their development might be hindered by societal understanding, making online networks preferred by many.

### 7.3. The complexity of living as multiple in a singular world

#### 7.3.1. (Mis)understanding impacting disclosure

Participants discussed their experiences of disclosing their multiplicity in light of the lack of understanding that the general public has currently. Two overarching narratives within this concerned the media’s reporting of experiences, and the focus being solely on medicalised experiences within research. Both narratives interlinked and had an impact on people either having to explain their lives and overcoming misinformation, or making the choice not to disclose their multiplicity at all. Media narratives predominantly centred around overdramatisations within movies and TV shows.

*“Most people seem to confuse multiplicity with psychosis, or they have a very constrained, maybe horror movie style of how being multiple works (“my evil alter ego takes control of me and does bad things without me knowing, and I live in a constant war with myself”)” (Moss, S).*

This narrative of fear when new media is being released which focuses on dissociative experiences along the continuum was often an underlying consideration for people. While at times people argue that any representation within films and TV is positive as it gets the public more aware of experiences, for dissociation, and DID in particular that is generally not the case. The predominant narrative within DID media is one of distress, crime, and an uncontrollable nature. While this may reflect certain people’s experiences, particularly those who experience severe clinical DID, it does not reflect the spectrum of experiences within which multiplicity resides.

*“I think with DID and OSDD people with that tend to see those two as the only way you can be plural, which that isn’t the only way. But I think the media has taken that, and said this is the only way, which isn’t true. Because there are other ways you can be plural” (Diesel, I).*

Predominant narratives across various media have influenced portrayals greatly, often in a negative manner, which in turn influence how multiples are viewed and approached.

*“I feel like people tend to understand it as something like Jekyll and Hyde, something unnatural and sometimes dangerous” (Wolf LJS, S).*

Considering the time and place in which this research took place, the movies Split and Glass had recently been released worldwide. These films aimed to detail one person’s journey with DID. However, for people in the multiplicity community, and beyond, the overdramatised way in which the diagnosis was portrayed was damaging to the general public’s understanding of the condition. The central character, Kevin, kidnaps young girls, and the first movie ends with one of his alters being able to climb onto the ceiling. Participants reported their complicated feelings towards the film, and how they reacted when other people spoke about it with them.

*“They had already heard about DID, which you know obviously isn’t even comforting at first, because I’m like “oh gosh, have you heard about DID, or have you heard about split DID?” (Chad, I).*

While it is somewhat understandable that media will overdramatise experiences, as they do with a range of other conditions and events to make the medium more engaging to an outside audience, it can perpetuate a damaging narrative that impacts people with lived experiences greatly. The level of representation currently focuses on negative portrayals of dissociative-spectrum experiences, which inevitably impacts people’s understanding and reaction to that in real life.

*“But I guess it’s just that what I think people don’t know is that it can be something that can be managed, and also that nothing is violent, or criminal about it inherently. And it’s not like crazy, super scary things that psychological horror movies focus on because it’s not like that at all” (Claire, I).*

As a result of the misinformation purported by various media, people will often look to other forms of experiences to help validate their multiplicity to others. However, currently there is a lack of peer-reviewed, empirical research into experiences which do not align with clinical descriptors. The combination of a lack of understanding academically, and inaccurate representations was heralded as stressful and negative to all participants who are wanting to explore disclosing their multiplicity to others.

*“People outside of the community regularly view it as a negative aspect. This is mostly perpetuated by the fact that there's only negative experiences being framed into the clinical aspects of plurality; people are usually only familiar with disordered plurality such as DID and OSDD. Furthermore, plurality is often used as a scare element in horror movies and writing. Often times it'll involve a plot where a plural character secretly has a "super scary axe murderer alter" who happens to take over control and kill everyone. To people in the know, this is generally seen as extremely inaccurate and harmful representation” (Ida, S).*

Participants discussed the complexity of their experiences at length, and generally all discussed how they differed from clinical experiences. While there is an acknowledgement within the multiplicity community, this has not yet been reflected in clinical practice, potentially due to the fact of people not suffering tend to not access services as much as those with disordered DID.

*“I find the viewpoint of strictly only disordered or medicalised multiplicity to be harmful to all involved. Especially if you don't seem to “suffer” from being multiple” (Jello, S).*

As there is a lack of understanding within academia and professional practice, people reported having difficulties in expressing their true experiences. Oftentimes when they accessed clinical services, they felt somewhat pushed down the clinical pathway even though their multiplicity experiences do not align fully. Within the knowledge that people can experience having more than one self in the same body without it being disordered or negatively impactful, people reported struggling to access tailored support for their true experiences.

*“There's just really not enough therapy for any systems that don't want to have more than one person in the system have therapy. Other than DID therapists that plurals might not necessarily want to see, because they're not necessarily disordered and don't want to integrate” (Leslie Dyke, I).*

This struggle for people who want to be supported, while not being able to have their experiences reflected in professional narratives makes the disclosure aspect difficult for many. As discussed elsewhere, particular selves may have individual struggles outside of being a member of a system. That is not to say that those people attend therapeutic intervention for being multiple, but oftentimes the clinician will shift the focus to the experience if that is disclosed to them, regardless of the intake problem being expressed by the person. As a result, participants reported making decisions about whether to disclose at all, although the decision not to disclose comes with its own complexities, particularly if switches between selves occur within the therapy room.

*“There was a time when we would, it was the kind of the host would go to therapy and not tell them about anything, because we just don’t want to get into it. We can already tell, this depression isn’t about the multiplicity and you’re just going to start focusing on that if that’s what we say” (Ayden, I).*

This narrative of not being understood by professionals was discussed at length by all participants with them highlighting they are often not seen as people, and are only viewed in light of a potential disorder the clinician would like to explore. This dehumanising nature of attempting to access support further purports that disclosing experiences is a tenuous decision that can have a multitude of ramifications for systems.

*“Especially if more than one of us needs to talk. It’s frustrating having to coordinate that around explaining that we’re just people and both of us are full and complete people. My problems are not an analogue for this person’s problems. If I’m angry, that’s not because someone else is angry... they always think that you’re hiding some horrible hidden trauma in everything that you’re talking about. Or you’re speaking as part of one whole and you’re the angry part. It’s exhausting. I just want someone to treat me like a person and help me on a personal level. And they can’t get that far, because they met someone else first, so they can only think of that person as they person” (Soul System, I).*

In essence, participants highlighted the challenges of disclosing multiplicity experiences due to media misrepresentation, lack of academic understanding, and difficulties in receiving personalised support within clinical settings. This creates complexities and hurdles in navigating disclosure and seeking appropriate support.

### 7.3.2. External judgements influencing singular portrayal

The continuing notion of systems not being understood and accepted as who they are has further ramifications in terms of how they choose to portray themselves to the outside world. This often differs to how they view themselves, but it is sometimes easier for people to act as one person. A main reason given for not disclosing their experiences more generally throughout life concerned people with DID, and to a lesser extent multiplicity (which are generally viewed as synonymous currently) being viewed as a threat.

*“Pretty much every singlet I’ve explained my plurality to has been extremely condescending about it... I’ve been asked before by professionals whether the “voices in my head” are giving me “commands”, and whether those commands are “good or evil” and what happens when I “don’t follow those commands” (Ida, S).*

This apparent lack of understanding from both the public and professionals has resulted in a high level of judgements purported against the experience and disorder. By not being able to be understood truthfully, people are reduced to stereotypes carried over from media and sensationalised news stories.

*“There’s a lot of misinformation on various levels out there, because there’s a lot of very bad pop culture stuff. But then there’s also a lot of modern psychology’s various terrible interpretations” (Stellar Lake System, I).*

There is often a combination of fear for systems related to the judgements raised against being multiple. That being a fear of people having no understanding which would result in systems explaining themselves from scratch, and then a fear if people do have some level of knowledge, how they will react and thus treat them.

*“We are scared as to how people will react. Will they leave, treat us wrongly, or fake claim? Multiplicity isn’t the norm, so people treat is strangely, especially due to stigma” (Jello, S).*

In this context, ‘fake claim’ refers to outside people telling systems that they are faking their experiences. This was discussed by respondents in terms of singlets suggesting their experiences do not actually exist and it being in their heads. It was also discussed in terms of there being intra-community disagreements about the actual existence of multiplicity. A range of people within the dissociative community argue that experiences without trauma or suffering cannot exist.

*“There is of course a large portion of systems who identify as sysmeds. They are traumagenic/diagnosed with DID or OSDD, and they view any experience that doesn’t match up with theirs as fake. They only view plurality through an extremely clinical lens, despite the fact that the clinical view purposely doesn’t include systems who practice healthy multiplicity, as it only really focuses on disordered plurality” (Ida, S).*

Intra-community disagreements were often felt as even further dehumanising and damaging to people who identify as multiple. There is some level of understanding that outside people who lack knowledge could be judgemental against such experiences, but being judged as fake by people who also have similar experiences was more emotionally impactful. The lack of validation can sometimes damage systems’ perception of themselves (both individually as selves, and the wider bodily system), particularly for newer systems who were still exploring what it meant to be multiple, and how to navigate life as multiple. When discussing the impact of specific terminology, Leslie Dyke noted:

*“Those terms are also often used by Sysmedicalists, who even when they’re systems, seem to invalidate their own sysmates existence and personhood by reducing them to parts of themselves someone broke out of them. That’s just gross, horrible” (Leslie Dyke, S).*

Within this context, sysmedicalists refers to ‘system medicalists’ who gatekeep multiplicity experiences through the argument that anyone who is not a DID/OSDD-1 system should be excluded from the multiplicity narrative entirely. Often comments will be made online in

regard to one's validity as a system, using pre-determined guidelines such as origin or size of system. Generally, sysmedicalists do not believe in 'endogenic' systems and seek to exclude. Comparably, all respondents to this project highlighted the need for inclusive understanding, which will go some way to developing spaces for multiples who are not diagnosed with DID/OSDD-1, or who feel more aligned to wider explanations of their experience.

This notion is often mirrored in professional perceptions of how to approach people who are presenting with multiplicity. Systems reported wanting to be believed for their own individual experiences as opposed to being combined into a wider continuum of experiences, of which only clinical experiences currently hold weight or result in access to services.

*"While it is good that clinical multiples get the help they need and are properly understood, this also makes a difficult climate for non-clinical or mixed multiples to get help. Often we have to choose between hiding our multiplicity or being severely misunderstood and sometimes mistreated because the majority of people are just not able to accept our existence and don't know what to do with us" (Moss, S).*

As a result, many people reported it sometimes being easier for day-to-day living to portray themselves as singular. While there are a range of complexities internally, as discussed previously, people often only focus on what the body does, so some systems will try to act as one body regardless of who is fronting to prevent people from judging them or being fearful.

*"On a daily basis, when we wake up in the morning, we have to discuss who's best suited to running the day and "masking" as (pretending to be) the "singletsona", or the individual that we pretend to be to hide our multiplicity" (Isaiah, S).*

Often the decision that is made will depend on the context and the company people are in. If people feel comfortable making an assumption that people they are spending time with will likely be open to hearing about multiplicity experiences, people are often more flexible with disclosing who they are. Having supportive friends, both in person and online can help systems navigate their world and explore their experiences with the underlying understanding that they are accepted for who they are.

*"We've definitely had to work on it, because we still live with our parents who don't really know about our plurality. If we switch in front of them, then we just have to act like the core. But when we're with our friends who know about it, we're free to be ourselves" (Diesel, I).*



Overall, participants experiencing multiplicity encountered challenges in being understood, accepted, and validated for their experiences, facing misunderstanding and judgements both externally from society and internally within the multiplicity community itself. This creates complexities in how they choose to portray themselves and navigate their day-to-day lives.

### 7.3.3. Influence on psychosocial functioning

Considering the range of intricacies discussed by systems, it is clear that navigating the external world can bring about a range of benefits and complexities, both of which are vital to consider in order to understand the holistic self as a multiple. Overall, people discussed their psychosocial functioning in terms of relationships, and school-world impacts. Both incorporated a range of narratives that they believed non-multiples may take for granted, or not be aware of, making navigation of life more difficult for some. In terms of relationships, many systems discussed a strength of being multiple as being able to relate to other people through various perspectives. While usually a singular person views others solely through a lens of their own lived experience, multiples can often draw on multiple perspectives, viewpoints, and realms of expression. As such, multiples often feel more empathetic and understanding to the complexities of life, both internally and externally.

*“In spite of the extra work, it’s as valuable internally to see from another perspective as it is externally” (Emilia Stawarz, S).*

*“The communication between us is something a singlet could never have, because we actually share brain space. And that’s been interesting, because like, we’ve been able to help each other with different things and see different perspectives that singlets would not be able to, because they can’t literally see into someone else’s perspective” (Soul System, I).*

Many multiples expressed gratitude for their internal relationships between selves, as it had often allowed them space to explore, grow and develop as an individual. Their headmates had supported them through difficult times and there was always a sense of comfort internally, of which they believed they would not have if they were singular.

*“Most everyone in our system has a good relationship, and we benefit from speaking with each other, we help each other with issues or otherwise difficult things” (Jello, S).*

Their relationships between selves had sometimes grown into romantic relationships which had been illuminating for some. However, there were additional complexities expressed in terms of navigating a relationship in the presence of others, adjusting to differing dynamics, and the lack of ability to physically meet the other self. People such as Ida and Leslie Dyke

reported intra-system relationships being more rewarding and fulfilling than external ones, due to being able to understand the other person on multiple levels.

*"...It's honestly the greatest love I could ever receive (and give, too)" (Ida, S).*

*"You can fall in love with people into the system like, I'm dating four people in my system who are also dating each other, and we have kids together. We're a family. And people don't understand that either" (Leslie Dyke, I).*

Negative influences of being multiple on relationships often were detailed in relation to external relationships. Due to the judgement of the existence of multiple selves, people have reported being forcefully outed to family members or jobs.

*"I've even been forced to out myself to family members because a person I talked to was worried I would somehow spawn an evil paedophile headmate who would abuse my family" (Ida, S).*

Being forced to disclose personal experiences to others was damaging and impactful for respondents, who felt that the choice was taken away from them, and thus automatically painted them in a negative light. The language used within this again links to queer spaces as discussed above. As such, the choice to befriend or have relationships with people is often extremely complex, and dependent on a variety of factors.

*"In regards to people we have not shared with, it is completely due to worries about what their reactions would be and how it might affect the overall relationship with that person" (Washington Irving, S).*

Navigating work, school, and everyday tasks were often impacted by being a member of a system, particularly when communication between selves became difficult. Specific examples were given in relation to navigating tasks when a child member comes forward – often not being able to reason with the child internally or explain that an adult member needed to be in charge at the current moment had caused tension and additional stress to a chore or job. When discussing challenges related to being a system, Jello noted:

*"...compromising on everyday things, taking care of littles (child sysmate)" (Jello, S).*

Systems which noted having a clear structure and rules were often more able to cope with the complexities of having child members within the system, due to the increased understanding of their specific needs, and how to work with each member.

*"...So much of our life is pre-structured, and me and some other members of the system are high ranking members...So if a kid comes out unexpectedly, that's fine. We can work with that and work around it" (The Alexandrite System, I).*

Additionally, there was often tension reported internally in terms of whether systems should tell supervisors or members of staff at school. While it may seem simple to disclose, the complexities regarding how someone may react, as previously discussed came into play. However, for some systems, not telling others brought about greater complexities through not being able to explain their behaviours or discuss why tasks may have been forgotten or conversations not being recalled.

*“Our voice either gets higher or deeper and we've been getting some looks for that, like when we're talking to one of the teachers they actually gave us a really weird look one time. And we just had to act really normal and like we're really, totally one person” (Diesel, I).*

Positively, respondents discussed a variety of benefits to navigating the world as multiple, particularly due to the increased range of skills, and perspectives that can be offered by individual members. People noted that individual selves often bring individual skills to the table. This becomes somewhat complicated if the skill or ability is attached to the self, thus when that self stops fronting, sometimes the skill goes with them, and others cannot perform at the same level.

*“Some of us can draw better than others; all of us can draw better than stick figures, but some people can draw really well, and others when they go to draw, they're expecting to have the skills that everyone else has, and they scribble something and like, what? “Oh no I can't draw, where did my talents go?” It's just knowing that it's in my brain, you should know how to do it. But suddenly, you're horrible at it, because you're not the person that practiced. You can access it, and kind of borrow some of that, but it's not going to be as good as if you were the one that did the practice” (Owls, I).*

There was an overall level of comfort and acceptance of the variety of life due to individual members being able to choose when they would like to front, which areas of the life schedule they would like to be involved in, as well as having the option to stop fronting when stress and difficulties occurred.

*“Headmates offer an out to mental or sometimes physical pain; they can comfort or take over when things get rough or stop you doing something stupid” (Strix, S).*

Overall, navigating life as a multiple brings both benefits, such as increased empathy and diverse skills, and complexities, including challenges in relationships, daily functioning, and the impact of misunderstanding on disclosure and acceptance. The internal relationships within a system provide support and comfort but can also introduce complexities in external interactions.

#### 7.4. Summary

This chapter explored how people with multiplicity navigate the external world, and how being a multiple self impacts their psychosocial functioning. Participants highlighted the complex experience they often have with living in a world that does not understand or even know of multiplicity, and how this often results in them portraying themselves as singular. However, the need for support and connection was key for participants, who discussed the complicated decision to share experiences with loved ones or professionals. All participants noted that they hoped loved ones would be open and accepting of their true selves. As such, it is important to also explore support networks understanding and experiences of knowing people with multiplicity; Chapter Eight explores this in depth.

## Chapter 8. Support network findings

### 8.1. Introduction

The previous two chapters detailed extensive expert-by-experience narratives in relation to living as a multiple self. The respondents highlighted the key role that support networks have played within their navigation of experiences, and support provided to them. In line with the approach taken within this research discussed within Chapter 4, support network narratives were explored in a validity manner, adding nuance to the previously documented discussions. People with lived experience spoke about their loved ones being their support networks; often these were a singular person, and as such individual people who support those with multiplicity are referred to as a ‘support network’ within this thesis. Support networks within this research project occupied a range of spaces and functions for people with multiplicity, including friends and partners, as seen in Table 11. The level of support offered and provided varied from social support and informal sounding-boards, to support with more formal navigation of daily life. All support networks who took part in the research were actively aware of and engaged with the experience of multiplicity.

*Table 11: Participant characteristics – support networks.*

Pseudonym	Age	Gender	Location	Ethnicity	Interview or survey	Experience relating to multiplicity
Rayleigh	28	Female	USA	White	Interview	Friend, roommate of system, main support network
Shifra	24	Female	USA	White	Interview	Partner is a system
Matthais	14-30	Male	Denmark	Caucasian	Survey	Friends, acquaintances, fiancée are systems
Robin	14-30	Male	USA	-	Survey	Friend is a system
Psychologist in training that is married to a multiple	14-30	Male	USA	Caucasian	Survey	Partner is a system
S	14-30	Other	Australia	-	Survey	Family, friends

As demonstrated in Figure 21, two overarching narratives emerged from participants data: ‘navigating a complex experience’ which encompassed ‘experts-by-experience leading disclosure’, ‘starting from a blank slate’, and ‘anecdotal perspectives influencing understanding’. The second category ‘influences impacting understanding’ encompassed ‘reaction influences’, ‘information needed for non-multiples’, and ‘emotional toll for non-multiples’, each of which will be discussed below.

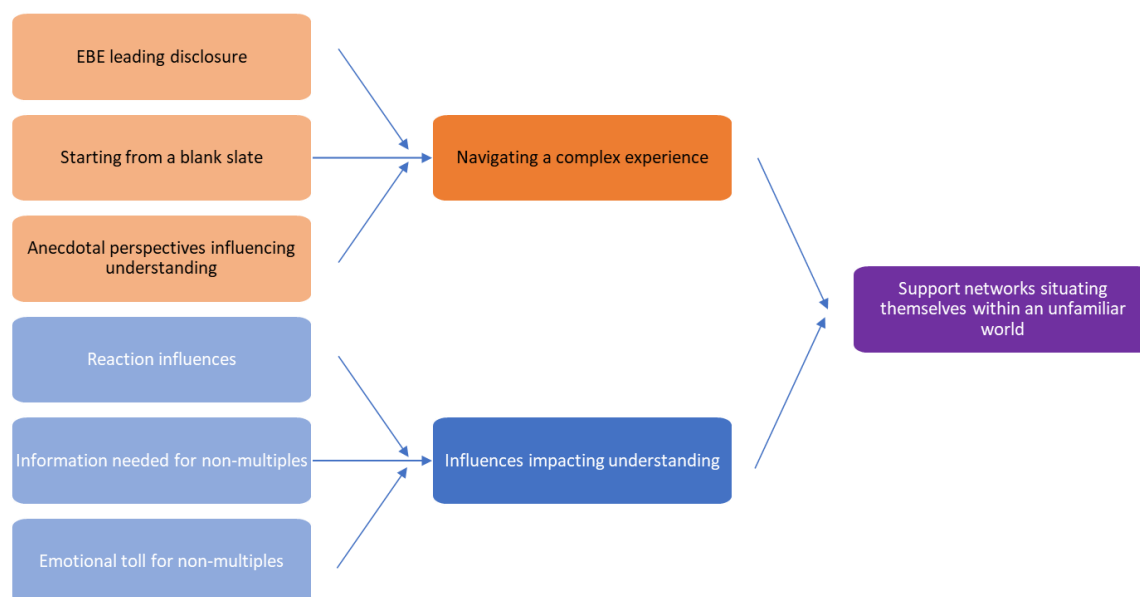


Figure 21: Categories and subcategories within support network findings.

## 8.2. Navigating a complex experience

### 8.2.1. Experts-by-experience leading disclosure

Support networks were often brought into the world of multiplicity through the person/people who disclosed their experiences to them. Many participants discussed that they saw behaviour they could not easily reconcile or understand, but overall, they did not actively bring this up to them. Instead, they waited for the expert-by-experience to disclose and discuss with them what was happening.

*“I didn’t notice it beforehand, but something was going on...when I found out, it kind of made sense, some of the past experiences that I was like, okay, this is why she was acting like a child that one time” (Shifra, I).*

This was further illuminated by another support network:

*“I kinda picked up on it once before they told me. I thought that the primary was acting “not like themselves” when someone else was at front. I didn’t actually know what was going on, but they figured out that I can tell the difference*

*between them almost instantly” (Psychologist-in-training-that-is-married-to-a-multiple, S).*

Having clear information regarding their loved ones’ behaviours was comforting for many support networks who were confused about their previous behaviours that did not appear to reconcile all the time. Sometimes support networks discussed worrying that their loved ones were actively lying to them, or deliberately acting in unusual manners prior to disclosure which left them confused and hurt. However, once the topic was broached, and behaviour started making sense, those negative emotions were minimised.

*“I remember thinking “wow, she is gaslighting me, she doesn’t remember saying this thing to me like five minutes ago.” There’s going back and forth a lot, or like wow they’re so forgetful, they’re manipulating me. But really, they might not even know what’s going on either” (Shifra, I).*

For other support networks, the topic of multiplicity came up in conversation prior to a formal disclosure from their friend which sometimes aided their understanding and resultant reaction. Being familiar with some of the terminology, topics, and overall experience was beneficial when disclosure did occur.

*“It just came up in a number of conversations I mostly wasn’t a direct part of, such as people with DID discussing their experiences and exchanging advice” (Matthais, S).*

Support networks who had prior understanding of the experience felt that the prior knowledge aided their loved one’s discussions, as they had a clearer sense that they would be supported upon disclosure, and that they did not have to start from a fully blank slate. This mirrored experts-by-experience reporting of the worry about having to explain numerous other experiences before they even got to discussing multiplicity specifically.

*“They approached me. They asked if I knew what it was first, and I was already familiar with the concept. I think not having to explain the 101 to me and knowing that I wasn’t going to judge helped making talking [about] their own multiplicity easier” (S, S).*

Overall, support networks were supportive and open to the experience, even if they did not wholly understand what they were being told, particularly in the early stages. Support networks tried to remain neutral and supportive, while also reconciling their own lack of understanding.

*“I was told about it...I [was] curious how the personalities interact from day-to-day, while also wondering if it was a clinical problem” (Robin, S).*

One support network noted that while their reaction was supportive, they quickly realised the complexity of the experience for both parties. When discussing their reaction, they replied:

*“Well that’s neat”, which was quickly followed by “oh this is going to get more complicated” (Psychologist-in-training-that-is-married-to-a-multiple, S).*

Support networks often sought out information online through social media or various websites to try to expand their knowledge, develop awareness, and become more familiar with the previously not known experience of multiplicity. Finding personal experiences was often helpful for support networks, as they often were clearer in terms of the day-to-day experience, as well as the lack of focus on medicalisation. These perspectives along with their loved one’s narratives were praised and aided support networks reactions.

*“I went home and read this facebook post...it’s not raising other than weirdness, it’s not raising any flags of problematicness in the way stuff is being described, the way all the different people are talked about, they all seem nice” (Rayleigh, I).*

Once support networks had discussed the experience with their loved one, they often reflected on how proud they were of them for being able to work through life with this complex experience which they often do not get to share with others. Evidently, the person with multiplicity had actively chosen who to share their experiences with, as discussed in the expert-by-experience chapters, thus the level of comfort and support was positive for both people, making the overall experience a safe space for exploration.

*“I absolutely believe that the way that the brain is working in order to develop DID is saving that person’s life in a lot of cases where maybe they wouldn’t be able to handle that trauma that they were going through. And I also think that it’s just really amazing to be able to know so many parts of my partner and be able to develop multiple relationships with one body” (Shifra, I).*

Overall, support networks went through a process of transitioning from confusion to understanding, seeking information, and relying on personal narratives to better comprehend multiplicity, and eventually feeling proud and supportive of their loved ones for managing such a complex experience.

#### 8.2.2. Starting from a blank slate

Once non-multiples were exposed to multiplicity, they often became support networks of varying degrees. Being able to reconcile an experience they did not wholly understand, had often never heard of, and had a lack of information about was difficult for many respondents. As a result, it often felt that they were starting from a blank slate whereby



they were trying to be as supportive as they could, while also trying to actively understand how they could support and be there for people. Respondents discussed their change in understanding in regard to how multiplicity presents, and how it is its own experience, related but distinct from medicalised perspectives, which many did not understand previously.

*“After experiencing a system first hand, and being informed how it’s like to live with multiple personalities, I don’t see it as only a disorder. I feel it’s more mental/biological predisposed can just be a normal factor someone is born with” (Robin, S).*

It should be noted that the language used by some support networks opposed that of experts-by-experience in this study, who refrain from being labelled inaccurately to them as someone with “multiple personalities”. The language used is often a learning curve for both people inside the multiplicity community, and those in supportive roles – particularly considering the lack of clear information that is easily accessible online. Rayleigh discussed being open to the experience and following the lead of the person with multiplicity in terms of the language and phrasing used which was viewed positively by both parties.

*“...it’s personal...and so we just go with it, follow their lead on it. I would probably default to further on the personhood spectrum because I feel one of these is more rude than the other if you err on one of the sides. But you can always ask “how would you like me to refer to you”” (Rayleigh, I).*

This was further supported by S who discussed the level of variance in terms of language preferences which resulted in them being open and accommodating.

*“I prefer to use whatever the individual I’m with uses because it seems to vary a lot” (S, S).*

Having an awareness of preferences, and the development of understanding was reflected on at length by support networks, who often considered how other people react to the experience, and how that no longer reconciled with their understanding because of exposure.

*“I think that people who may don’t have personal experience knowing someone or being multiple themselves would probably think that it’s a mental illness that comes about either genetically or randomly” (Shifra, I).*

As was the case with experts-by-experience who took part in this study, support networks also reflected on the impact of media on how they understood the experience when they were first disclosed to. While many started as a blank slate when they were being told

about multiplicity specifically, there was often an awareness of other, similar experiences because of the media surrounding DID and other experiences.

*“I think a lot of people have the wrong idea. Mostly, they think it’s very black and white, where there are really clear “switches” and there’s always memory loss like in fight club” (S, S).*

The reliance on films and other media sources was inevitably a consequence of the lack of clear information available for the public, who then have to rely on exaggerated examples of experiences. This led many people without prior knowledge to have negative associations and understandings of what multiplicity, and multiplicity-spectrum experiences are, and thus how they behaved around people who state they experience multiplicity, which can be incredibly damaging.

*“I think a lot of people think of it as scary or dangerous and think of people in the systems of being very unhinged” (S, S).*

In summary, support networks faced challenges in understanding and supporting individuals with multiplicity, grappling with the unfamiliarity of the experience, learning appropriate language, and recognising the impact of media portrayals on shaping societal perceptions, leading to potential negative associations and misunderstandings.

#### 8.2.3. Anecdotal perspectives influencing understanding

As there is currently a lack of information available around multiplicity that is easily accessible, particularly for people who had not previously known about multiplicity – in that they were not already a part of the multiplicity community, they often relied on anecdotal information from the person who experienced multiplicity. While this was viewed positively for some, as they could take people at their word, and not be swayed by other information, it was also difficult to understand the breadth of experiences and perspectives.

*“That’s why words like multiplicity or plurality tend to be used as umbrella terms, because there’s a lot of ways in which people can experience this, or at least self-report this experience are super varied and hard to categorise” (Rayleigh, I).*

Support networks were generally in line with expert-by-experience perspectives about multiplicity, however a few did discuss it in terms of trauma and medicalisation which people in the community are trying to move away from, as it is viewed as its own distinct experience.

*“...Trauma during a specific stage of cognitive development, causing the mind to compartmentalise memories and personality traits heavily, resulting in alters” (Matthais, S).*

Understandably, people’s understanding of the experience is heavily influenced by the system they know, and the information that has been shared. As a result, there was more variance in answers as opposed to experts-by-experience who took part.

#### **Reflective memo: complexity of inclusion**

*As I did not specify when recruiting that support networks could take part if the person they knew with multiplicity also took part, it is difficult to clearly understand the perspective or experience level of some support networks, particularly within the surveys. As noted within the experts-by-experience chapters, language is not homogenous, and interpretations of the word multiplicity itself are vast. It seems that support networks view it more as the same experience as DID than people with multiplicity itself did.*

*“When someone genuinely experiences anything that would qualify as alters, that is always a medical condition, anything that feels like alters but isn’t medical is something different than multiplicity, and can be any number of things” (Matthais, S).*

When discussing the wide-ranging experience in concrete binary terms, it is difficult to determine what is and is not a “medical” alter. Basing their understanding specifically on personal experiences from their loved ones influenced how support networks reacted to the experience, and how they now viewed the experience as a whole, with many discussing the change in their opinions or beliefs in regard to multiplicity.

*“I also think a lot of people just don’t even believe it’s possible and thought it was just something made up in movies – I thought that before I met people in systems myself” (S, S).*

The level of understanding regarding functionality, and being able to live well with multiplicity, as was discussed previously by people with lived experiences, was influenced by the people support networks knew who have multiplicity.

*“I feel they are more separate than a spectrum because I don’t see it fit the disorder when my friend experiences multiplicity while still going through day-to-day without it causing disturbance” (Robin, S).*

The understanding of multiplicity among those unfamiliar with it previously was largely based on personal anecdotes and experiences shared by individuals with lived experiences. This reliance influenced their beliefs, opinions, and perceptions of multiplicity, presenting a varied understanding among support networks.

### 8.3. Influences impacting understanding

#### 8.3.1. Reaction influences

There were a range of factors that impacted how support networks reacted when someone they knew disclosed that they were multiple. As a result of the focus on medicalised perspectives within literature and publicly available information currently, this somewhat swayed people's reactions initially.

*"It kinda shrinks down the study to people that want to learn about it while giving it the sense it's only a medical issue that needs to get fixed" (Robin, S).*

The predominant narrative of multiplicity being an 'issue' was commonly discussed, with support networks noting the confusing information regarding it not fitting with their personal experiences of viewing multiplicity.

*"People might think of it too much as a 'disorder' and not just a different way of existing" (S, S).*

This narrative was further illuminated on by a support network who highlighted the medical focus and the resultant general public's understanding.

*"American psychology has a functional focus, it wants to fix a problem more than discover a thing. Multiplicity isn't always a problem, most of the time it's just an oddity. And the public understanding of it stems from the professional understanding of it" (psychologist-in-training-that-is-married-to-a-multiple, S).*

Understandably, support networks noted that as with many other experiences, until people are personally exposed to behaviours or experiences, generally people do not consider them in much depth.

*"In my personal experience, unless you've met a system, you've never bothered to think much about it too much, which is pretty understandable" (psychologist-in-training-that-is-married-to-a-multiple, S).*

Support networks' own experiences of mental health, and the resultant reactions from the public, and people in their lives influenced how they themselves reacted to being told about multiplicity. Support networks reflected on their own journeys, and how they would want people to react to them, which then often influenced the way they navigated the discussions with their loved ones.

*"General understanding of mental illness and what reactions are most helpful to mentally ill people and those interacting with them. I have other mental illnesses myself and this makes it seem like a much more natural thing to talk about" (Matthais, S).*

The burden of proof was also discussed by support networks, with many highlighting that personal experiences, and personal perspectives are often more important and valid than

impartial information. Along the same lines of people being asked to ‘prove’ mental illness or certain difficulties, support networks did not feel the need to react in this way, and instead took their loved ones at their word.

*“My parents were like “but is it real or not?” We sat there and thought it doesn’t really matter, that’s this person’s experience. It’s all about self and identity. I guess you could do brain scans, but what are you trying to prove with that? What are you looking for?” (Rayleigh, I).*

In essence, the reactions of support networks to the disclosure of multiplicity were influenced initially by the prevailing medicalised narratives, however people then reflected on their personal mental health journeys, and an understanding that subjective experiences and identities matter more than demanding proof or validation, resulting in supportive reactions overall.

### 8.3.2. Information needed for non-multiples

The importance of having accessible, easy to understand information specifically for non-multiples to get a clearer understanding of what the experience is, and how it is conceptualised by people with lived experiences was stressed throughout all narratives. This was particularly true regarding information that is not medicalised, and which clearly explains what multiplicity is for people lacking lived experience. When discussing types of information and support that would be useful, Robin highlighted:

*“A place with information, guidance, testimonial and tips on multiplicity so it’s easier to be in the know on the topic” (Robin, S).*

This notion was further elaborated on by another support network who noted the difficulties with finding reliable sources of information that provide an overview of the experience that is not one person’s journey. While personal narratives are vital and important, a more generalised overview can be useful for those who are new to the experience.

*“Well I do think that the research is not super available. I think most people who are just in the common string of things are getting information from youtube videos and that kind of thing, like more personal experiences” (Shifra, I).*

Overall, narratives highlighted the focus of current research being on medicalised experiences, such as DID, which while vital for people with diagnoses, does not fully encompass everyone’s experiences. This was deemed limiting and minimising by support networks who saw the benefit of specific, tailored information for different groups, which more closely mirrors their individual experiences.

*“I think it’s really limiting to just focus on DID, I think we need research from all angles. Especially not just systems that are having trouble functioning together – we have to look at people who are doing well, in order to find out how to help those that aren’t surely?” (S, S).*

While personal narratives from people with lived experience are vital and illuminating for many, it is important for support networks for this to also be supported by academic information, and information from “reputable” sources, which mirrors expert-by-experience views. This was further discussed in terms of support which is currently available for both multiples, and support networks. Currently the support available is often information sharing via social media without clear support pathways or professional input.

*“...The resources I know about are mostly groups on social media, and the same goes for supporters. I haven’t seen anything that is run by a therapist, or someone who has a lot of personal experiences with it. It’s mostly just over social media, kind of people sharing their experiences without any clinical leadership” (Shifra, I).*

Overall support networks highlighted the importance of people simply understanding that multiplicity exists, and that people can live functionally and well with the experience.

*“More people knowing that this exists and is okay will help” (S, S).*

This was further discussed in terms of other support networks having an awareness and their own peer support networks while they navigated the experience they had been exposed to. Allowing new support networks to have an awareness of the journey, and ways they can be supportive would be invaluable for many people.

*“Particularly while people are still learning about it, so we have this friend or my child who is like “I’ve never heard of this before”. To have somebody else be like “oh hi, I’m another ordinary parent, let’s talk about it”. That would be super helpful I think, because it’s sort of isolated, unknown, so just having support groups” (Rayleigh, I).*

Support networks stressed the necessity for easily accessible, diverse, and reputable information sources to aid non-multiples in understanding the multiplicity experience better. They emphasised the importance of broader awareness, structured support networks, and comprehensive resources to create a more inclusive understanding of multiplicity.

### 8.3.3. Emotional toll for non-multiples

Often there was the understanding from support networks that it took a lot for people to share their experiences with non-multiples, and that there is an emotional toll during disclosure which mirrored expert-by-experience perspectives as discussed in Chapter 7.

There was also an emotional toll internally for non-multiples, particularly focused around how people with multiplicity were treated by others.

*“I care about all of them very deeply and I know most people would prefer to stereotype them and that hurts” (S, S).*

The amount of time taken for many people with lived experience to understand what they were going through, the language to explain their experiences, and for other people (both professionals and the public) to listen to them openly was emotional to those who supported them. This was expressed regardless of whether the support network had been with them during the times of struggle or not.

*“I also had a lot of feelings of anger and sadness, knowing what she had been through” (Shifra, I).*

The fear for many multiples when trying to access formal support such as therapy was also reflected on by support networks who understood the stress and worry that their loved ones often go through during that process. Even when multiples do find therapeutic support, there may be a focus on medicalisation and multiplicity being an issue, which takes a toll on the person, which was then experienced by the support network also.

*“Therapists who understand multiplicity and aren’t going to focus all of the sessions on that as if it’s the only thing that concerns them would be good. Just being able to access help without fear of the therapist/doctor not believing them, or treating them badly because of it” (S, S).*

Having to explain the experience of multiplicity to other people was also common for support networks, as it was for people with lived experience. Support networks also noted the toll it sometimes takes having to explain someone’s existence to people who may try to discredit or disbelieve it.

*“In all those years I have found that the hardest part about explaining multiplicity to someone else is the misconceptions you have to clear up beforehand, because all someone will know about it is from movies” (Psychologist-in-training-that-is-married-to-a-multiple, S).*

The nature of developing romantic relationships with multiples was reflected on, in terms of the broadening sense of love that was developed, and how both parties navigated the experience. One support network also discussed the complexities, and how certain systems viewed the navigation of relationships, highlighting the further individual nature of many people’s experiences.

*“It made dating weird for them. In the case of me and my partners, I just decided to try and woo all four of them, and they all fell in love with me. So now I’m*

*married to four people, but from a legal perspective, I'm just married to the primary. On the other hand, we have a system-friend who believes they will never find love because there's over a hundred people in there and they think the logistical problems are too much to get around" (Psychologist-in-training-that-is-married-to-a-multiple, S).*

The notion of the external world only viewing the body is reflective in the above quotation; while internal complexity is present for systems, this is not yet reflected in current understanding and acceptance. Overall, support networks reflected on the need for multiples to feel reflected in society, information, and general life. In this way, more visibility, support and awareness is required in which the general public has an understanding that there is more than one way to function well as a human. Support networks understood that while this may take time, it will have a large positive impact on people who currently feel that they must hide large parts of their lives to many people.

*"I think there's probably a lot of stuff that people suffer in silence, because they don't feel like there's anybody they could talk to about it. And it's just hard to have an entire aspect of your life be a secret, and it means you don't get to have that affirming thing of everybody gets to be affirmed as their own individual self" (Rayleigh, I).*

Overall, support networks empathised deeply with the challenges faced by individuals with multiplicity, advocating for societal understanding, visibility, and spaces where everyone can openly express their identities without fear or judgement.

#### 8.4. Summary

Overall, narratives from support networks generally mirrored the findings in Chapter Seven from people with lived experience of multiplicity. Often, support networks would discuss their response in relation specifically to what multiples have told them, highlighting the impactful nature of their relationships, and how their understanding is influenced by their loved ones' stories and their own personal navigation of the experience. The need for support for both the person with lived experience, and those supporting them was highlighted by participants. Support networks noted that they often became informal support as people with multiplicity often struggle to access tailored formal support. Chapter Nine explores this further by illuminating on findings from professionals who have worked with people with multiplicity.



## Chapter 9. Professional findings

### 9.1. Introduction

Professionals within this research project had professional experiences of supporting people presenting with multiplicity-spectrum experiences. As can be seen from Table 12, there were varying experience levels, as well as a range of services within which people work. This mirrors the narratives presented within this chapter, in which there was more of a range of perspectives as to how multiplicity presents itself and how professionals work with it than can be seen in the previous three chapters. As with the recruitment for the other two participant groups, I was not prescriptive in terms of identifying specific conceptualisations of multiplicity, as a means to develop clear understanding from all, thus professionals may have had differing understandings of what the term encompasses.

As discussed in Chapter 4.7.2, there were fewer professionals recruited to this research than support networks and experts-by-experience as a result of the focus being on those with lived experiences. Additionally, the small recruitment numbers for this participant group reflected the lack of common understanding of multiplicity specifically, with many professionals being unaware of the holistic conceptualisation. Generally, professionals work with those who align with clinical criteria and require support due to their impairment in functioning, of which people aligning with multiplicity generally do not have.

*Table 12: Participant characteristics – professionals.*

Pseudonym	Age	Gender	Location	Ethnicity	Interview or survey	Experience relating to multiplicity
John	31-45	Male	UK	White	Interview	Secondary care community mental health; 10 years
Sarah	31-45	Female	UK	White	Survey	Community mental health team; 1-5 years' experience
Eli	31-45	Female	UK	White	Survey	Community clinic; 5-10 years

As demonstrated in Figure 22, two overarching narratives emerged: 'the complexity of (mis)understanding' encompassed 'adapting frameworks of knowledge', and 'lack of

evidence-based knowledge’, while ‘working with multiple selves’ encompassed ‘limited pathways for supporting multiples’, and ‘allowing multiples to lead support’.

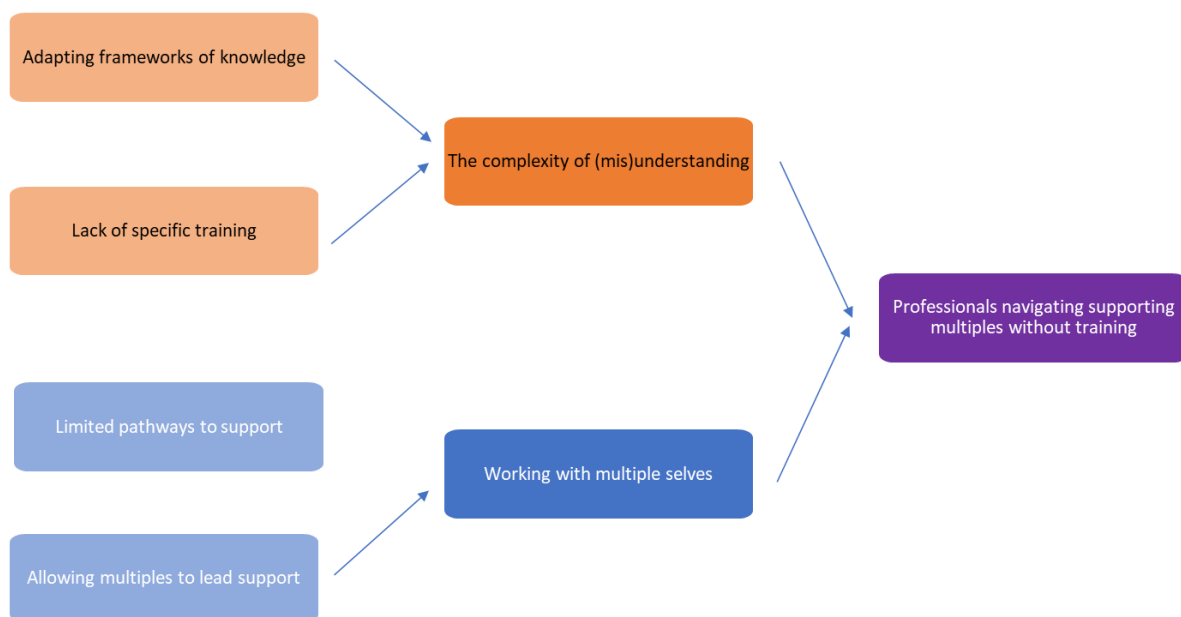


Figure 22: Categories and subcategories focusing on professional experiences of working with multiplicity.

## 9.2. The complexity of (mis)understanding

### 9.2.1. Adapting frameworks of knowledge

Professionals had more wide-ranging opinions and understandings in regard to multiplicity, what it is, and how it presents within people they have worked with. Notably, respondents discussed the changes in their understanding around dissociative experiences since their undergraduate degrees, and how they have changed over time.

*“When I was doing my undergraduate, we got introduced this idea of multiple personality disorder, those early studies really being shrouded in a lot of disbelief and perhaps controversy at the time. That maybe this wasn’t real, or it was so rare that it’s unlikely to be real. I then I suppose developing as a clinician, I began to learn much more about working with different selves” (John, I).*

The lack of general understanding around the experience has impacted on professionals’ views, awareness, and beliefs about its very existence. Indeed, as discussed in Chapter 2.3 there have been many changes in diagnostic criteria, scepticism within medical fields, and a fight for DID (then named MPD) to be viewed as a legitimate diagnosis. As a result, clinical training may not be as focused and nuanced in their discussions about the wider spectrum of experiences. However, despite this, professionals did note their belief that the experience could be conceptualised more broadly.

*“I would say more of a spectrum” (Eli, S).*

This was supported by John who discussed the importance and impact of talking to clients about their experiences, and how this resulted in a change in his understanding of multiplicity and other experiences along the spectrum.

*“Through my reading and my working with people and just listening to how people talk and exploring with them, just this understanding that there’s a continuum of the extent to which people identify as different selves” (John, I).*

When discussing multiplicity specifically, there were responses focusing on trauma histories, which is one key factor within clinical diagnoses such as DID. Within clinical training, and the literature surrounding DID, there is often a higher incidence of trauma within those who have been diagnosed with a dissociative disorder. In this way, Eli views multiplicity as having similar origins.

*“Part of trauma responses where the personality becomes fragmented to different identities that often resurface following dissociative experiences” (Eli, S).*

This differs to expert-by-experience narratives presented within Chapter 6.2, whereby people aligning with multiplicity do not view trauma histories as a vital part of the development of multiplicity experiences. This viewpoint is reflected in John’s response:

*“I think these are very normal human experiences that would emerge, many people have got more tendency to have different parts to interact with the world, and other people have less” (John, I).*

It could be considered that individual professional experiences have shaped their own understanding – if professionals are solely working with people who meet clinical criteria, understandably they may not have considered other expressions and points along the spectrum. However, for those that have worked with, or engaged with people experiencing ‘healthy multiplicity’, their understanding may have been modified and broadened. This notion of understanding and adapting frameworks of knowledge in relation to individual expressions, conceptualisations, and representations of multiplicity was further mirrored in professionals tailoring the phrasing they use with clients they support. This included speaking with clients to identify appropriate language.

*“I prefer to avoid diagnostic language or medicalised language. I prefer to use whatever language the person feels most comfortable with, or that most closely captures their experiences” (Sarah, S).*

This concurs with expert-by-experience hopes for how professionals interact with them – that they can take the lead and come to an agreement in terms of language they feel

comfortable with. Seemingly small changes to terminology can go a long way with people who often feel misunderstood and not seen by services. This was further discussed by Sarah when discussing medicalised terminology:

*“I think it excludes people who experience multiplicity but do not have a diagnosis. It is missing out on the experience of ‘non-clinical’ samples” (Sarah, S).*

By not immediately attempting to align with clinical models or understandings, both professionals and clients have the space to explore the true experiences and identify areas that require support. For professionals this may mean adapting the way they work within services or trying new ways of exploring people’s struggles.

*“The bulk of what we do, we get people to fill in a questionnaire or do an interview. I think maybe we need to be thinking about creative ways of engaging people to understand their experiences...I think experiences that are harder to capture may receive less attention and less funding and interest” (John, I).*

As a result, professionals often must go out of their way to find different ways of supporting clients in situations where ‘standard practice’ does not work. Overall, working in supportive manners with clients regardless of where they fall along the dissociative-multiplicity spectrum can positively impact clients lives, as well as the relationship that has been developed.

*“Consistency is helpful, and validation, structure, transparency, person centred care” (Eli, S).*

Overall, professionals discussed their own journey towards understanding both clinical experiences, and the broader spectrum of experiences including multiplicity. It is key for professionals to be aware of different conceptualisations, for experts-by-experience to feel accepted and understood by those providing support.

#### 9.2.2. Lack of evidence-based knowledge

Overall, professionals within this study discussed the limited availability of evidence-based knowledge focusing on multiplicity specifically. While the evidence base for DID and other dissociative experiences has been growing, which has allowed professionals to develop clearer insights into the experiences, there remains a paucity of research focusing on multiplicity. By not having evidence-based knowledge and information available, professionals often felt unprepared when being presented with people within services who were experiencing multiplicity.

*“I found it extremely difficult to support people with multiplicity due to the lack of knowledge in the field. As a professional, I felt completely unprepared” (Sarah, S).*

This mirrored expert-by-experience narratives, and the findings of the systematic review in Chapter 3, all of which detailed client narratives of feeling that services are unprepared, unaware, and unsure of how to work best with the experience. Often assumptions are relied on due to the lack of other information available, which can be harmful for people with lived experience, as well as professionals who are not aware of the potential unhelpful approach being taken. As a result, many services are unable to properly support people presenting with holistic forms of dissociation, as well as clinical experiences such as DID.

*“In my team, we don’t offer therapy for DID and the specialist psych teams usually reject referrals. It’s very frustrating. Often people pay privately. Having lots of different services involves who have different ideas of what is going on and what is helpful can be really damaging” (Eli, S).*

Linking to expert-by-experience discussions, as well as the findings of the systematic literature review, there are minimal opportunities for multiples to access support, in part due to the lack of knowledge available. Professionals discussed the wider landscape within the UK, and the impact that it has had on awareness of the spectrum of experiences. As there is a lack of focus within the political landscape on exploring such experiences currently, there are minimal opportunities for professionals to seek out other knowledge and insights. By not having the opportunity for professionals to learn more about specific experiences, their practice and ability to work in truly person-centred ways are hindered.

*“Unfortunately, this is a political and economic issue around having time to sit with and understand the complexities of the people that we’re working with. I just don’t think staff have got the time or headspace to do it” (John, I).*

This is a key point, that supports experts-by-experience and support network narratives. Often people who align with multiplicity may not be able to access services, and thus professionals may lack the skills and understanding required. This may mean that professionals rely on other knowledge, clinical criteria, and media representations which can be inaccurate and harmful. While clinical criteria are important and can aid the support offered for people having diagnoses such as DID, it is less helpful for those who do not align with clinical criteria. However, some professionals may not have engaged with different experiences within the spectrum, and thus rely on such knowledge.

*“I might agree to use a different name for an alter but I personally wouldn’t dramatically change my approach when working with them” (Eli, S).*

Experts-by-experience discussed the differences in their experiences within Chapters Six and Seven, highlighting the need for tailored care and support. Therefore, it is vital for professionals to be educated on the spectrum of experiences, to ensure tailored, specific support is available. Giving a specific example on this and how staff within one service have been educated on behaviours associated with multiplicity, John discussed:

*“The education we’ve done with staff is to say this that’s been labelled as manipulative is actually a part of the self that’s very frightened and needs time to be validated. If you do that and you give as much time as needed in the session to that part, often there’ll be a resolution there. But I think perhaps people don’t understand that there could be a part that predominantly deals with the outside world” (John, I).*

While professional narratives have highlighted the limited availability of evidence-based knowledge and easily accessible information within a range of services, those involved in this study have navigated the void in a bid to provide holistic, person-centred support. While this may not be true for all service providers, the respondents here demonstrate the importance of listening to clients, working to develop their own knowledge, and seeking out information that can support their practice, and in turn help support people with lived experiences.

### 9.3. Working with multiple selves

#### 9.3.1. Limited pathways to supporting multiplicity

As a result of the lack of knowledge currently available focusing on the broader spectrum of experiences within which multiplicity resides, professionals felt that there are a lack of opportunities for training. By not being able to access training focusing on pathways to support, professionals discussed being unsure about how best to work with clients. Indeed, respondents highlighted the lack of training within their respective services.

*“Some supervision from the psychology team [would be helpful]. No formal training has ever been offered” (Eli, S).*

This was taken further by Sarah who discussed the importance of allowing people with lived experience to be involved in training, allowing professionals to see first-hand specific presentations, behaviours, and ways of supporting people with lived experience.

*“It would be helpful for professionals to be supported to provide the appropriate care. Additional training, hearing from people with lived experiences, and professionals in the field” (Sarah, S).*

By engaging with experts-by-experience, professionals understanding of the various ways that multiplicity can present itself, and the range of facilitative, positive experiences people

can have will be developed. By solely relying on clinical experiences, multiplicity may be disregarded or misunderstood. Indeed, Eli discussed goals that they generally work on within therapy with people presenting with multiplicity:

*“Generally, people are seeking integration...MPD suggests there are distinct and separate personalities so it doesn’t give much hope for integration which would be the goal of therapy” (Eli, S).*

This understanding is likely based on their professional training which has focused on clinical criteria and treatment pathways for DID. However, as discussed in the expert-by-experience findings chapters, people experiencing multiplicity generally are not seeking integration when accessing support. Instead, they are seeking support to live functionally and well as a multiple system, rather than trying to integrate selves into one. By not understanding or engaging with people who do not align or meet clinical criteria, it can be difficult to tailor the support that can be offered. However, by not doing so, experts-by-experience are left feeling misunderstood or feeling that they must go along with a treatment pathway which is not wanted. Other professionals discussed working in a more person-centred, client led manner, allowing them to navigate the journey through support.

*“I remember one person I was working with that we were doing parts work, but there was a part that he talked about, and it just never figured in the work because it didn’t seem to be linked to the core distress... It was protective, but it just didn’t come into the room” (John, I).*

It is important for professionals to understand and be trained on how to work with a range of experiences, and how their experiences will require individual support pathways. However, this is more complex when considering the range of experiences people have, and how they are often not easy to conceptualise, or monitor within services which have their own requirements for access.

*“There is a real positivist culture based on questionnaire design with statistical properties that we place a lot on what we can identify through that. If we think about genuine parts-based work, there’s some challenges in trying to capture that in the way that we can then produce papers that are listened to by certain elements of academia” (John, I).*

It is understandable that services and professionals base their understanding and treatment pathways on evidence-based information, and published results. However, this minimises and ignores the spectrum of experiences that are not easily captured – often this results in those seeking support being denied access to care.

*“I think it excludes people who experience multiplicity but do not have a diagnosis” (Sarah, S).*

As discussed elsewhere within the thesis, multiplicity is not a diagnosis – it is the holistic experience of having two or more selves internally. The apparent interchangeable use of holistic terminology to refer to clinical experiences supports the lack of understanding and acceptance of community-based terminology within professional spaces currently. Without the evidence base to back up understanding multiple perspectives and the spectrum of experiences, professionals are somewhat bound to working within the confines of services which understandably prioritise higher need cases. As a result, this leaves out people who are not suffering because of their experiences but are seeking support in order to live well. While it is understandable, and a result of the political and economic climate within the UK currently, however there are many people who could be living well as a multiple system, but they are seeking support in getting there. Without accessing support, these people may struggle to communicate and navigate the world as a multiple system. As such, there needs to be a cultural change within how people are understood, supported, and how professionals work with people who have ‘unusual sensory experiences’. While this will likely be a long-term change in light of capacity limitations and the societal understanding of multiplicity, this hope was mirrored by all participants within this research.

### 9.3.2. Allowing multiples to lead support

Aligning with expert-by-experience and support network responses, the importance of working individually with clients to understand their specific experiences was discussed by professionals. Professionals understood the fear and scepticism that many experts-by-experience have around accessing support which reflects other narratives presented within this thesis. It is important for professionals to be mindful of individual journeys that may have involved them not being believed, not being able to access support, or viewed as something to fix. When Eli reflected on this, they noted:

*“[people feel] quite disappointed” (Eli, S)*

This was supported by Sarah who considered:

*“[People may feel] nervous, anxious, perhaps also a sense of relief” (Sarah, S).*

John discussed this further in terms of how he approaches working with people presenting with experiences of multiplicity. By demonstrating awareness of individual needs, people with lived experience often feel supported and accepted by people providing support. Prior experiences for people may have resulted in fear of disclosing, being unsure of how to



access support in the therapy room, and how to navigate services, many of which have different views of the experience.

*“I think I weave in really early to de-shame and explore different experiences and ambiguities” (John, I).*

Professionals discussed working towards goals set in collaboration with service users and providers rather than immediately considering someone’s multiplicity as the reason for accessing support. For some individuals, they are seeking support with living well as a multiple self, while for others, individuals may be requiring support for other struggles that are independent of being a multiple self. It is important for professionals to understand that people presenting with multiplicity often do not want their selves to integrate or be ‘fixed’, thus viewing the experience through the eyes of the expert-by-experience is key to providing holistic support.

*“But the other the other thing is just the transformative power of it. Just going into chairs and exploring different parts and giving words to that and giving time to ... it comes alive” (John, I).*

This was further discussed in terms of how professionals work with multiple selves who all have individual thoughts, emotions, needs and behaviours. As identified in Chapter Three, being a multiple self could be likened to being part of a family, or a house share in which each individual is their own identity, but they all share the same house.

*“I suppose it is like family therapy, in how Janina Fisher’s approaches the internal family approach” (John, I).*

Fisher (2017) uses the Internal Family Systems (IFS) model when working with trauma survivors. The model encompasses understanding that each person has various parts of the self that could be in conflict with each other. These different parts impact how people live and navigate daily life. Within IFS there are three general parts (Scott, 2012):

1. Exiles – these represent psychological trauma, and often become isolated from other parts within the system.
2. Managers – these take on protective roles and aim to prevent trauma from flooding the person’s awareness.
3. Firefighters – these emerge when exiles break out. Firefighters divert attention or distract a person from pain. Often these behaviours involve impulsive or inappropriate behaviours e.g., violence or drug use.

The goal of therapy in this instance is to work with each part of the self to help them integrate and live harmoniously. When considering this in terms of multiplicity or DID, clinicians work with each individual within the system – rather than being parts of one whole person, multiples view each self as an individual that shares the body. As such, they have individual needs and requirements for support, in a similar manner to IFS. While integration may not be the focus of therapeutic intervention, enabling and growing positive communication and structure internally can aid individual psychosocial functioning. Overall, the importance of being client led and person-centred was echoed throughout professional narratives.

*“It’s just around truly being led by the client and for the therapist to be mindful of any value judgements they place on that process” (John, I).*

Overarching narratives were discussed in terms of truly understanding that each person someone sees within the therapy room is an individual, and thus they require individual support, the right to be listened to, and their experiences validated and worked with.

*“Everyone is different” (Eli, S).*

*“There are people that may enjoy their experiences of multiplicity” (Sarah, S).*

The role of the professional was reflected on in light of these considerations, with John tailoring and modifying his role to ensure work is truly centred around the client.

*“As a therapist you’re just facilitating that, you’re not trying to control it. The person guides you through it once you give them the framework to do that, which I think is really powerful” (John, I).*

By providing people with lived experience the space to explore, as well as acceptance from professionals, the therapeutic relationship will be developed positively, and service users will feel safe to truly share their experiences rather than hiding them for fear they may not be believed or viewed only as something to fix.

#### 9.4. Summary

Findings from this chapter suggest that professionals face challenges due to the lack of knowledge and training available on supporting individuals with multiplicity. However, it was noted that professionals who listen to their clients, work to develop their own knowledge, and seek out information that can inform their practice are better equipped to provide holistic, system-centred support. It is key that overarching narratives presented within this thesis encompassed feelings of acceptance and understanding of the potential

positive and transformative power of multiplicity experiences. Chapter 10 considers the findings from this research in relation to previous literature.

## Chapter 10. Discussion

### 10.1. Introduction

In this doctoral thesis, I argue that multiplicity is a distinct experience, separate from clinical experiences including DID. People with multiplicity can live well as a multiple system, if there is understanding, awareness, and tailored support available which validates their existence. This was established through a research project that employed a constructivist grounded theory method, using two different data collection methods, focusing on three participant groups to understand how young adults conceptualise their multiplicity experiences, and how being a member of a multiple system can impact psychosocial functioning. The study is the first to contribute specifically to the exploration of multiplicity outside of a clinical lens, and the first to develop a novel theory as to how experts-by-experience navigate the world as a multiple self. It is important to note that due to the relatively small sample size for the research (Charmaz, 2006), which is in line with qualitative methodology, and typical for constructivist grounded theory research, the research findings are an interpretation of how some individuals who identify as multiple conceptualise their experiences, rather than a representation of how all systems conceptualise them. Living well with multiplicity in this research encompasses people's ability to form positive relationships both internal to the body, and externally, being able to structure their system to uphold work or study commitments, and communicate well between selves ensuring harmonious living which does not impact their day-to-day functioning.

In the previous four chapters, I have analysed the data gathered through constructivist grounded theory method. Expert-by-experience categories were viewed via two lenses, intrapersonal and interpersonal experiences of multiplicity. The overarching categories within intrapersonal experiences were Understanding the Self, and Understanding the System, while the categories within interpersonal experiences were The Importance of Connection and The Complexity of Living as Multiple in a Singular World. Support network categories were Navigating a Complex Experience and Influences Impacting Understanding, while professional categories included The Complexity of (Mis)understanding and Working with Multiple Selves. Bringing together the findings, a novel theoretical model is presented in Chapter 11, titled the *EMBRACE* theoretical model (Exploring Mental health Beliefs, Recognition And Communication for Empathetic understanding). The core concept

explains how (Mis)understanding, Media, Tailored Language, and Recognition and Regulation can all impact how multiplicity is conceptualised and experienced, resulting in either a greater sense of living well, or feeling the need to suppress experiences. The emergent theoretical model is designed to be a medium-to-high level theory, which can be used across multiple domains as opposed to a narrow-focused theory which would solely explain the construct within this research. In this chapter, I will draw upon the literature reviewed in Chapters Two and Three to discuss the implications of my research. This begins with a discussion of the importance of understanding multiplicity as its own construct, followed by a review of moving away from medicalising human experiences, and concluding with considerations of how tailored support for multiplicity can be developed to help to enhance multiple's ability to live well as a system in a singular world. The language utilised within this chapter is based on the findings from the research and offers new definitions which can explicitly inform the language base for multiplicity. The usefulness of the language will be discussed in greater depth in Chapter 11.3.2.1.

## 10.2. Multiplicity as a distinct construct

### 10.2.1. Multiplicity on a continuum

From the participant narratives presented within this thesis it is evident that experts-by-experience who identify as a multiple self view their experiences as distinct from other forms of 'unusual sensory experiences'. While there are similarities evident within the research in terms of existing as a self in a body which is comprised of multiple individual selves, the individual experience of being a multiple system is complex and specific. As such, there needs to be distinct understanding in terms of what does and does not contribute to being a multiple self, and how the experiences differ to clinical symptoms across the spectrum.

As discussed, both within the background and systematic review chapters, and supported by participants within the thesis, research and clinical focus on multiplicity specifically is currently sparse. This has resulted in experts-by-experience feeling misunderstood and not validated by the research available. The complex nature of conceptualising multiplicity requires additional understanding, due to the multiple selves having awareness of other identities that reside within the system. Research into DID and other dissociative disorders indicates that clinical criteria often require selves to lack memory, often having amnesia when the individual is not in control of the body (often called fronting) and having a lack of communication internally (Dorahy et al., 2014). Therapeutic intervention into clinical

experiences often focuses on 'breaking down walls' between selves, improving communication, and integrating selves into one 'harmonious' self (Brand et al., 2012). However, for multiples within this research, there is already communication and awareness internally, with selves overarchingly not wishing for integration into 'one self, one body'. Indeed, one such empirical measure of multiplicity, developed by Carter (2008) focuses on the integrity of the self, which misses the broader understanding that multiples refer to themselves as a group (we instead of I), in addition to individually. As such, the questionnaire lacks clarity regarding the different feelings, thoughts, and behaviours across selves that share one body.

While conceptually, multiplicity shares behaviours, experiences, and features with DID, there are a range of features discussed by experts-by-experience which do not neatly fit into discrete mental health categories or symptoms. Features of multiplicity discussed could be explained through depersonalization, in which there is detachment from one's mind, body or self (APA, 2013). For participants within this study, depersonalization was evident in people's narratives around detaching the self from other selves internally. Furthermore, researchers have begun suggesting an overlap of psychosis and dissociative experiences (Longden et al., 2020). As both are umbrella terms, there are some commonalities across symptoms commonly associated with each. Common explanations of the two suggest dissociation involves having some form of disconnection (e.g., selves who can impact the body), while psychosis often involves an addition (e.g., being able to hear voices; Chmielewski & Watson, 2008; Merckelbach & Geisbrecht, 2006). In this way, it could be argued that multiplicity aligns with both psychosis and dissociative-spectrum experiences. Resultingly, the use of discrete categories to explain the multiplicity experience is not useful for experts-by-experience or professionals who aim to support people. By working in a holistic, individual, person-centred manner, professionals can understand the individual, their needs, and reasons for seeking support, instead of working within specific criteria or pathways which do not wholly fit the individual.

The understanding presented within this research relates to the notion of 'endogenic' multiplicity; people who do not have trauma histories that are of relevance. Participants noted that for some, there was history of trauma, but they did not feel that their trauma was the origin of their multiplicity, and instead felt that they would be a multiple system regardless of their background. Christensen (2022) indicated that endogenic forms of multiplicity are distinct experiences, which concurs with the present project. They argued

that endogenic multiples often have more *“elaborate inner worlds, with relationships rich in detail where all parts of the system seem to have knowledge and access, as well as awareness to where they do not have access and why”* (p. 3). This echoed respondent’s narratives, who discussed their awareness of other selves, the shared memory space, and ability to navigate the internal world. Christensen went on to note *“...often the development of the inner world and relationships between parts is something that plurals enjoy and find soothing, which is distinguished from those with dissociative disorders, who are generally phobic of both their inner world and interaction with other parts”* (p. 3).

Overall, while there is awareness of commonalities across different mental health experiences, the present research has identified and explored key characteristics which do not require specific clinical support, diagnoses, or clinical treatment pathways. Multiples can live well as a multiple self. As discussed in Chapter 2, this research supports the consideration of a continuum on which multiplicity is one experience. While this notion was developed by Janet in the 1920’s, it still remains understood that not all experiences fall neatly into specific categories, and as such a broader understanding of a range of behaviours and experiences is needed within healthcare and within the general public understanding.

#### 10.2.2. Participant context

As a result of the lack of research focusing specifically on the experience of being a multiple self, it was important to relate the findings of this study to what is currently known in the wider spectrum of experiences. As such, it was deemed important to include a quantitative scale which explores experiences across the dissociative-spectrum. This was first identified by respondents in the consultation who noted that this project may have been the first time that people were asked directly to explain their multiplicity experiences. This meant that there was the possibility that respondents would not have the language or understanding to describe their experiences to someone without personal experience. One solution to this was to use a standardised and validated scale which could aid people in their interpretation. This was included within the online survey for experts-by-experience, who had the option to complete the scale, followed by the open questions in which they could expand on their answers.

The Cambridge Depersonalization Scale (CDS; Sierra & Berrios, 2000) was identified as appropriate for its ability to not be used for diagnosis, but to illuminate understandings of the experience more broadly. It is a non-diagnostic, self-rating scale which measures

experiences, providing informative quantitative measures of dissociative symptoms (Sierra et al., 2005). Depersonalization (DP) is characterised by recurrent or persistent episodes of estrangement or detachment from one’s self (APA, 2013). As with multiplicity, DP occurs on a continuum with experiences going from transient to complex symptoms requiring diagnosis (Simeon et al., 1998). There was 87% specificity, and 76% sensitivity in differentiating clients with depersonalization disorder (DD) from clients with conditions including temporal lobe epilepsy and anxiety disorders, with a recommended cut off score of 70 for identification of potential DD symptoms. As such, the scale was identified to aid experts-by-experience conceptualisation of their multiplicity, which incorporated potentially relevant items. The CDS was not used as diagnostic means, or to identify potential disorder or distress, but to consider how multiplicity can be understood in relation to experiences which have prior academic knowledge and understanding available. 59 respondents completed all four subscales within the CDS and as such were included within the analysis<sup>20</sup>.

Most commonly used within research using the CDS, the frequency and duration of experiences are combined to provide respondents with an overall score out of 290 (see Table 13).

*Table 13: Descriptive statistics for frequency and duration subscales within the CDS.*

CDS Subscale	Minimum	Maximum	Mean	SD	Median	Above 70?
Frequency (/116) (n=59)	18	110	63.98	18.17	65	
Duration (/174) (n=57)	26	85	63.26	12.85	64	
Frequency and Duration combined (/290) (n=57)	44	188	127.53	29.82	132	54/57

Considering prior research, the 57 respondents in the present study had similar means to Simeon et al. (2008), who identified a mean of 120 from 394 participants (compared to 127.53 in the present study), although the present study’s range was significantly smaller (44-188, compared to 13-255 in Simeon et al. (2008)). 95% of respondents in the current

<sup>20</sup> Two respondents did not complete the full duration subscale, and thus were removed from that subscale analysis; as such, when discussing duration, and the combined frequency and duration score, n=57. However, it was deemed important to include the responses to the other subscales as they were fully completed.



study had a score above the 'recommended' cut off of 70, opposed to 79% in Simeon et al.'s research. There was also a relatively similar mean identified within Sugiura et al., (2009)'s study examining the utility of the CDS within a Japanese sample (mean = 100.33 for 12 participants experiencing DP). Comparably, when the CDS is used within general population samples, the mean score is lower than in those experiencing dissociative disorders. For example, within a community sample in Aponte-Soto et al., (2014)'s study of 300 participants, the mean score was 16.28 (SD = 18.25, range 0-132), which supported a community sample study conducted by Sugiura et al. (2009) who identified a mean score of 15.06. As such, the CDS scores identified by participants in the current study support the utility and applicability of items when exploring multiplicity as a construct along the dissociative-spectrum.

When considering individual items within the CDS, the top three items for frequency and duration combined were: *"it seems as if things that I have recently done had taken place a long time ago"* (item 14); *"I feel detached from memories of things that happened to me – as if I had not been involved in them"* (item 16), and; *"I feel so detached from my thoughts that they seem to have a 'life' of their own"* (item 26). When explored in light of multiplicity experiences, these items help to explain people's experiences of not fronting in the body, having multiple different identities sharing one body, and having selves who have their own individual memories and lives. The highest six mean scores for the overall score (frequency + duration) are compared to those identified within Simeon et al.'s (2008) research in Figure 23.

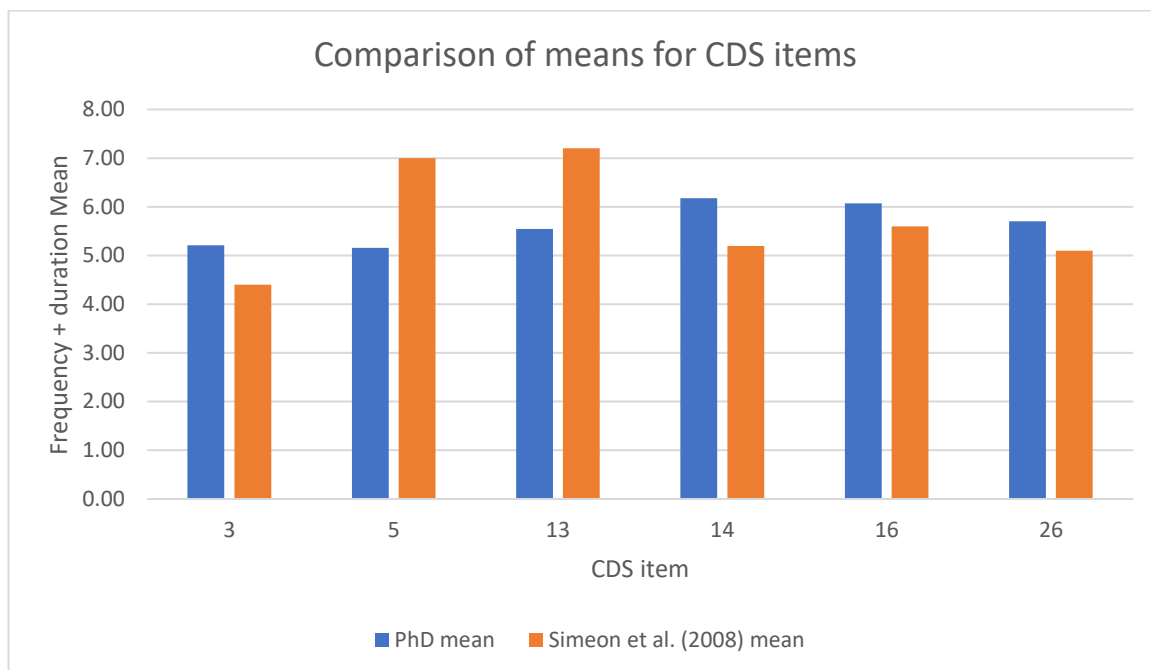


Figure 23: Comparison of means for CDS items.

While overall means were similar for the items (16 and 26 in particular), scores for items five (*my favourite activities are no longer enjoyable*) and 13 (*my surroundings feel detached or unreal, as if there were a veil between me and the outside world*), were lower in the present study. Understandably, such experiences have better clarity when considered in relation to depersonalization specifically and may not have as much explanatory power when considered regarding multiplicity experiences, particularly as respondents often discussed their awareness of the outside world even when they were not fronting. Items 14 (*it seems as if things that I have recently done had taken place a long time ago*) and three (*parts of my body feel as if they don't belong to me*) were relatively higher in the present study (6.18 versus 5.2, and 5.21 versus 4.4 respectively). If systems have experiences of switching or not being in control of the body for long periods of time, item three's high frequency and duration could be explained.

Due to the narratives presented within the current research, it was deemed important to include two further subscales for experts-by-experience, which explored usefulness and level of distress regarding the 29 items along with frequency and duration. While not often used within research, understanding how useful and distressing people's multiplicity experiences have been (from 0 = never to 4 = always) is important to help contextualise the information provided elsewhere within their narratives (see Table 14).

Table 14: Descriptive statistics for usefulness and distress subscales within the CDS.

Subscale	Minimum	Maximum	Mean	SD	Median	Scale mean (SD) (0-4)
Usefulness (/116) (n=59)	2	46	24.19	11.28	24	0.84 (0.39)
Distress (/116) (n=59)	10	114	55.07	21.54	56	1.90 (0.75)

When considering the qualitative narratives presented, it appears the overall scale mean for ‘useful’ oppose much of the information provided – from the CDS responses it would appear people’s experiences are rarely useful to them. However, it could be considered in relation to the items included within the scale. For example, the lowest three items identified for how useful experiences are were: *“objects around me seem to look smaller or further away”* (item 19), *“I have the feeling that my hands or my feet have become larger or smaller”* (item 12), and *“my favourite activities are no longer enjoyable”* (item 5). These items are useful to understand when considering depersonalization, however they lack importance when discussing multiplicity, for which feeling disconnected from one’s body is often not a common experience. This demonstrates the importance of having tailored understanding which is specific to people’s experiences – while there are commonalities that can be explored for different experiences, the two are not the same. As such, it is important to not only rely on validated scales which explore ‘similar’ experiences, mirroring the importance of specific understanding as discussed by all three participant groups. Despite this, the incorporation of the CDS was beneficial for use in a contextual manner, to consider what we<sup>21</sup> know currently, and how we can use that knowledge to help develop understanding of other experiences along the continuum, within which multiplicity resides.

When considering the level of distress people’s multiplicity experiences cause them, it appeared prudent to instead consider the lowest scoring items (identifying experiences causing the least distress; 0 = never distressing; 4 = always distressing). The top five items for usefulness and distress respectively are presented within Table 15.

<sup>21</sup> We is referring to the academic and clinical community in this context.

Table 15: Top five ranked items within usefulness and distress subscales of CDS.

Item	Item ranking (1-29); mean (SD)	
	Usefulness (n=59)	Distress (n=59)
4: I have found myself not being frightened at all in situations which normally I would find frightening or distressing	1 2.66 (1.09)	5 1.42 (0.89)
16: I feel detached from memories of things that have happened to me – as if I had not been involved in them	3 1.75 (0.99)	15 1.92 (4.23)
17: When in a new situation, it feels as if I have been through it before	5 1.31 (1.13)	4 1.41 (1.13)
19: Objects around me seem to look smaller or further away	29 0.05 (0.29)	3 1.40 (1.28)
22: When a part of my body hurts, I feel so detached from the pain that it feels as if it were ‘somebody else’s pain’	2 1.93 (1.46)	2 1.12 (1.15)
25: The smell of things no longer gives me a feeling of pleasure or dislike	15 0.78 (1.08)	1 0.93 (1.17)
26: I feel so detached from my thoughts that they seem to have a ‘life’ of their own	4 2.66 (1.09)	13 1.76 (1.21)

Similarities across the two scales demonstrated some key considerations regarding multiplicity experiences, and support the narratives presented elsewhere within the thesis. As highlighted by experts-by-experience, by sharing the body with multiple selves, they often can feel protected from distressing events, for others to take control of the body in times of stress, and to feel supported internally. This is demonstrated by items four and 22 respectively, which highlight the usefulness and limited distress experienced by them. Importantly, items 22 and 26 being relatively highly useful for experts-by-experience while having limited distress associated gives credence to the multiplicity experience, in that the items mirror respondents narratives in which there are multiple individuals sharing a body which have their own experiences, memories, and lives. Overall, the incorporation of the CDS may have been beneficial for some multiples who had not been asked to explain their experiences before, and thus benefitted from being able to plot their own experiences onto those relating to depersonalization. While the scale does not always mirror multiplicity experiences, it supported the dissociative-spectrum of which multiplicity is one construct,

as explained elsewhere within this thesis. It is important moving forward for tailored quantitative understanding to be developed, which can aid experts-by-experience to map and reflect on their experiences.

### 10.2.3. Self-concept clarity

The notion of being an individual which resides within a wider bodily system that comprises of multiple selves can be linked to self-concept clarity. As discussed in Chapter 3, within the minimal literature there is an emerging argument that people who identify as multiple develop their identity across two planes: 1) the understanding of the individual self, and 2) having a sense of self as a member of the wider bodily system. Both within the systematic literature review, and the main study of this thesis, experts-by-experience discussed having awareness of both selves, opposing the argument of clinical-only experiences such as DID being valid. One of the main tenets within therapeutic intervention for people with DID is working to develop positive self-concept clarity as this is generally lacking (Dorahy et al., 2021).

Often described as the extent to which individuals describe themselves in positive and consistent ways, and the extent to which individuals feel 'sure' of themselves (Campbell et al., 2003b), self-concept clarity is a key facet for both self-esteem and identity of the self (Story, 2004). High self-concept clarity is associated with having well-articulated, positive, and consistent understandings of the self over time, however low self-concept clarity is not having a well-defined negative view of the self. Instead, it is characterised by having high levels of uncertainty, instability, and inconsistency in relation to one's views of the self (Campbell, 1996). Self-concept clarity has been explored regarding a range of psychopathologies and mental health experiences. Research has indicated that having positive self-concept clarity can mediate against depressive symptomology and perceived stress (Coutts et al., 2023). Indeed, for individuals who have experienced childhood trauma, and resultingly had experiences of psychosis, self-concept clarity has been argued to be a mediating factor, protecting against the impact of adverse childhood experiences (Evans et al., 2015).

Theories of the self often have three aspects: content, structure, and process (Luke & Stopa, 2009). Content has generally been the focus of research, exploring what someone believes to be true about themselves, however minimal focus has been placed on structure (how one's self-concept is represented in memory), and process (how self-concept is developed internally) (McConnell & Strain, 2007). However, the latter two are key

considerations in relation to the experience of being a multiple self. Participants in this study discussed at length the complexity of their internal bodily structure, and how they navigate the world, both in terms of their individual preferences, and as the wider bodily system. By having open communication between selves, the structure of their internal world was often vast, with a range of roles and processes being encompassed by different relationships.

Self-concept clarity has also been explained to be key for the development of coherent life stories, which aid one's unity over the self. Through being able to clearly understand who an individual is, and how they have developed over time, life stories can provide individuals with meaning and direction (Addis & Tippett, 2008). However, for people experiencing clinical forms of dissociation, including DID, their life story is often interrupted, with large gaps being present within one's memory (Holm & Thomsen, 2018). This is further complicated for selves who have emerged later in the bodily life journey; when there is a lack of communication, shared memory space, and a lack of knowledge of the life prior to emergence, navigating life can be extremely challenging. People with DID have discussed the complexity of forming and maintaining connections with others, being aware of previous events and experiences, and being in situations where the body has been but them as individuals have not. By not being able to map one's own memories and life story onto the body, individuals often feel out of place and unsure where they fit within the wider system.

For participants within this research, who have shared memory space, awareness of others sharing the body, and communicating internally, it can be argued that people with multiplicity have higher self-concept clarity than in clinical populations. Indeed, participants shared information which was specific to them as individuals, as well as discussing experiences on behalf of the wider bodily system, evidencing awareness of the two planes on which self-concept has developed. While there were complexities discussed by later emerging selves, this was often highlighted as a requirement for therapeutic support or peer support – as will be discussed in more depth in Chapter 10.4.3, multiples are seeking specific and tailored therapeutic support which meets their individual needs. The respondents within this research were not seeking support to integrate their selves into one, but they were wanting support navigating the world as a system, as a means to live well as multiple. As will be noted by the emergent theory, new occurrences such as changes in the structure of the system, with new selves emerging, or integrating into the

body, times of stress, or breakdowns in communication internally can impact how the system interacts and understands itself. While the self-concept of the wider bodily system is more transient, individual conceptualisations of the self remain stable over time, akin to ‘traditional’ understandings of self-concept clarity (Dorahy et al., 2021). The notion of having clear self-concept clarity on both planes is one key facet of the experience of being multiple, demonstrating clear differences in the characteristics of multiplicity in comparison to clinical forms of dissociation or psychosis.

The self-concept clarity scale (SCCS; Campbell et al., 1996) evaluates the extent to which elements of an individual’s self-concept are defined, consistent and stable. Research has indicated that higher scores on the SCCS are associated with greater self-concept clarity (Oh & Roh, 2019). Within research focusing on dissociative experiences, the SCCS has been used to explore people’s diachronic unity (having a unified consciousness over time, with disparate elements being brought together and persisting from past to present (and future; Sokol & Eisenheim, 2016)). Lower scores on the SCCS, and relatedly, lower diachronic unity has been associated with dissociative experiences, potentially resulting in self-confusion and vulnerabilities to other mental health conditions e.g., depression or anxiety (Dorahy et al., 2021). For people with DID, their SCCS scores were lower than control groups, indicating that they may not experience a continuous sense of self over time. However, as discussed within this research, multiplicity allows for identities to have increased awareness over the bodily and memory systems of the person, therefore it may be useful to explore SCC in this population. By utilising the SCCS within a non-clinical multiplicity community, we can deepen our understanding of the shared memory and bodily space, which is not often present in people experiencing DID.

### 10.3. Medicalisation of human experiences

#### 10.3.1. Boundary with normality

Within the ICD-11, for each subsection of the ‘dissociative disorders’ category, there is an important, yet often misinterpreted section named ‘boundary with normality’. For DID, the threshold for diagnosis requires an impairment in functioning, along with the presence of multiple selves being classified as an adverse experience. The criteria notes that when both of these criteria are not met, a diagnosis should not be assigned, even when the other clinical features are met. It should be noted that within the ICD-11, the authors mention “in certain circumstances”, however only specifically refer to spiritual or cultural practices. This research project argues that the experience of being a multiple self fits into such

boundaries as participants noted their lack of functional impairment on behalf of being a multiple self. This argument supports one of the central tenets of the thesis, in that multiplicity is a valid experience, but not one that requires the assigning of clinical criteria.

There is an argument that the inclusion of thresholds, or boundaries with normality in both the DSM-V and ICD-11 increase clinical usability, however it is not clear how accurate or well used such instances are, particularly when practitioners lack specific knowledge about the wider spectrum of experiences that underpin 'dissociative disorders' (Maercker, 2022). The notion of 'normality' itself is difficult to reconcile and requires individualised understanding of both the person seeking support, and the range of contextual factors which may be influencing their experiences and behaviours. As Wakefield and First (2013) argue, there is somewhat of an overburden of false-positive diagnoses in which 'normal' suffering is viewed as a mental disorder. While it is understandable in light of scarce resources, and the increasing need to identify continuums on which to support individuals, the complexity of over-diagnoses on the individual cannot be overstated. Major Depressive Disorder (MDD) is often used to aid explanatory power to the issue – in that common portrayals of grief after experiencing loss, including intense sadness, loss of appetite, issues with sleeping and concentrating are also defining symptoms of the aforementioned disorder (Clayton et al., 1968). The clinician is required to make a normal-disordered judgement which will impact the individual's access to support and appropriate treatment. On the other hand, if they are misjudged as having MDD, the individual may be overtreated and stigmatised.

Considering this, a growing argument around sensitivity versus specificity of diagnostic criteria is emerging (Frances & Nardo, 2013). The importance of understanding the contextual nature of people's lives is vital. However, there remains a lack of understanding and specificity designated by practitioners and academics alike when focusing on the spectrum of dissociative experiences. The notion of impairment in functioning, and the experience of being 'adverse' is open to interpretation, and often relies on practitioners having deep understanding of the experience. Perspectives from people with lived experiences are often disregarded or not believed, thus resulting in the belief from practitioners that people cannot live well with such an experience. As argued in the systematic review in Chapter 3, experts-by-experience are often told they lack insight into their own experiences, resulting in the focus of research coming from professional interpretations (Eve & Parry, 2021; Şar et al., 2011). Previous research, along with the



current project identified that there remains misalignment with current discussions around multiplicity, with positive and healthy experiences often missed from the overarching narrative (Blunden & Billie 2021; Ribáry et al., 2017). By not taking the contextual nature of people's experiences into consideration, there are a range of avenues left unexplored which may give adequate and understandable reasons for people's behaviour, outside of medicalisation.

### 10.3.2. Cultural explanations of the self

Current understandings of 'unusual sensory experiences', within which multiplicity is argued to reside are generally considered only in line with Western understandings of mental health and societal expectations. As such, many experiences, understandings, and conceptualisations are not considered or accepted by the public and professionals alike. Within the global north, individual cohesive selves are generally the sole way that people are understood, and thus in the eyes of 'society', that form of self is considered normal. However, in other cultures, there is a lack of focus on the 'me', or the self as singular. Instead, there is more of a focus on people's identities being inextricably linked to community and others, and thus people view themselves in relation to the wider collective. This argument is mirrored by participants in the current study who understand themselves both as individuals, and as a collective self of people who share a body. As such, cultural understandings, and beliefs around 'normal behaviour' or 'expression of the self' should be broadened by the general public so as not to pathologise or misrepresent healthy expressions of the self.

Cultural manifestations of dissociative-spectrum and psychosis-spectrum experiences have been discussed in numerous ways, and as such cultural understandings remain lacking and unclear (Dorahy et al., 2014). However, it is important for individuals, and by association, professionals who work with those experiencing DID or other disorders to explore and understand the varying nature of identity across cultures. As discussed in Chapter 2.4.3, understandings of culture and its impact on identity can be linked to the notion of 'double consciousness' whereby there is a difference between how others see you versus how you see yourself (Meer, 2019). The two understandings get internalised into two co-existing views of the self (Moore, 2005). Double consciousness has been explored in relation to trauma and dissociation, with Şar (2017) developing a theory of functional dissociation whereby the 'sociological self' is differentiated from the 'psychological self'. While this model argues for inclusion of the 'trauma self' within the 'psychological self', within the

current research it could be argued to not be required. By viewing the experience within such a framework, multiplicity experiences can be argued to be 'normal' manifestations of multiple selves.

Sometimes considered 'out-of-the-ordinary experiences' (OOOE's), there is an increasing understanding in terms of the subjective nature of voice hearing and other experiences (Storm & Goretzki, 2016). The social framework within which the context and explanatory power of such experiences is vital to gaining true understanding and awareness. Opposing clinical understandings, the emerging framework of 'spiritual emergencies' has three overarching tenets (Grof & Grof, 2017):

1. Visionary states have played a crucial role in our social and religious heritage;
2. Such states are perfectly natural, although they can be painful and disturbing dissolutions of the ordinary ego and ordinary reality. Properly managed, they have a natural tendency towards positive resolution and should be supported rather than suppressed with medication; and
3. They should not be confused with conditions that have a biological cause and which require medical treatment, but modern psychiatry and psychology have little interest in or understanding of these non-ordinary states.

The language used around spiritual emergencies is important to consider, as the original authors used *emergency* (crisis) as a play on word due to the linguistic origin in *emergence* (arising; Storm & Goretzki, 2016). The Grofs' differentiated between a spiritual emergency and emergence, with the latter being less disruptive, while the former is thought to be associated with an impairment in functioning. In this light, there is an argument developed within the current project which sits along the same spectrum, with the two experiences having overlaps and commonalities, but being viewed along different planes. As Lukoff and Lu (2005) discussed:

*"The term spiritual emergence is used to describe the whole range of phenomena associated with spiritual experiences and development from those (probably the vast majority) which are not problematic, do not disrupt psychological/social/occupational functioning ... to spiritual emergencies that are full blown crises requiring 24-hour care" (Emergence versus Emergency section, para 6).*

Indeed, as with the argument relating to boundaries with normality, spiritual emergencies could be argued to fall under the 'religious or spiritual problem' diagnostic category which

considers cultural competence as an explanation for specific experiences which do not require a diagnosis (Wakefield & First, 2013). However, there is somewhat of a prejudice against discussing altered states within Western culture, with the understanding of the spirit being misconstrued or limited; indeed, there is often stigma attached to people who share such experiences, often viewed to be quasi-psychotic (Lutkajtis, 2021). Similar arguments have been purported against participants within this research, with respondents discussing the lack of understanding, belief, and acceptance when people discuss experiences outside of clinical understandings and conceptualisations.

Within Māori culture, there is importance placed on 'Te taha hinengaro', or mental wellbeing, which comprises of principles of cultural aspiration, collective philosophy, and normalising and affirming Māori understandings. In this way, explanations for voice hearing within the culture are normalised as credible, and not subjected to non-Māori conceptualisations or justifications (Wikaire et al., 2022). Indeed, some people with experiences of voice hearing could be accounted for by ancestral *kaitiaki* (spiritual guardians, NiaNia et al., 2019). Māori and other Polynesian cultures often ascribe to the spiritual view of dissociative experiences, such as shamanism or using experiences to connect to higher powers, rather than being viewed as dealing with an illness. Dorahy et al. (2014) argue that possession-form DID is more common in non-Western cultures due to the emphasis placed on interdependence and unity within the community. When viewed by Western understandings, such experiences could be pathologised and labelled, thus it is important to consider cultural explanations so as not to warrant potentially harmful treatments.

In this way, the current research concurs with the argument that multiple viewpoints, and individual understandings and conceptualisations of experiences need to be validated, understood, and accepted to provide holistic, supportive care for people experiencing multiplicity. It is important for mental health providers to be aware of the diversity and changing nature of people's cultural understanding of such experiences. Taking it one step further than only considering cultural understandings – that if we can be aware and understand that there are differences in experiences, it should be understood that people in the Western world also have different beliefs around medicalisation – that it is not always needed, although can be important and valid for many.

### 10.3.3. Hearing Voices Movement

The Hearing Voices Movement (HVM) was developed in the 1980's by Marius Romme, Sandra Escher, and voice hearer Patsy Hage. The movement has questioned and reframed the traditional biomedical understandings of voice hearing, and consequently stressed the importance of accepting voices, rather than solely viewing them as a symptom of illness (Romme & Escher, 2000). The importance of centring lived experience voices has been central since the origins of the movement, providing opportunities for experts-by-experience to have power over their experiences, and thus ownership over the narrative. Romme et al. (2009) have made several recommendations in relation to the ever-growing HVM which opposes the biomedical approach, including: 1) accepting voices as real; 2) understanding language used by voice hearers, and their voices as important; 3) helping voice hearers communicate with their voices; and 4) encouraging voice hearers to meet with other people who hear voices. The present research study supports the central tenets of the HVM and argues for the consideration of recommendations in regard to the experience of being a multiple self.

The HVM is encompassed by six core values: 1) normalising voice hearing as a common human experience; 2) framing voices as understandable responses to life events; 3) valuing diverse explanations for voices (including biomedical explanations); 4) owning and defining one's own voice hearing experiences; 5) valuing peer support from other voice hearers to help make sense of, and cope with voices; and 6) accepting and valuing voices as real (Corstens et al. 2014). As Waddingham (2017, p. 188) reflects on her own voice hearing experience: "[voices bring] ... *rich ... layers of meaning ... [and] reveal different kinds of truth*" ... [but voice hearers do] "*not need someone else to crack the code ... and trap and steal my right to defy definition*".

*As can be viewed in the emergent theory and narratives presented within this thesis, similar thematic narratives are discussed in relation to the power of being in control of one's own experiences, broader conceptualisations being accepted as important and real, and the value of peer support and validation. Indeed, when mapping out the emergent theory which will be discussed in the subsequent chapter, I often noticed similarities to the central tenets of the HVM. During this, I was worried that my implicit understanding of HVM was biasing my understanding of the data, and I was instead conceptualising experiences in relation to other experiences along the 'unusual sensory experiences' continuum. However, through re-reading the data, memos, and thematic maps generated, I came to understand that*

*potentially participants had also taken knowledge, understanding, and sense-making from the HVM. Indeed, the HVM is an ever-growing community, with over 180 hearing voices groups currently running across the UK. However, that is not to say that the emergent theory is a re-creation to knowledge already available, just that there are understandable overlaps when considering two often misunderstood experiences.*

As will be discussed in greater depth within Chapter 11.3.2.1, there are benefits for experts-by-experience, support networks, and professionals by aiming to identify the meaning of multiplicity experiences, using socially grounded understandings. The right to health, ability to have power over individuals' own experiences, and scope for individual, person-centred support to be available are important areas of focus, building on the tenets of HVM in respect of the multiplicity experience (Higgs, 2020). The current research allowed participants to have ownership over narratives through the emancipatory approach taken, ensuring lived experiences remain central to the study and emergent theory, which accepts and reflects the complexity of both the experience itself, and the resulting experience of navigating a singular world as a multiple self.

Indeed, there have been a few grounded theory research studies which have explored the voice hearing experience which are important to consider in light of my findings. While voice hearing and multiplicity are conceptually distinct, it is important to consider research into other experiences which reside within the 'unusual sensory experiences' area. Holt and Tickle (2015) examined how voice hearers (n=8) understood their voices and found that people actively search for meaning in an attempt to construct understanding of their voice hearing experiences through three frameworks: intrapersonal (individual views of the self), interpersonal (relationships between people), and parapersonal (what is perceived as being beyond an individual's personal control, but viewed as 'part of them' e.g., biological understandings). However, these frameworks were found to be impacted by stigma, sense of hope(lessness), and agency over their voices. My research supports a key argument identified within this research, in that practitioners have difficulty balancing their professional knowledge, which is often focused on medicalisation, with the ability to remain open to alternative perspectives and frameworks, often about areas or experiences where there is little knowledge or training. This was echoed across narratives from all three participant groups in my research, suggesting the lack of knowledge, awareness, and understanding of the broader spectrum of experiences spans across multiple 'unusual sensory experiences'.

This research supported Fenekou and Georgaca's (2010) study which explored voice hearers (n=15) explanation of their voices. Their participants explored meaning through a) the function of voices (i.e., what voices say and how voice hearers react); and b) their understanding of voices (how they understand the emergence and origin of voices). My study concurs with point a) in that the function of the system, and how individuals navigate life as a multiple system was key to clear conceptualisations of multiplicity. However, experts-by-experience generally stated that understanding how or why their multiplicity emerged was less important than developing a positive relationship with it in the present. The study also emphasised that practitioners often viewed voices as symptoms of illness, rather than a meaningful experience. This was supported by the current project, which identified practitioners often viewing multiplicity solely in terms of medicalisation, with many experts-by-experience feeling their true experiences were minimised or misunderstood by professionals.

Finally, Jackson et al. (2011) explored how voice hearers (n=12) develop positive relationships with their voices. Their findings indicated that establishing control (developing healthy relationships with voices), reducing fear (developing greater understanding and relationships), relational closeness (both with voices themselves, and the wider voice hearing community), and developing a personally meaningful narrative were key components of developing and maintaining positive relationships with voices. Indeed, similar findings emerged from my research, with the key arguments being discussed across participant groups. Developing positive relationships has another layer of complexity for my participants who often had to grapple with being misunderstood, not validated by research or the public, and being fearful of both the emergence of experiences, and fear relating to disclosing their experiences to others. However, the central tenets of Jackson et al.'s research are mirrored within the emergent theory for this research, with establishing control and relational closeness being related to recognition and regulation, and reducing fear relating to (mis)understanding and media. By having positive occurrences within awareness and experiences, participants in my research found themselves developing a personally meaningful narrative about their multiplicity experiences.

Overall, findings from my study support the aforementioned grounded theory studies, which highlight the importance of functioning, actively searching for meaning, exploring experiences, and developing control in relation to voice hearing. The importance of

understanding and truly living by the central tenets of the HVM were echoed across the current project; by having space and acceptance to explore individual experiences, having tailored support which meets individual, holistic needs, and being able to live openly with experiences, people with multiplicity can and will live well as multiple. As argued across this project, while clinical criteria are valid and appropriate for many people, and can allow people to access appropriate services, understand their experiences, and help search for meaning, it is not required for all. The spectrum of experiences encompasses multiple expressions of the self, one of which being multiplicity, and as such, people are valid in wanting to be viewed by the outside world how they view themselves.

#### 10.4. Importance of supporting people with multiplicity

##### 10.4.1. Peer support

As a result of the complexity and current lack of awareness and understanding regarding multiplicity experiences, participants in this study highlighted the importance of having access to appropriate peer support as a means to living well. Experts-by-experience discussed the impact other members of the multiplicity community have had on them, and their journey through exploring what it means to be a multiple self. Additionally, as multiplicity is viewed as a holistic, functional experience, there was less of a focus on traditional forms of support, many of which are currently inaccessible to those aligning with multiplicity. As such, peer support was highlighted as valid and appropriate, and often more affirming for people who experience multiplicity.

As with a range of 'unusual' experiences, including voice hearing and psychosis, there has been somewhat of a move away from traditional viewpoints of 'recovery' which were heavily focused on clinical (symptom reduction) and functional (return to work or school) conceptualisations (Rennick-Egglestone et al., 2019). Instead, there has been a push towards personal recovery which encompasses the process of living a fulfilled and satisfying life (Milner, 2017). Within this research, there is an overlap of functionality and personal recovery, with the understanding that people want to live fulfilled lives as a multiple self which may require support with functional aspects of life such as remaining employed or studying. As such, tailored support including from peers and professionals is viewed as beneficial by experts-by-experience, as discussed further in Chapter 10.4.3. Furthermore, in this context it is important to note that recovery for people with lived experience of multiplicity does not refer to removing the multiplicity experience, but

instead developing ways of living positively *with* experiences which involve cohabiting a single body space.

For experts-by-experience in this research, there were discussions concerning the lack of understanding, acceptance, and validation available when people shared their narratives to others in their lives (see Chapter 7.2.2). As a result, people generally turned to peers who had similar experiences in order to explore, understand, and share experiences and perspectives. Peers were also used as support networks who could offer specific advice, share stories of growth, and give hope in times of distress. This is commonly seen across mental health peer support narratives, with research identifying the power of peers within journeys of exploration e.g., within the LGBTQ+ community (Borthwick et al., 2020). However, some participants noted that there were sometimes minimal options for people to explore with others, which can be likened to the experience of 'satisficing'. Discussed in relation to mental health experiences, satisficing (satisfy + suffice) is a decision-making strategy in which someone aims for a satisfactory result, rather than an optimal solution (Takahashi, 2015). The decision made needs to meet the minimum requirements, but may not be the best solution (Krosnick, 1991). For people experiencing multiplicity, peer support may not be the optimal level of support that many people require, or are seeking, but in light of the lack of formal support pathways and services which can currently provide support, experts-by-experience are satisfied with peer support as an option.

As a result of the complexities of accessing appropriate, and substantial support, peer support can be a valuable arrangement for people, aiding their psychosocial functioning, allowing space for exploration, and development of understanding experiences. Within the multiplicity community, there has been development of support networks, such as a community who organised an annual Plural Positive World Conference, which has been run by and for plurals, or multiples. As such, Christensen (2022) argued that being plural, or multiple, is itself a culture, as culture refers to "*shared values, practices, and beliefs of a group of people*" (Chiao et al, 2010, p. 357). Socially, peer support groups can often be beneficial to meaning making, as discussing experiences with people who also have lived experience can be vital, positive, and fulfilling. Developing peer support networks was key for respondents within this research, who discussed seeking out information and other people who understood and accepted multiplicity. This was also the case for support networks in this research who discussed the benefit of speaking to others who also have support roles, to discuss challenges, best practices, and generally connect with others.



#### 10.4.2. Beneficial online spaces

As a result of the lack of common understanding regarding being a multiple self, both within the public and within professional therapeutic spaces, experts-by-experience in my research discussed having to step around formal systems and develop their own communities, often via online spaces and social media. Online spaces need to be embraced as a cost-effective alternative to formal systems, which can enable multiples who do not feel impaired by their experiences to seek supportive communities with others who also align with multiplicity. The ever-growing increase in social media use for the sharing of personal experiences was one reason Twitter was identified as the main recruitment space for both the online consultation, and recruitment to the main study for this project. Avenues for accessing support online using social media have grown exponentially over recent years. For example, during the COVID-19 pandemic, TikTok became one main place for people to share personal stories of mental health experiences (McCashin & Murphy, 2022). By developing an online community of likeminded individuals, there was increased availability of social support, understanding, and encouragement of help-seeking behaviours (Russell et al., 2021).

As noted in Chapter 3 and supported by expert-by-experience narratives discussed in Chapter 7.3.2, many multiples are searching for more holistic support (e.g., peer support, access to tailored resources and language) as opposed to standard therapeutic intervention. This was often noted as being due to prior negative experiences, misunderstanding from professionals, or a lack of access to services which validate their specific experience. Online spaces can allow people to *“help contextualise and make sense”* of their experiences (Heriot-Maitland et al., 2012, p. 46). Indeed, the majority of respondents noted they were open about being a system within online spaces, as opposed to often feeling the need to hide their experiences within the physical world. Participants in my study overwhelmingly stated that they were using social media as a means to communicate and connect with others in the community. Overall, participants noted the ability to be anonymous as one driver for their engagement. This resulted in the development of an online community of people who had undergone similar experiences, many of whom would not otherwise meet, due to differences in geography or other personal circumstances.

Indeed, experts-by-experience highlighted the development of their own website space that was designed and developed by the community, ‘Plural Kit’. The website allows

systems to create individual system member accounts under one overarching profile. This allows system members to post on Discord as their individual self, as opposed to posting as a system, with each individual being able to have their own name and avatar. The overarching profile allows sharing of information between selves, and clarity in terms of system structure. Additional applications, including 'Simply Plural' have been developed which allows systems to keep track of their experiences, who is fronting, note keeping and tracking system responsibilities. Such applications can and have been used across the dissociative-spectrum, and can aid newly emerging systems, along with those who struggle with system communication. There has been recent growth in the use of mobile health apps to help individuals track, support, and assess a range of mental health experiences (e.g., Headspace, Calm; McKay et al., 2018). By allowing individuals to have increased control and awareness of their experiences, when there are periods requiring additional support, avenues to accessing services can be beneficial for many people across the spectrum of experiences, as demonstrated within the current research.

The importance of ensuring spaces are tailored to meet the needs of the community is key, with respondents to this project identifying social media as positive spaces due to availability of the block function. Understanding boundaries in terms of when spaces are private and solely for experts-by-experience, and when there is the availability for open discussions is key to the community having ownership over their experiences and spaces. Indeed, knowing whether it was ok for me to advertise my research project on Twitter using hashtags that were commonly used by the multiplicity community was something I grappled with at length prior to advertising the consultation. I worried that as an outsider without personal experiences, I would be infiltrating a space that was not mine, and that the community would not welcome research being conducted. However, the response to both the consultation and the main study was positive, with participants noting the open and exploratory nature of the project, which allowed respondents to tell their own story in their own words, via anonymous means as positive. Some participants noted they engaged with both the consultation and main project, and shared the project with other systems, often via online spaces.

The benefits of online communities comprising of people having similar experiences have been found to overcome prejudice, anxiety, and judgement (Naslund et al., 2016). Furthermore, as discussed by Hou et al. (2015), anonymous social interactions can result in secure attachments, demonstrating the power of online interactions, mirroring the

benefits of offline support. All three participant groups in this study identified online spaces as potential areas of interest for their respective experiences, whether lived experience sharing, meeting other support networks, or sharing advice with other professionals. Linked to the importance of peer support, there is the potential for online spaces to be used positively to allow new systems (along with established systems seeking support) to connect, share experiences, and help support others.

#### 10.4.3. Tailored therapeutic support

As theorised by this study, the experience of being a multiple self is a distinct experience, and as such requires individual understanding, support, and language. Resultingly, there needs to be tailored support available for those aligning with multiplicity, as opposed to having solely medicalised, clinical support available. While medicalised support was highlighted as not required for people with multiplicity, respondents did discuss the potential need for therapeutic support which allows them to navigate life well as a multiple self. This will have two-fold benefits for the wider community – 1) those aligning with multiplicity will feel validated and supported and will have access to services relevant to their individual experiences, and 2) specific support designated for people meeting clinical criteria will have increased access to the limited support currently available. As noted in Chapter 10.3.1, the contextual understanding of boundaries with normality in relation to multiplicity experiences are required to be understood by practitioners. This increased understanding could allow for tailored and specific support to be available across the spectrum, ensuring appropriate service design and delivery is available for all.

The need for appropriate support has long been argued to be beneficial for a range of mental health conditions and experiences (Corrigan & Kleinlein, 2005). By only being able to offer medicalised support, the holistic nature of people's multiplicity experiences is often missed, misunderstood, or not taken into account during service delivery. Understandably, as noted by professionals in Chapter 9.2.2, there is often a lack of specific training focusing on dissociative disorders themselves, never mind consideration of the wider spectrum of experiences. As such, professionals often rely on individual learning, working with experts-by-experience to develop knowledge, and relying on the information they do have available. However, as noted by Floris and McPherson (2015), the main reason for people accessing services is often overlooked as there is a lack of wider understanding. This was supported by experts-by-experience in Chapter 7.3.1, whereby multiples found the focus on medicalised experiences to be harmful, especially for those who feel they are not

suffering from being a member of a multiple system. Diagnostic overshadowing has been identified as impactful for both service users and service providers (Molloy et al., 2023).

Furthermore, the notion of assuming everyone who is having unusual sensory experiences, of which multiplicity is one experience, requires support, and that support offered is wanted could be causing iatrogenic harm to many. Iatrogenic harm refers to the harm caused inadvertently by the experience of engaging with treatment (Rees, 2012). While professionals seek to support clients, and relieve them of their suffering, the notion itself of support in this context could be argued to be damaging to people experiencing multiplicity. As discussed in Chapter 6 and Chapter 7, multiples in this study align with holistic, non-clinical frameworks and language choices, and do not view their experience as requiring clinical involvement. The implicit messaging often involved in healthcare surrounding such experiences often demonstrates indicators of judgement, prejudice, or lack of understanding (Putnam, 2014). This can then lead to mistrust from clients seeking tailored support as seen in Heck et al.'s (2006) study focusing on responses to healthcare providers from LGBTQ+ individuals. LGBTQ+ people often have low expectations of healthcare providers because of the history of pathologising sexuality (Singh & Burnes, 2010). As a result, LGBTQ+ people have therefore been found to delay or avoid accessing care. The misunderstanding regarding multiplicity, how it is conceptualised as non-clinical and functional could result in people not accessing services for fear of being viewed as requiring a diagnosis and the resultant treatment pathways, causing potential iatrogenic harm to people who are seeking holistic support to live well.

The notion of being viewed as an object to be fixed, as found within expert-by-experience narratives, is extended across mental health experiences (Gaillard et al., 2009). Christensen's (2022) study identified only 3% of multiples involved in their research reported wanting integration as their goal for therapy, while 78% reported their goal was "functional multiplicity" i.e., being able to live well, communicate, co-operate, and collaborate with other selves. Notably, the relationship developed between professionals and individuals seeking support is often key for the improvement of individual's presenting struggles (Shattell et al., 2006). This was supported by this research, with experts-by-experience discussing the importance of relationships, feeling listened to and validated, and their experiences being understood by professionals. By tailoring the current standard of therapeutic support to meet the needs of individuals across the spectrum, more holistic support can be provided, with people's true challenges being focused on, as opposed to

feeling pushed down a road that does not align with their needs. By automatically assuming the experiences are something to be fixed as opposed to working with the individual to develop and maintain healthy ways of living, participants in the study noted they had started off on the wrong foot with professionals at times. Many participants reported they attempted to access services to help them live well as a multiple self, but as soon as they mentioned their experiences, they were often viewed solely as a clinical case. Through increased understanding, knowledge, and training regarding the experience of being a multiple self, how it differs and is similar to clinical experiences, and where the boundaries of normality lie, professionals can begin to appropriately support individuals seeking care.

#### 10.5. Recommendations for practice

Multiplicity in psychotherapy offers a rich terrain for therapeutic exploration, emphasising the diverse internal landscapes within individuals. Rather than viewing multiplicity solely through a lens of pathology, contemporary psychotherapy can move towards viewing the positive contributions of the multiplicity experience within the therapeutic process, emphasising the importance of social justice within the research. Embracing multiplicity acknowledges the complexity of human experience and fosters an environment where different identities within the self can be explored, validated, and supported both as individuals and as a wider bodily system. Within this framework, the therapist can facilitate a collaborative dialogue among the various facets of the client's identity, allowing for greater self-awareness, empathy, and personal growth, in line with foundational aspects of Compassion Focused Therapy (Leaviss & Uttley, 2015). Moreover, embracing multiplicity promotes resilience and adaptability, as individuals learn to navigate and harmonise their internal conflicts and contradictions. By honouring the plurality of human experience, psychotherapy can cultivate a more holistic understanding of mental health and well-being, ultimately empowering clients to embrace their diverse identities and lead fulfilling lives.

Considering the discussions presented within this chapter, it is useful to consider recommendations for practice specifically in relation to multiplicity. All three participant groups discussed a range of hopes and requirements for accessing or providing support to a multiple self, with considerations being given for both the individual, and the system. It is important to consider previously published recommendations within the broader field; Parry et al. (2018) put forth eight recommendations for working with people who experience DID in healthcare settings. Each of these recommendations is discussed in

relation to the current study, and how multiplicity can be supported and understood by both peer and formal support networks or services.

1. *Younger parts may require additional acknowledgement, nurture, and support.*

Expert-by-experience respondents discussed having selves who were children, along with those who may have emerged later in the body's life, both of which require specific support and acknowledgement. Respondents discussed the complexity of navigating daily life with younger selves who may lack the awareness of roles, or schedules that the other members of the system designed. However, systems discussed by having positive and open communication between selves, they were better equipped to deal with situations where a younger self takes control of the body. By allowing individuals the space to understand and explore their inner world and internal selves, they can better discuss these with support networks and professionals. There was additional awareness of younger selves due to the minimal barriers between system members, thus younger selves were often looked after by multiple selves internally.

2. *Avoiding a singular perspective on the self as a construct may be helpful, for example, enquiring "how is everyone?" may be preferable to "how are you?"*

The current study concurs with recommendation two, with the notion being discussed by all three participant groups. Experts-by-experience discussed the sense of acceptance and awareness that was shown through small behaviours such as speaking to all members of the system. As discussed in Chapter 7.3.2, some systems feel the need to hide their experiences, and as such selves who do not front lack connection to the outside world, and thus can feel minimised. By showing awareness that there are multiple selves sharing a body, experts-by-experience discussed immediately feeling supported by the individual they were speaking to, creating a positive relationship. This was echoed by support networks and professionals who discussed the importance of having individual relationships with as many selves as they could and understanding that they were individual people rather than 'parts' of one whole.

3. *Younger parts may have particular difficulties expressing themselves verbally. Therefore, alternative methods of communication should be agreed with the main persona (e.g., toys, music or drawing).*

There was no discussion within the current project concerning difficulties of younger selves expressing themselves verbally; when younger members were talked about, they were talked about having conversations internally, which I took to mean that they were verbal.

However, having alternative methods of communication may be positive for selves who are unsure of how to explain their experiences via verbal methods.

4. *Different alters may require an introduction to staff known by the main persona, and vice versa.*

While the notion of recommendation four is supported by the current research, this thesis viewed the understanding of memory and awareness in a broader scope. It is important for different selves to be introduced to people externally if there has not been prior connection. However, for multiples there is often shared memory space, awareness of others who are controlling the body, and a lack of amnesia between selves. As a result, individuals discussed being aware of the external world even when they were not fronting. This meant that introductions to external people may not need to be as formal as with people who have DID. However, it is important for external people to be aware of which self they are talking to – this is often at the discretion of the system, with some individuals sharing body control during these interactions, and others switching in after an introduction has been made. As with the interviews conducted in this study, experts-by-experience made decisions prior to joining the interview, with one self making the choice to be interviewed; I had no instances of selves switching during the interview. However, I made it clear I was happy to talk to other selves, some of whom shared perspectives internally during the interview, which the self I spoke to conveyed to me.

5. *Compassionate acceptance and support for people with younger parts was identified as essential for the wellbeing of the whole person.*

As with recommendation four, the central tenets are accepted, however the current project recommends compassionate acceptance and support more broadly, encompassing the whole person and all individuals who share the body. All individual selves require support and acceptance, and the notion of living as a multiple self who does not align with medicalised criteria requires compassionate understanding. It is important for both the public who lack understanding about multiplicity, and those with knowledge of multiplicity including support networks and professionals to be open and embracing of different perspectives and constructions of the self. By allowing individuals to portray themselves as they wish, they will hopefully feel compassionate acceptance of themselves as a whole. For people with multiplicity, support was discussed via numerous means, both formal and informal. It is important for formal support to be available, and such support should be tailored to the experience of being a multiple self, rather than support which only aligns

with clinical criteria. This support should be tailored towards supporting positive psychosocial functioning and living well as a multiple self. Peer support was also discussed as beneficial for both experts-by-experience and support networks to share experiences, seek advice and connect with others who have lived experience.

6. *Demonstrate authentic interest in the person's wellbeing through asking questions and becoming educated around their individual condition.*

This is a key recommendation which was discussed by all three participant groups in the current study. Linked to recommendation five where multiples should be accepted and supported, respondents discussed the importance of understanding what multiplicity is, how it differs from clinical experiences, and understanding that people can, and want to live well as a multiple system. While support networks discussed being worried to ask questions sometimes, for fear of being intrusive, or using 'incorrect' language, experts-by-experience emphasised their acceptance of questions around their experiences. Experts-by-experience discussed feeling seen when people asked open questions, as they could tell that people were trying to understand – they reported preferring people ask questions than assume information and then judge them based off those incorrect assumptions. Asking questions and demonstrating interest for both individuals and the whole system is important to allow for individual relationships and connections to be developed.

7. *Common ground was seen as being very important in order to develop relationships.*

Developing trust and common ground is key for developing positive relationships with multiple stakeholders, including peers, support networks, and professionals. By normalising and understanding multiplicity experiences, experts-by-experience reported experiencing trust and acceptance from professionals.

8. *Participants often had difficulty recognising, remembering, and locating their named nurse. Therefore, people with DID should be provided with an information card about their key staff including a photograph, name and perhaps some appropriately brief information about hobbies and interests.*

This recommendation is not required for those with multiplicity, as on the whole people will not have named service providers within inpatient settings. Additionally, people with multiplicity also discussed having shared memory space, and a lack of amnesia between selves, the latter of which is common for people with DID.

Overall, the recommendations discussed could be appropriate for use within both services and peer support networks for people experiencing multiplicity. Central tenets of support,



understanding, validation, and acceptance are evident in both the recommendations, and narratives from all three participant groups within this research. The recommendations are discussed specifically in relation to this research, and how they can be adapted for specific use with the multiplicity population within Chapter 12.4.4.

#### 10.6. Summary

The study findings highlighting acceptance and understanding of multiplicity as a functional experience outside medicalisation compliments current literature within the broader mental health space which is becoming increasingly accepting of continuums and spectrums. Indeed, the consideration of multiplicity in light of standardised quantitative scales used within the 'unusual sensory experiences' continuum gave support for similarities in expression and experience. However, the positive and functionality of multiplicity was identified by the CDS, opposing research focusing on negative experiences associated with depersonalization. While there remains minimal research specifically relating to multiplicity itself, the findings support the ethos of the Voice Hearing Movement which emphasises the importance of allowing experts-by-experience space to explore their own experiences and accept their personal conceptualisations. The journey to living well as a multiple self can be facilitated by tailoring therapeutic support, and enabling access to positive, online peer support networks. The following chapter unites the narratives into an emergent theoretical model.

## Chapter 11. Emergent theoretical model – *EMBRACE*

### 11.1. The journey to the core category

This chapter offers reflections on the process of undertaking a constructivist grounded theory research project on the edges of what we know conceptually from the existent literature, largely led by voices of experience seldom heard across mental health research. As a result of the lack of knowledge currently available regarding personal conceptualisations of multiplicity experiences, the emergence of a core concept was a careful and iterative process which involved a range of reformulations and trial and error. I was often struck with the difficulty of focusing on the core area that had emerged across narratives, while feeling like there was still so much that had not been explored. To take inspiration from common sayings, I often felt like I could not see the forest for the trees, as I was often focusing on individual elements rather than thinking about the broader narrative that was emerging from my participants. I felt beholden and indebted to my participants, and wanted to ensure the emergent theory was truly reflective of their complex narratives.

The second main challenge concerned how I could abstract the data I had. Initially I felt that by abstracting, the emergent theory would no longer reflect the personal narratives discussed by those in the multiplicity community, and thus would become redundant. As such, I aimed to present a theory that remained firm in the emergent categories discussed in the chapters above, taking note of the overlap and journey that was apparent (see Figure 24).

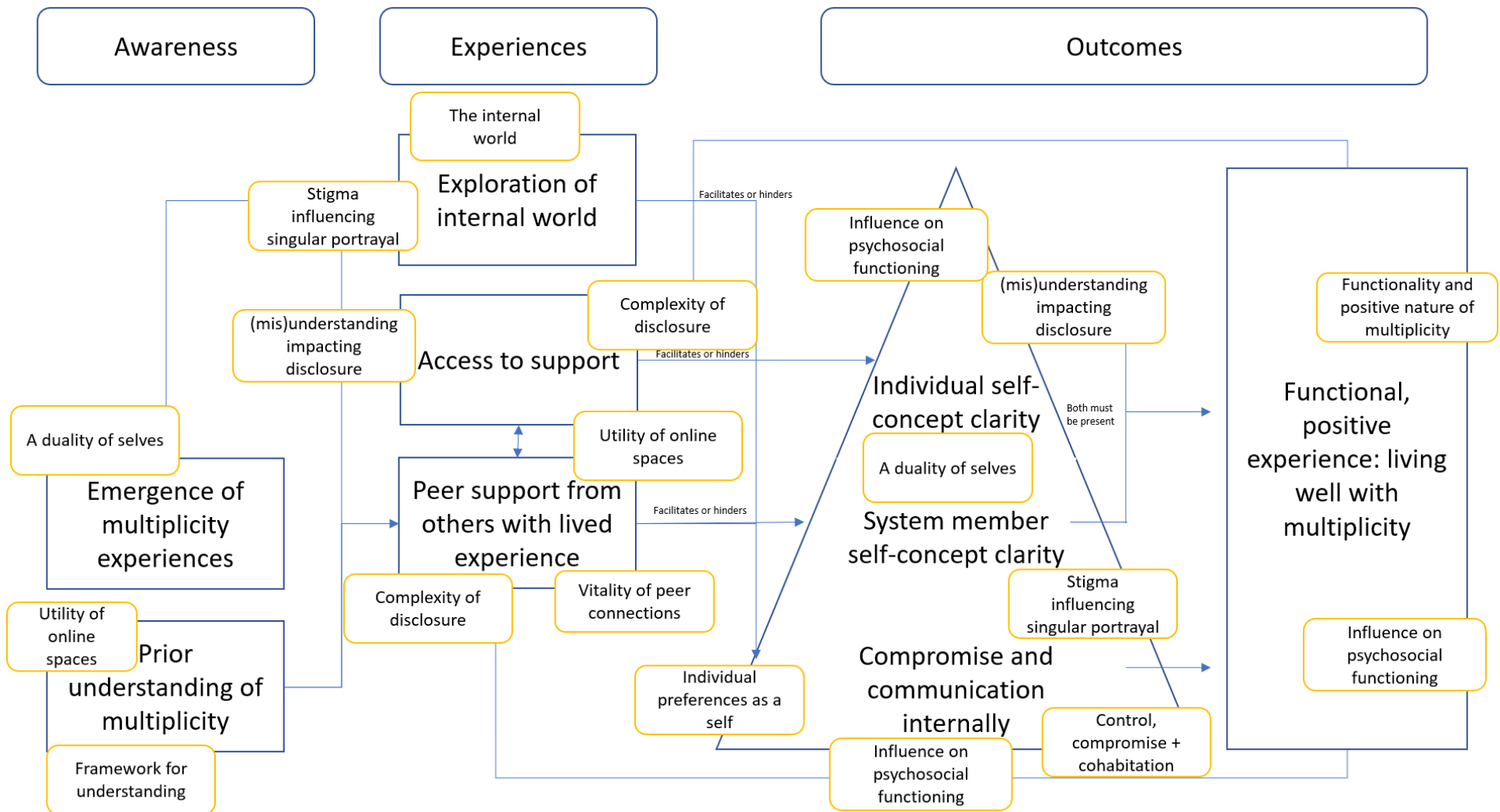


Figure 24: Attempt to map themes and subthemes onto early version of emergent theoretical model.

Establishing the interplay between categories and understanding the connections by diagramming signified that coding had reached an advanced level of analysis, moving away from focused coding. At this stage, I was beginning theoretical integration, also known as theoretical coding (Charmaz, 2014). Buckley and Waring (2013) refer to diagramming as an under utilised tool for generating analytical ideas. If the drawing was unclear, so were the concepts. However, after reflecting with my supervisory team, it became apparent that this working model remained too far into the 'real' understanding, as opposed to the abstract. The utility of grounded theory lies in the ability to ensure the data was truly grounded in participant narratives. However, as discussed in Chapter 5.6, for a theoretical model or theory to be raised to a substantive theory, the understanding and conceptualisation needs to become more abstract (Peters, 2014). Indeed, one key aim of a grounded theory is to allow for abstraction which enables the model to be mapped on to other experiences and phenomena. By remaining too close to the data itself, this model prevented clear understanding of the journey participants disclosed.

#### 11.2. Synthesising narratives

Table 16 demonstrates the journey through the CGT coding stages, and how the narratives presented in Chapters Six to Nine emerged and were integrated into the resultant theoretical model through the process of theoretical coding, which is discussed within the current chapter. Within the table, the bold focused codes are the category titles, with the remaining focused codes being the subcategories identified within each chapter. The table demonstrates how the three participant group narratives were brought together in a holistic manner within the data analysis, which resulted in the theoretical model which demonstrates the social process of living as multiple, and the impact that factors have on influencing people's ability to live well as a multiple self can have.

Table 16: Example of journey through the CGT coding stages resulting in the emergent theoretical model.

Participant group	Initial code examples	Focused codes	Theoretical code
Experts-by-experience	“Lack of understanding = questioning of legitimacy”; “Faking experiences”; “Medicalisation = dehumanising”; “Incorrect assumptions being made about self”	(Mis)understanding impacting disclosure	(Mis)understanding
	“Flexible internal systems”; “Experiences of self and the body”; “Sharing the body but not being one”	A duality of selves <b>Understanding the self</b> <b>Understanding the system</b>	
Support networks	“Desire to learn more from people”; “People sharing their experiences”; “Learning to understand”	Expert-by-Experience leading disclosure	
	“Lack of research”; “Difficult to find accurate knowledge”; “Understanding based on loved one’s experiences”	Anecdotal perspectives influencing understanding	
	“Time taken to understand”; “Changes in understanding them as people”; “A change in relationships”	Emotional toll for non-multiples <b>Navigating a complex experience</b> <b>Influences impacting understanding</b>	
Professionals	“No NICE guidelines”; “No pathways for non-clinical”; “Unsure of treatment procedure”	<b>The complexity of (mis)understanding</b> Limited pathways to support	
	“Focusing on what EbE wants to focus on”; “Not automatically fixing”; “Taking time to listen”	Adapting frameworks of knowledge	
Experts-by-experience	“Positive online spaces”; “Internet identifying useful knowledge”; “Social media support in understanding multiplicity”	Utility of online spaces	Media
	“Media impacting choice to disclose”; “Harmful films”; “Fear of disclosure from films”	External judgements influencing singular portrayal	
Support networks	“Knowledge coming from media”; “Unsure where to find valid information”; “Fear of the unknown”	Reaction influences	

Experts-by-experience	<p>“Hoping for acceptance from others”; “Unsure of sharing experience”; “Gauging reactions from others”</p> <p>“Non-clinical information useful for understanding”; “Focusing on the now”; “Unsure how to explain experiences”</p>	<p>Complexity of disclosure</p> <p>Framework for understanding experiences</p> <p><b>Complexity of living as a multiple in a singular world</b></p>	Language
Support networks	<p>“EbEs guiding understanding”; “Not understanding non-medical language”; “Process of learning”</p> <p>“Lack of information for us”; “Unsure how to support”; “Unsure how to approach the topic”</p>	<p>Starting from a blank slate</p> <p>Information needed for non-multiples</p>	
Professionals	<p>“Lack of understanding around support”; “Difficulty identifying appropriate support”; “Lack of knowledge = lack of support”</p>	<p>Lack of specific training</p>	
Experts-by-experience	<p>“Internal roles”; “Needs don’t map across selves”; “Consider as individuals <i>and</i> system”</p> <p>“Structuring of internal space”; “Relationships within internal space”; “Difficulties sharing headspace”</p> <p>“Trying to control the body”; “Struggles to live well”</p> <p>“Having to compromise to live”</p> <p>“Wouldn’t change to singlet”; “Always have support”; “Adaptive experience”</p> <p>“Structure for daily life”; “Stress = difficult to manage switching”; “Making decisions as a team”</p> <p>“Understanding from other multiples”; “Peer support needed”; “Guidance from others”</p>	<p>Individual preferences as a self</p> <p>The internal world</p> <p>Control, compromise and co-habitation</p> <p>Functionality and positive nature of being multiple</p> <p>Influence on psychosocial functioning</p> <p>Vitality of peer connections</p> <p><b>The importance of connection</b></p>	Recognition and regulation
Support networks	<p>“Information impacting perspectives of multiplicity”; “Journey to understanding”; “Seeing ‘disorder’ first hand = non clinical”</p>	<p>Anecdotal perspective influencing understanding</p>	
Professionals	<p>“Facilitator not leader”; “Truly being led by the client”; “Mindful of value judgements”</p>	<p>Allowing multiples to lead support</p> <p><b>Complexity of working with multiple selves</b></p>	

### 11.3. The emergent theoretical model

In line with the thesis aims, the theoretical model presented in Figure 25 is aimed at the general public who are unlikely to have encountered many accounts of multiplicity experiences, as an 'uncommon' experience. The model will hopefully be impactful for experts-by-experience who may feel validated by the theory; however, it is important to raise awareness and reduce judgement by disseminating accessible information with the general public about the complex, yet often positive experiences of being multiple. This notion is in line with Charmaz's work around social justice, emphasising the importance of giving voice to marginalised and underrepresented populations (Charmaz, 2020). Within Charmaz's work, she advocates the centring of perspectives that have been disenfranchised previously, challenging the dominant power structures currently evident. As experts-by-experience are often vastly impacted by misunderstanding, stereotypical reactions, and judgement from the general public, it is important to carefully educate people about the true nature of multiplicity. The model is primarily focused on experts-by-experience journeys, but it brings in support networks and professional viewpoints to add clarity and nuance to the categories presented.

People experiencing multiplicity have had to construct their own knowledge, language, and conceptualisations by discussing their experiences with others in the community. This has allowed people to navigate their own path around the system that is currently entrenched in medicalised understandings. People can therefore navigate away from social labelling (both internal and external), stereotypical understandings, and increase their power by recreating their sense of self, which is non-pathological, supportive, and positive. Online communities have been beneficial for people to share experiences anonymously with others and should be considered as a vital component of informal support for many. As multiplicity is not an experience that impacts functioning and causes distress by nature of being a multiple self, peer support and dialogue are valuable to validate people's experiences and share useful information across systems. This can allow for a change in power dynamics to occur, with experts-by-experience being able to take the lead of their own lives.

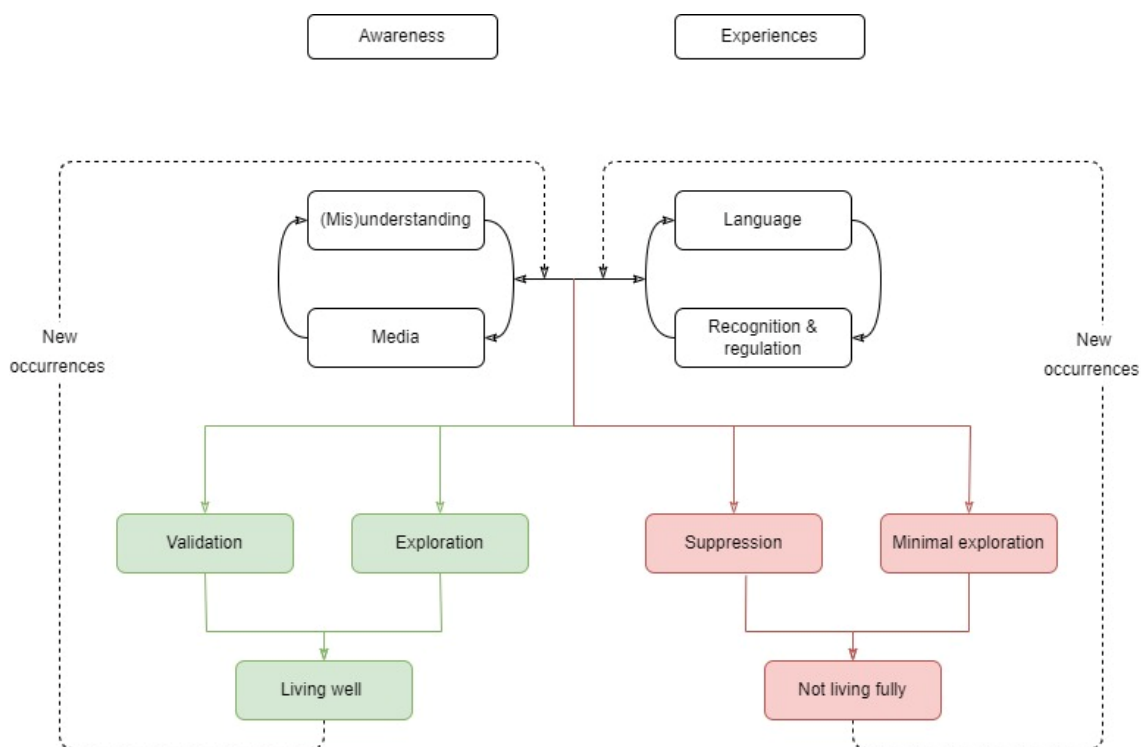


Figure 25: EMBRACE theoretical model (Exploring Mental health Beliefs, Recognition, And Communication for Empathetic understanding).

### 11.3.1. Awareness

Within this research, levels of awareness were key to people living well as a multiple self. These were discussed in two areas of focus by participants, (mis)understanding, and media representations. “Awareness contexts” were offered by Glaser and Strauss (1965) to explain what patients in hospitals know or do not know about their death trajectories. Within their research, awareness ranged from being completely unaware, to the patient having open and honest communication with others. While traditional in the 1960s, within today’s society standard practice is to be forthright with patients when they have a terminal illness. Research has identified positive outcomes linked to open awareness, including reduced anxiety and depression, as well as improved decision making ability (Anderson et al., 2013; Temel et al., 2016). In line with the current project, patients within Hagerty et al.’s (2005) study reported wanting clear and accurate information, resulting in awareness of multiplicity specifically for the current participants.

One key aspect of Glaser and Strauss’ (1965) study was the role of institutional and organisational realities in shaping awareness of prognosis of a terminal illness. Linked to the



current research, narratives were expressed in line with the specialised care available for individuals. Often within the current research, experts-by-experience felt that professionals lacked specialist knowledge and awareness of multiplicity specifically, outside medicalised understandings. This often resulted in participants seeking support from numerous services or therapists before receiving the care they hoped for.

### 11.3.1.1 (Mis)understanding

*“I think with DID and OSDD people with that tend to see those two as the only way you can be plural” (Diesel, expert-by-experience).*

The level of understanding in relation to what multiplicity experiences are, and the level of support provided were often interlinked within participant narratives, from all three groups. Inevitably, with increased awareness and understanding of multiplicity experiences, support networks and professionals felt they could offer more personalised support, which in turn resulted in experts-by-experience feeling validated and supported. Often the level of understanding was broken down into low and high levels, along with good and poor forms of support (see Figure 26).

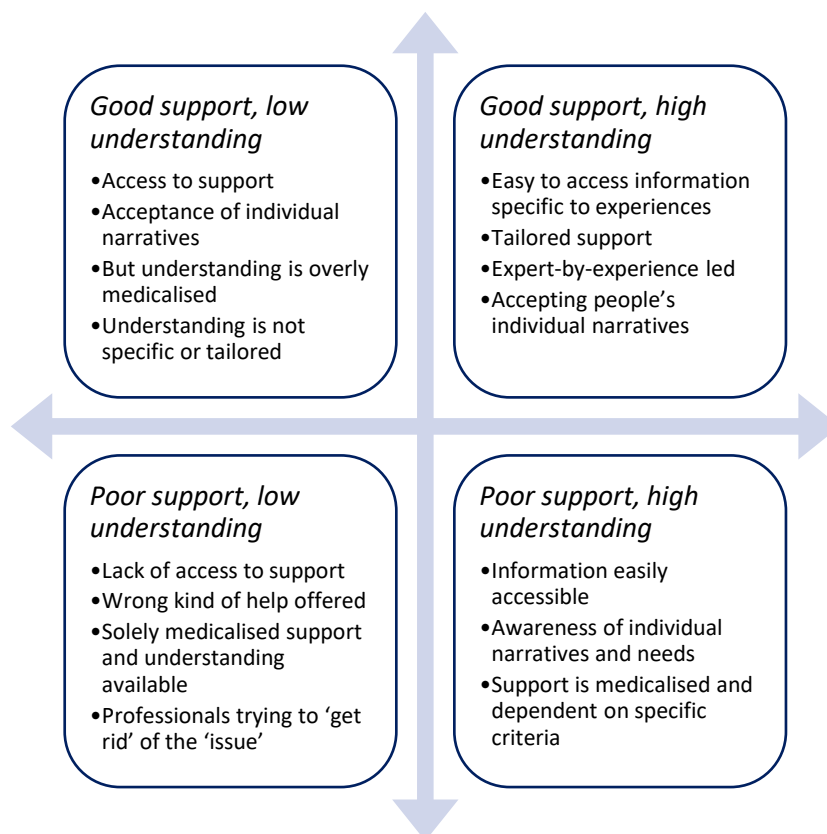


Figure 26: Mapping level of support and understanding.

Experts-by-experience discussed their current experiences of support and understanding, along with hopes for positive developments within how their multiplicity is understood by others. Currently many multiples felt that there has been poor support and low understanding from the public in which there is often a lack of understanding or awareness in terms of what multiplicity is. This is often coupled with solely medicalised support available to people when they engage with services, which does not align with their personal conceptualisations of their experiences. Despite the general lack of awareness, experts-by-experience did discuss positive support networks they have with people who provide good support involving acceptance of people's individual narratives, and validation of experiences. Hope was discussed by multiples in relation to being able to access tailored support and information for their specific experiences, rather than having to rely on medicalised information, or stereotypical reactions to disclosure.

Professionals mirrored the fluctuating nature of support and understanding. As discussed in Chapter 9, professionals will often rely on assumptions made around the topic as they do not receive specific training as standard practice. This often meant relying on medicalised criteria that they have access to, for example the DSM-5. Inevitably, for professionals who do not work with clients experiencing multiplicity as standard practice, they may not seek out other perspectives or avenues of inquiry. Professionals in this study however did note that they often work in a client-led manner, allowing the expert-by-experience to share their perspectives and needs in relation to therapeutic support. Even when professionals lack specific knowledge and understanding, client-centred professionals could allow individual narratives and needs to be addressed and worked with, which is in line with expert-by-experience wishes for support.

From both expert-by-experience and professional's perspectives, professionals placing importance on developing relationships and trust with each self within a system was viewed positively and key to overall relationship building. Nuance often comes in when the professional is unsure who they are speaking to in each session, with experts-by-experiences noting that often individual selves will have specific issues or difficulties they want to work through, that the other members of the system do not have. As stressed in the interpersonal narratives within Chapter 7.3.1, experts-by-experience want to be taken at their word, and trusted to illuminate about their own lives, which often involves

professionals taking experiences at face value to start with rather than going in with questioning behaviours, or doubting the narratives being presented.

Due to the focus on medicalised experiences that align with clinical descriptors, those with lived experience within this study discussed the lack of access to support and treatment as they are not impaired in their functioning. Those with multiplicity experiences are viewed to not meet the threshold for care, or if they do, they are automatically supported through a medicalised viewpoint. Those with lived experiences discussed at length feeling like they currently must accept incorrect interpretations of their lives in order to access any support at all. Alternatively, people made decisions to present as a singular self and suppress the multiple side of themselves when support is required therapeutically, in order to be offered specific support. Experts-by-experience as a result reported struggling to find anyone to understand them in the way they wished to be recognised and understood – they felt as soon as they disclosed their experiences within a therapeutic space, the focus of treatment would be diverted to viewing being a multiple self as the presenting problem. There currently remains a lack of treatment, support, and understanding in terms of providing tailored support for people who have ‘unusual sensory experiences’ that do not align clinically, but still would benefit from access to treatment, support, and validation, whether that be through formal or informal means. Experts-by-experience discussed high levels of drop out or incomplete treatments due to expectations not being met. This was through either the therapist viewing the experience as a problem that needed to be fixed, or the therapist not having the knowledge, ability, or awareness to treat them, which often led to the individual being transferred to another therapist. The process of trying to access support, while being worried about presenting themselves as their whole system was distressing for many.

Support networks also discussed the complexity of developing awareness and understanding in relation to multiplicity experiences which many individuals had never heard of previously. Indeed, support networks discussed feeling like they were being lied to when they first became aware of the behaviours their loved ones were presenting with, particularly when experts-by-experience lacked memories of prior conversations, or the body was behaving in vastly different ways on different days. By lacking awareness, support networks were unable to seek out information and instead waited for their loved ones to disclose. The journey to disclosure was complex for experts-by-experience who discussed being extremely selective about who they discuss their multiplicity with; finding supportive,

non-judgemental and accepting people was key to feeling secure in their decision. This careful decision was reflected in the support networks feeling protective over their loved ones, who they have worked through the complex experiences with over time. Support networks were often discussed in relation to the ‘good support, high understanding’ category of Figure 26, as they were accepting of individual perspectives, allowed the multiple to take the lead, and seek out support wherever possible.

#### *11.3.1.2 Media influences*

“Most people have a very constrained, horror movie style of how being multiple works” (Moss, expert-by-experience).

Dramatised experiences are often portrayed within the media, which has had an inevitable impact on people’s perceptions of ‘unusual sensory experiences’, linking to misunderstanding. While multiplicity itself has not been portrayed, due to the lack of awareness as to the existence of other forms of dissociative experiences, a range of media supposedly portraying DID has been released. Negative portrayals such as *Split*, or *The Three Faces of Eve* have had damaging consequences on people’s own identity formation, understanding of the self, and the way people portray themselves to the public. As the public often lacked nuance in their understandings, if they had any understanding or awareness of the experience at all, they were generally only viewed in light of the negative portrayals. Media often portrays stereotypical and exaggerated experiences in which people experiencing dissociation are viewed as a harm to themselves or others, without also portraying neutral or positive examples of the experience. Understandably, the general public’s awareness of experiences that they have not have personal experiences of can be impacted greatly by media. Indeed, many experts-by-experience discussed experiences of disclosing their multiplicity, in which they had to explain it in relation to *Split* as that is how people can conceptualise the experience. However, this has negative connotations, as people with lived experiences have to explain how their multiplicity differs greatly from the movie version, ensure the general public that they are not going to harm them, and even that they do not have ‘superpowers’ when they switch between members<sup>22</sup>.

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<sup>22</sup> In *Split*, one identity can climb walls, and has super strength, which the other identities do not have when they are fronting in the body.

### 11.3.2. Experiences

The experiences of people within this research were key to people being able to live well as a multiple self. This was considered in terms of the language that is used to discuss multiplicity specifically, and how people are recognised as having multiplicity, along with the development of appropriate coping strategies and ways of navigating their day-to-day life, referred to as regulation within this research. Glaser and Strauss (1965) highlighted the importance of individuals and society at large navigating the process of dying with sensitivity, honesty, and compassion. This is reflective of expert-by-experience accounts of seeking understanding and acceptance from others. Support networks discussing the process of noticing changes or behavioural differences within their loved one, but not actively noting this to the person experiencing multiplicity. This links to Glaser and Strauss' concept of 'mutual pretence awareness' which occurs when both the dying individual and others are aware of the impending death, but they engage in a pretence of not acknowledging it openly. However, for people within the current research, support networks may have lacked the awareness of holistic experiences, and appropriate language with which to discuss their thoughts with their loved one in relation to multiplicity.

#### *11.3.2.1 Language*

“Unfortunately, it’s a lot easier to tell my parents “Hey, it turns out I have DID”, than to tell my parents “I’m plural”” (The Alexandrite System, expert-by-experience).

Language was identified as being a key influencing factor as to how people with lived experiences view themselves and thus how they conceptualise their multiplicity. Linked to the conceptualisations within the media, and the resultant lack of understanding that currently encompasses multiplicity, the language that is used is complex, and often negative. Experts-by-experience discussed seeking out information when their experiences emerged, often via online websites. Websites can be a useful source of knowledge generation, especially when there is a lack of understanding, and thus a lack of general parlance available. However, those with lived experiences, along with support networks, discussed not having the language available to them to accurately identify information that is relevant to their conceptualisations of their experiences. When key words and specific experiences were searched for online, such as 'dissociation', or 'multiple selves', generally medicalised knowledge would be the only information available to people. Often a range

of damaging information, stories, clinical experiences, and negative portrayals would be viewed. This impacted people's views of their own experiences, particularly for those whose experiences had recently emerged, who begun to develop negative conceptualisations of themselves and their multiplicity, with them assuming they could only have negative experiences.

People with lived experiences discussed pushing against the notions of solely negative portrayals, and instead sought information through other means, namely social media. This was potentially due to the focus on young people (aged 14-30 years) who often utilise social media to access information, as opposed to older generations who may seek more formal forms of information (e.g., via newspapers). By identifying a community of others who had similar experiences, experts-by-experience felt more supported, seen, and validated in their positive conceptualisations and understandings of multiplicity. Social media including Twitter and Reddit have thus developed an ever-growing community which was viewed as a positive first place for people to explore multiplicity, seek support, and develop tailored language. Feeling linked to other people who also experience multiplicity was discussed as being transformational for many. The holistic community which has emerged on social media has resulted in the development their own set of terminology to describe experiences, outside of medicalised understandings.

However, there have been difficulties for respondents who discussed intra-community nuances between those who view solely clinical experiences as 'true' and those who view multiplicity and dissociation as a spectrum of experiences, all of which are valid. By co-opting medicalised language for use to explain non-medical experiences, frictions have emerged within the community as those with trauma histories or diagnoses reported feeling their experiences are being dismissed and viewed as not as serious as a result of the merging of different experiences into one overarching notion. As such, having specific, tailored language which aligns with different experiences can help to ensure all people with lived experiences feel seen and validated by the terminology used. By accurately conceptualising multiplicity as a distinct experience which utilises its own terminology, the importance of having clinical criteria remains key for many who benefit from such access to specific support, guidelines and understanding. However, it also remains important that people who do not have impairment in functioning and can live well with their multiplicity also feel validated and that they have language which reflects their specific experiences.

While the language used by people with lived experiences is touted as useful and reflective of experiences, the specific language used by those identifying as multiple has not permeated into general usage. Thus professionals, support networks, and the general public may not have awareness of the tailored language within which to discuss experiences with those with multiplicity. As such, experts-by-experience often revert to using clinical terminology when discussing their lives as these phrases are more commonly understood by the public. However, such medicalised language have specific connotations attached to them, which do not always align with the multiplicity experience. As a result, experts-by-experience will first use medicalised language and then explain the differences and diversity within their own lives, which can create difficulties when people want to be viewed through a non-pathologised lens. Positively, when tailored and accurate language is used by various stakeholders, experts-by-experience reported feeling validated and supported. Examples of language used by people within the current research, along with explanations of key terminology can be found within the infographic in Figure 27, which was developed as a result of participant narratives within this thesis.

# MULTIPLICITY:

## A language guide



MULTIPLICITY, ALSO KNOWN AS PLURALITY, IS THE EXPERIENCE OF HAVING TWO OR MORE SELVES SHARING ONE BODY. THESE ARE UMBRELLA TERMS DESCRIBING THE HOLISTIC EXPERIENCE, AND ARE NOT DIAGNOSTIC.

### Selves



Also known as headmates or multiples, selves are the different identities that make up the body. Selves can have different genders, ages, preferences, behaviours and memories

### System



A system is a combination of the selves who live in the body. The selves within a system are often aware of others sharing the body, but not always

### Headspace



Headspace is the internal world that selves reside in. Often viewed as a house, people can share internal space, or have walls up that separate selves from each other

### Fronting / Co-fronting



When a headmate is in control of the body, they are fronting. Co-fronting involves two or more selves being in control of the body at the same time

### Co-conscious



Selves are co-conscious when they are aware of what is happening in the outside world but are not fronting, or in control. Communication can occur with the person who is fronting

### Switching



Switching is the change of who is fronting. For some it can be an unnoticeable change to the outside world, while for others it is a difficult and private experience



Figure 27: Infographic: Multiplicity - a language guide, author's own.



### 11.3.2.2 *Recognition and regulation*

“I do feel like because there’s communication internally, I’m able to accomplish goals” (Claire, expert-by-experience).

Experts-by-experience, support networks and professionals all discussed the importance of recognition and regulation of multiplicity experiences. Recognition was discussed by experts-by-experience on two planes – that of having recognition of the self as an individual, as well as recognising and understanding that they are part of a wider bodily system that encompasses multiple selves. The conceptualisation of the individual self is often more stable and stays somewhat consistent across the lifespan (as it would with any singular person who goes through growth, development, and changes). Comparatively, the stability of the system tends to fluctuate for many multiples, with new selves emerging over time, while other selves make decisions to integrate into the body. As such, there was somewhat of an ebb and flow reported within how individuals conceptualised and recognised their system. For many multiples with lived experiences, the process of recognising, and accepting both the individual self, and the wider system self (comprising of the individuals within the body) has been a dynamic process over time, which was positively impacted by tailored and accurate language, as well as the immersion into the online peer support community. Being able to communicate and accept variance internally was key to harmonious living as a system, which often is an ongoing process.

Recognition was also discussed as being important from professionals, and for professionals. The bi-directional nature of professionals gaining awareness and understanding of multiplicity experiences, and thus being able to support multiples was discussed at length. Experts-by-experience often felt that professionals lacked the necessary understanding, client-centred focus, and curiosity about non-pathologised experiences such as multiplicity, which resulted in them not engaging in support, or having to hide elements of themselves to access support. Clinical professionals were open about their experiences of navigating the complexity of working with multiple selves that reside in a singular body, particularly with a lack of training and support for themselves. Often, professionals may work with the body as that is what they can see and can easily conceptualise, particularly when they are constrained by short treatment structures. Professionals making space for experts-by-experience to explore their multiplicity journey in a safe space, develop positive internal communication between selves, and facilitating support with psychosocial functioning was touted as key elements of a therapy process

outside of medicalisation. Those with lived experience argue that access to therapy should not be focused on 'fixing the problem' of multiplicity, as they view it as a positive aspect to their lives, but that they may require support for to foster and maintain positive relationships internally.

Within the context of this research, regulation is referring to the process of recognising, understanding, adapting, and modulating experiences in order to live well. Participants often discussed these in terms of regulation strategies that aid people's psychosocial functioning, allowing systems to better cope with day-to-day life. Positive examples of support techniques that were discussed by all three participant groups included actively acknowledging other selves within the system and trying to develop relationships with individual selves as well as the whole system. Within the therapy room, professionals discussed the importance of understanding that each individual has specific needs and requirements that might not map on to what other system members require from the process – it may be that only one system member requires support. Support networks also discussed the importance of developing relationships with different selves. As specific system members may be more comfortable fronting in the body, selves that do not engage externally may feel less validated or 'seen', thus support networks actively engaging with them, or asking about them was viewed positively by many.

As discussed, the structure of the self is often individual and can be complex, with some discussing their internal world as a hierarchy, and others as a family. Having a hierarchy or understanding of the roles people prefer to take on internally was viewed as a positive way for the body to navigate day-to-day life, which aided regulation of experiences. Many experts-by-experience discussed having schedules for tasks such as work, hobbies, and relationships with external individuals, which allowed multiple members to feel validated and that they were living a full and fulfilling life. Being able to share the body and take over control if needed aided regulation; this was often a result of developing positive communication between selves, where others could be aware when they may be needed. This often happened regardless of schedules, for example if one self was fronting but became overwhelmed with having to complete a specific task such as leaving the house, or going to work, another self could take control of the body so the task is completed.

Having positive support networks and professionals who were open and exploratory about the experience helped facilitate positive regulation of multiplicity for many. While

switching was touted as a personal experience that people do not tend to share often, many discussed being open to sharing the experience with those that are supportive and accepting. Having safe spaces to explore and develop their identity, internal community, and relationships was vital for multiple's positive regulation. Comparatively, experts-by-experience discussed a range of events that occurred that resulted in poor regulation, or regulation breakdown. Common events included times of stress, breakdown in internal communication, when new selves emerged, or previously developed selves integrating into another. There is often a period of transition where the body and individual selves feel they need to re-learn how to live as a harmonious bodily self again.

#### 11.4. Outcomes

The outcomes highlighted in Figure 25 have been conceptualised on two planes as two aspects of a journey through the process for people with lived experience – positive and negative. If there is positive awareness and experiences, experts-by-experience will feel validated and understood. However, if there is misunderstanding, and poor experiences, multiples may feel the need to suppress their experiences, and not feel safe to explore their full lives. The journeys are discussed below.

##### 11.4.1. A facilitative journey to living well with multiplicity

The level of awareness within the general public is often conceptualised as general understanding, which in turn impacts the level of representation within media. If there is accurate information available to the public, there will be less fear responses, and increased normalisation and acceptance of multiplicity experiences. By increasing awareness concerning the specific multiplicity experience, as ones that are distinct from clinical forms of dissociation, specific, tailored language will be utilised by the wider population. As noted, currently tailored language is generally only used by the community who experience multiplicity, and their direct support networks. With increased understanding and awareness within the public and resultant media, connotations and understanding of specific phrasings will be inevitably developed. This in turn will allow multiples to feel more comfortable and safer exploring their experiences and disclosing their full lives to people. This can therefore aid regulation as internal selves will not feel as suppressed and hidden from the outer world. This may thus lead to acceptance and validation of their experiences – both internally and externally. Internally, people will be able to develop understanding of who they are, and how they can live fulfilling lives being multiple openly, as opposed to ignoring their internal selves because they are unsure how

the outside world would react. By having the language, understanding, and community available, as well as having clear internal communication and regulation over their experiences, experts-by-experience will be able to explore confidently what it means to be multiple for themselves, while being aware of nuances within multiplicity experiences. In the context of the current research, the selves that took part were aware of each other, however this does not mean all internal selves have the same level of awareness in relation to each other. They can learn from others externally through peer support and community building, both online and in person. This can help support people to live well as a multiple self, through development of positive psychosocial functioning strategies and ways of coping with the changing nature of being a multiple self.

#### 11.4.2. Barriers to living well with multiplicity

Comparatively, if there is continuing misunderstanding in relation to what multiplicity experiences are, and how they are distinct from clinical forms of dissociation, people with lived experiences will remain feeling unsupported and unaccepted. By assuming that only 'negative', pathological forms of dissociation, which result in impairments in psychosocial functioning, are 'true' forms of multiplicity experiences, a vast range of conceptualisations and experiences lack validation. This results in minimal media portrayals of experiences that are not negative, criminal, or exaggerated forms of dissociation, which all feed into the current stereotypical understanding. Resulting from the lack of clear and specific understanding and representations, there remains a lack of tailored language which the public have awareness of. As the current language that is used by the multiplicity community has not progressed in use past the community itself, experts-by-experience currently have to rely on medicalised language in other spaces including when accessing therapeutic support. As there are a range of experiences that are specific to non-clinical forms of multiplicity, it is important for support networks and the public to have awareness of tailored language. The increased use of specific language can aid people with multiple's exploration of their experiences, their internal lives, and how they navigate the outside world as a multiple self. However, without such awareness and positive (or to some extent neutral, but accurate) experiences, multiples will remain feeling that they have to suppress their experiences and hide their full lives. This will therefore result in minimal opportunities to live fully as a multiple self, have opportunities to share the body with other system members, and develop external relationships with other selves. Currently, many multiples feel they must live majority of their external lives as a singular self as they are not sure how

people will react, or if they will be accepted by others who lack understanding and awareness.

The narratives presented within this research reflect the metaphor of 'mirrors' and 'masks' within Strauss' (2017) work. Mirrors represent the reflective aspect of identity whereby individuals see themselves reflected in the perceptions and responses of others. Social interactions serve as mirrors through which individuals gain insights into their own identities. Currently people with multiplicity lack mirrors in general society which accurately represent their inner world, and their own conceptualisations and understandings. As such, people often seek community online, with likeminded individuals who have had similar experiences of being multiple, and navigating the external world which does not understand them currently. These mirrors have been positive for experts-by-experience who have the space to develop their understanding and feel represented by others. Masks on the other hand, symbolise the social roles, expectations, and norms that individuals adopt in various social contexts. These masks often conceal aspects of individuals' true selves as they navigate social interactions. Within this research, people with multiplicity often feel the need to suppress and hide their experiences due to the stereotypical media narratives that focus on negative aspects, and damaging portrayals. Often people with multiplicity will feel the need to perform as a singular self in order to be accepted by society, and be able to navigate the external world.

These narratives are also reflective of Goffman's (1956) 'presentation of the self' work, whereby social life is likened to a theatrical performance with individuals as actors and social situations as the stage. Individuals in general, as well as people with multiplicity are thought to strategically present themselves in order to convey specific images to others. Within this research, people will generally present as singular to the general public, until they develop a sense of trust and understanding, at which point the mask can slip and people's true selves are shown. Within Goffman's work, the audience's perception is key to shaping individual's presentations, highlighting the importance of social contexts and interaction dynamics. For people with multiplicity within this study, the way professionals and support networks react to disclosure impacts their navigation of experiences, and future choices in regard to seeking support or disclosing to others. As demonstrated by the theoretical model, the process of living as a multiple self is complex and dependent on both inner and external understanding and acceptance.

#### 11.4.3. Dynamic nature of multiplicity experiences

While the process represents a journey, it is not a static journey that if one reaches the notion of living well, that it is always going to be positive, and that they will live well for the rest of their lives. The dynamic nature of the process shows that when new occurrences, or times of stress emerge, people will continue the process of navigating life as a multiple self. This is also true positively, if people feel like they have had a negative journey and they were suppressing their experiences, this does not always have to be the case. It might be that with new information coming out, positive representation or new knowledge, people may continue their journey in a positive aspect, which becomes a more optimistic experience where they feel more validated and understood. Furthermore, experiences may not always be wholly positive or negative, for instance multiples may feel validated by tailored language use, however media still portrays the experience in a negative light. The hope of the theory and future progress in the research, practice, and community spaces is that misunderstanding will decrease, and tailored understanding and awareness will develop which more clearly reflect people's unique experiences.

#### 11.5. Summary

In this chapter, I discussed the emergent theoretical model – *EMBRACE*. The journey to developing the model was reflected on, which considers the process of theorising in an area on the edge of what we currently know from the extant literature base. Overall, the emergent theoretical model, a substantive theory due to the level of abstraction, contributes to mental health research by offering a new perspective on personal conceptualisations of multiplicity experiences. While the model is discussed specifically in relation to multiplicity in this chapter, the model can be used for other mental health experiences, due to the focus of people accepting, understanding, and navigating their lives with their experiences, demonstrating its applicability and usefulness. Chapter 12 considers the quality of the research in line with grounded theory indicators, and highlights areas for future research.

## Chapter 12. Thesis dénouement

*“Our life is all one human whole, and if we are to have any real knowledge of it we must see it as such. If we cut it up it dies in the process: and so I conceive that the various branches of research that deal with this whole are properly distinguished by change in the point of sight rather than by any division in the thing that is seen” (Cooley, 1956, preface).*

### 12.1. Introduction

This chapter considers the unique contributions, implications, limitations, and areas for further research of the project undertaken within this thesis. Firstly, the chapter will address the research questions set out within Chapter 1, followed by a demonstration of quality regarding the emergent theoretical model. Finally, the chapter will address limitations and future research. The research questions were:

1. What does the experience of multiplicity consist of for young people?
2. How do experiences of multiplicity impact young adults’ psychosocial functioning?

My original contribution to knowledge is the *EMBRACE* theoretical model, which explains the impact that levels of awareness and experiences can have on people’s ability to live well with their multiplicity or feel the need to suppress and hide their experiences. This thesis is the first to explore lived experience voices regarding how multiplicity is conceptualised and experienced outside of a medicalised interpretation of this reasonably common human experience. The thesis presents novel discussions and recommendations for tailored language use and recommendations for practice and peer support. Along with the narrative discussions for these, key recommendations have been presented within four infographics that will be used to disseminate elements of the thesis to the community, support networks, and professionals. A language guide can be found in Chapter 11.5.1 (Figure 27); findings from the theoretical model identifying factors to promote living well as a multiple self in Chapter 12.3 (Figure 28); recommendations for staff working in services providing support in Chapter 12.4.4 (Figure 29); and recommendations for peer support networks in Chapter 12.4.4 (Figure 30).

My research has found that people experiencing multiplicity have had to step around the system of support and knowledge, which is currently entrenched in medicalised understanding, and construct their own knowledge, language, and narratives. By sharing experiences, and accepting various conceptualisations of self, people can minimise the impact that social labelling, misunderstanding, and medicalised criteria has had, as well as

people's self-perceived judgements from others. People with multiplicity have begun to increase their power by recreating their sense of self, which is non-pathological, supportive, and positive. My research has found that online communities are beneficial for people who experience misunderstanding; sharing experiences anonymously and honestly was reported as invaluable and should be considered a vital component of informal support. As multiplicity is not an experience that causes distress and impacts functioning, peer support and dialogue are valuable to validate people's experiences and share useful information across systems. This can allow for a change in power dynamics, with experts-by-experience being able to take the lead of their own lives.

#### 12.2. What does the experience of multiplicity consist of for young adults?

The current study found that experts-by-experience spoke positively about their multiplicity experiences, opposing much clinical criteria. The experience of being a multiple self is seen to be similar to clinical experiences including DID, in that it involves having two or more selves in the same body, each of whom have their own identities, memories, and behaviours. However, the experience is conceptually distinct in that there is a lack of amnesia between selves within multiplicity experiences, and there is awareness of other selves that share the body. In this way, respondents focused on the ability to co-habit the internal space positively, while navigating the external world which does not often understand them. The understanding that multiplicity as a term is an explanatory word that describes the holistic experience and is not diagnostically or clinically focused was stressed throughout respondent's narratives. People discussed the positive nature of their multiplicity, that sharing the body meant always having support and others to help in times of stress, and how they would not wish to live as a singular self. The internal structure of people's worlds were spoken about at length, with considerations made as to how the body is shared amongst selves, with some working to a formal structure, and others allowing individual selves to decide when to control the body. The understanding of the answer to this question helps us to conceptualise multiplicity outside of medicalised interpretations, and view the experience through an adaptive, functional lens.

#### 12.3. How do experiences of multiplicity impact young adults' psychosocial functioning?

The impact of multiplicity on psychosocial functioning was discussed in two key areas for people within this research – the internal structure and functioning of the multiple self, and



how people with multiplicity navigate the external world. Starting with intrapersonal experiences, respondents discussed the importance of developing positive internal lives with other selves sharing the body. The journey to developing a positive internal world was discussed, considering times of stress that could impact the harmony that had been developed. There were some occurrences or experiences which resulted in selves having different needs, wants, or challenges that could come at odds with the bodily experience. However, on the whole people in this study discussed their ability to communicate well, which resulted in a positive internal experience.

The complexity of navigating the external world as a multiple self was discussed at length throughout the narratives, and the emergent theoretical model. Importantly, the current level of understanding (or lack thereof) and awareness of the experience itself had an impact on people's ability to disclose their multiplicity, which often resulted in them hiding elements of themselves from others. This had impacts on how people structure their lives, with them often portraying themselves as singular to majority of people. Positively, when there is tailored language, holistic understanding, and acceptance of various conceptualisations, people with multiplicity reported feel supported and understood by those they share their experiences with. This can aid people's psychosocial functioning, especially regarding developing and maintaining external relationships, being able to engage in work or academic study, and function in today's society<sup>23</sup>. Online communities were purported as useful for people to share and explore their experiences with others who align with multiplicity. This involved people becoming aware of positive coping strategies, ways of understanding the experience, and working towards living well as a multiple self. Factors associated with living well as a multiple self which were identified within the emergent theoretical model can be found within the infographic presented in Figure 28.

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<sup>23</sup> Within this context, I am referring to Western society which often ascribes specific roles and expectations. However, it is understood that many people may live outside these societies.



Figure 28: Infographic: Multiplicity - factors that promote living well as a multiple self, author's own.

#### 12.4. Evaluation criteria for grounded theory research

As discussed in Chapter 5.7, Charmaz (2006) identified specific criteria to determine scientific rigour within constructivist grounded theory research: credibility, originality, resonance, and usefulness. A combination of credibility and originality has been purported to enhance the resonance and usefulness of a given project, thus it is vital that the research is transparent and clear, allowing for further research in the substantive area (Charmaz, 2014). The following sections build on Chapter 5.7 and discuss the criteria specifically in relation to how the current research met each.

##### 12.4.1. Credibility

Allowing the reader to assess credibility in the current research was maintained by providing a transparent account of the analytic methods within Chapter Five and Chapter 11, allowing the researcher to have confidence in their own knowledgeability (Charmaz & Thornberg, 2021). This chapter gave examples about the process that was undertaken in relation to how comparisons were made across data sets, within data sets, and how the three stages associated with CGT were utilised. The information presented in Chapter 5 allowed for a clear representation of the journey that was undertaken, ultimately resulting in the emergent grounded theory presented in Chapter 11. Across Chapters Six to Nine (findings), the story of people's experiences of multiplicity were accounted for and explored. There were clear links made between the findings of the research, and the emergent theory that was developed, ensuring that the categories and observations were truly grounded in the data and people's experiences.

The use of purposive sampling, including snowball and theoretical sampling techniques (Patton, 2002) resulted in a sample of 35 participants. While it has been argued by Charmaz and Bryant (2011) that having 'many' participants can increase credibility of research, the authors are not prescriptive in terms of how many is 'many'. In light of this, and with the consideration that theoretical saturation was reached after 35 participants, it has been determined that 35 participants is a substantial grounded theory sample, especially in an area which currently lacks awareness and understanding. The number of participants is in line with other grounded theory research (Gavois et al., 2006; Jørgensen et al., 2018; McCann & Clark, 2003). Participant voices were heard throughout the narratives presented via direct quotations, and the demonstration of in-vivo codes. The use of reflective and theoretical memos throughout the process ensured that my thought processes were documented and understood in terms of whether emergent categories truly came from the

data, or my interpretation of it. There is a clear audit-trail of the research journey, which allowed for my interpretation of the research to be embedded in the process, while ensuring lived experience voices remained centralised and reflected in the overall narrative.

#### 12.4.2. Originality

The emergent grounded theoretical model, *EMBRACE*, provides new insight into what it means to be a multiple self in a singular world, and how levels of awareness and experiences can impact people's ability to live well, or feel a need to suppress their multiplicity to the outside world. The theory is original as there have been no other grounded theories or theoretical models conducted in this specific area. The originality of the theory also lies in the focus of the research which illuminates understanding about experiences which fall along the dissociative continuum, and are similar to DID, yet conceptually distinct. People with multiplicity experiences can live well and positively as a multiple self, and do not align with clinical criteria associated with DID. The importance of allowing people to live their true, authentic lives is key to developing and maintaining positive psychosocial functioning. Support networks and professionals play a unique role within the lives of people with multiplicity, associated with how they can learn from, and work positively with experts-by-experience, allowing for novel and individualised understanding of experiences outside current clinical knowledge. Allowing multiples the space to explore their experiences, live authentically, and identify tailored support were novel insights into how wrap-around support can be provided.

The theoretical model that was developed and presented in Chapter 11.3 was raised from a low-level, context specific model, to a substantive theory which other mental health experiences can be mapped onto. While the theory is discussed specifically in terms of multiplicity within Chapter 11, as noted within Chapter 10, there is a medium-to-high level of abstraction which allows for further exploration and testing of the theoretical model. The involvement of people with lived experience was central throughout the research, mitigating the current narrative that people with dissociative experiences lack insight into their own life world and experiences. As discussed in Chapter 6, people aligning with multiplicity have awareness on two planes – being aware of themselves as individuals, and who they are in terms of the wider bodily system. Due to the lack of amnesia between selves and fronting experiences, people were able to provide clear narratives as to their

multiplicity. This research adds new insights into this currently under researched areas and may stimulate further debate and exploration.

#### 12.4.3. Resonance

The criterion of resonance considers the researcher's ability to construct concepts that represent their own participant experiences, as well as providing insight into other experiences. This highlights the importance of the research to reflect and resonate with participants experiences. The concepts developed within the research not only captured the essence of participants' experience of being multiple, but also provided insight into other mental health experiences outside the specific context of the research, as demonstrated by the abstracted, substantive theoretical model.

It is important for researchers to align the data gathering strategies with participant experiences and requirements (Charmaz & Thornberg, 2021). Within the current research, the online consultation allowed me to understand appropriate methods of data collection, as well as identifying specific requirements and elements of focus that aided my navigation of the topic. It was important to be sensitive to the experience as an outsider without lived experience. By allowing participants to feel represented and understood by both the consultation and formal data collection, respondents discussed their positive experience of engaging in research. This involved people sharing information they may not have done if the research had been designed differently. By centring lived experience voices throughout, I was able to highlight novel and representative narratives, while exploring support networks and professionals in a holistic manner, adding further depth to the findings and resultant theory.

As noted within Chapter 5.4.1, initially I had considered and coded early interviews in relation to stigma participants felt by the public and professionals working within services. However, through my reflective memos and exploration with subsequent interviewees, I came to realise that stigma was not the correct word. Stigma has been linked to victimisation, and due to the fact that there is a lack of knowledge, understanding, and awareness, stigma would not apply in this context at the current time (Lehmann et al., 2023). As a result, I went back to the transcripts, and considered what people were saying – this resulted in my understanding that there was a lack of general public understanding overall, thus the experience of stigma was not conceptually accurate. This was explored within all three participant groups and resulted in the incorporation of the importance of understanding (or lack thereof) and accurate language into the emergent substantive

theory. Being able to go back and forth between the participants, data, and codes to explore further experiences was key to ensuring the relevance of the emergent focused codes and categories, and thus ensuring people's responses were accurately represented within the findings.

The resonance of the theory for people with lived experiences of multiplicity was poignantly evidenced in late 2023, when I discussed the theoretical model and the process of engaging young adults in research at the World Hearing Voices Congress. The model and the language used was positively received, with one expert-by-experience sharing their realisation there was non-medicalised language they could use to explain their experiences. Additionally, one professional spoke to me about how they could support people in their services using the theoretical model and language that was discussed.

The discussion of the perspective that the research came from was also highlighted in the response to the systematic literature review, as discussed in Chapter 3.9.1 where someone with lived experience of multiplicity noted their feelings of being represented by the review, discussing how this was the first time they felt academic publications had truly understood the continuum of experiences, and the importance of non-clinical dissociative experiences. The full impact of the resonance of the theory is yet to be realised however. This will be evidenced by how all three participant groups respond to the theory once the work has been widely disseminated. A grounded theory journal article is currently under review for publication, and there are plans to write non-academic summaries and produce graphics to ensure the theory is reaching as many people as possible, in particular those with lived experiences, in addition to the dissemination of the four infographics developed.

#### 12.4.4. Usefulness

To address the usefulness of a constructivist grounded theory study, Charmaz (2014) suggests researchers should ask whether analysis of the data offers *"interpretations that people can use in their everyday worlds?"* (p. 338). A range of stakeholders are involved in the everyday world of living well as a multiple self. This theory is thus useful for support networks and professionals to better conceptualise ways of supporting multiplicity, allowing for clearer understanding of the currently misunderstood experience. The utility of adapting recommendations for working with clients with DID for use in professional services for people experiencing multiplicity was discussed in Chapter 10.5. Overall, the recommendations presented in Parry et al.'s (2018) study could be appropriately applied to the current research project's findings, focusing on supporting people with multiplicity,

although the current study substantially builds upon these original recommendations due to the large and novel data collected from young adults. While it is understood that the conceptualisation, experience, and level of functionality associated with DID and multiplicity are distinct, the importance of holistic support, acceptance, and openness to new understandings cannot be overstated. In line with the emergent theory, the following tentative recommendations specifically relating to multiplicity are presented:

1. Professionals and support networks should use tailored language that has been developed by the community which is specific to multiplicity (e.g., headmates or selves instead of alters);
2. Multiples would benefit from connecting with others in the community, to develop support networks, both online and in person, providing understanding, support, advice, and awareness;
3. Professionals should be open to multiple interpretations and conceptualisations of experiences relating to multiplicity; there should not be an immediate assumption about integration as a goal for support;
4. Those providing support would benefit from recognising that a multiple system can hold a variety of views individually and still form an integrated consensus on an issue as a system, while remaining multiple in terms of the self;
5. Support should focus on client led goals – these may be focused on living well as a multiple self, but may also be focused on individual requirements for support, independent of being a multiple self. Support can be provided outside of mental health services as multiplicity is not a mental health difficulty in and of itself;
6. People with multiplicity should have space to explore their experiences via both formal and informal support – this may be developing communication, exploring their internal world, managing their internal space, or promoting healthy relationships.

To aid the utility and accessibility of such recommendations, Figure 29 presents an infographic developed from the current findings which services can use to develop their understanding and best practice when working with people aligning with multiplicity.

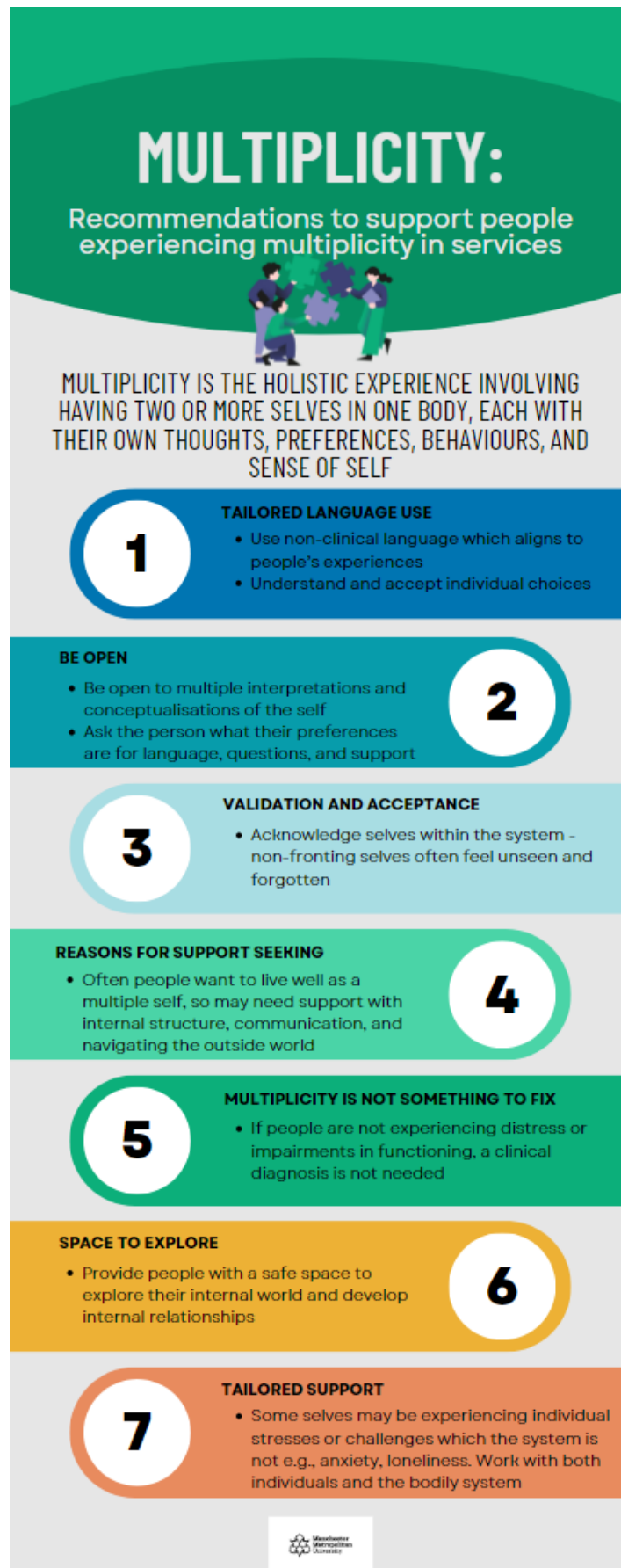


Figure 29: Infographic detailing ways services can support people with multiplicity, author's own.



Furthermore, Figure 30 presents an infographic detailing ways that support networks can navigate the experience when a loved one has disclosed their multiplicity, as elucidated by participants in this study. Increased understandings of potential pathways to living well are also important for people with lived experience, who can examine the impact of different levels of awareness and experiences on their day-to-day living. Being able to explain what it means to have positive multiplicity experiences, and be viewed in accordance with individual wishes can help enable positive psychosocial functioning. The theory can also aid how experts-by-experience navigate the access to support they may be seeking.

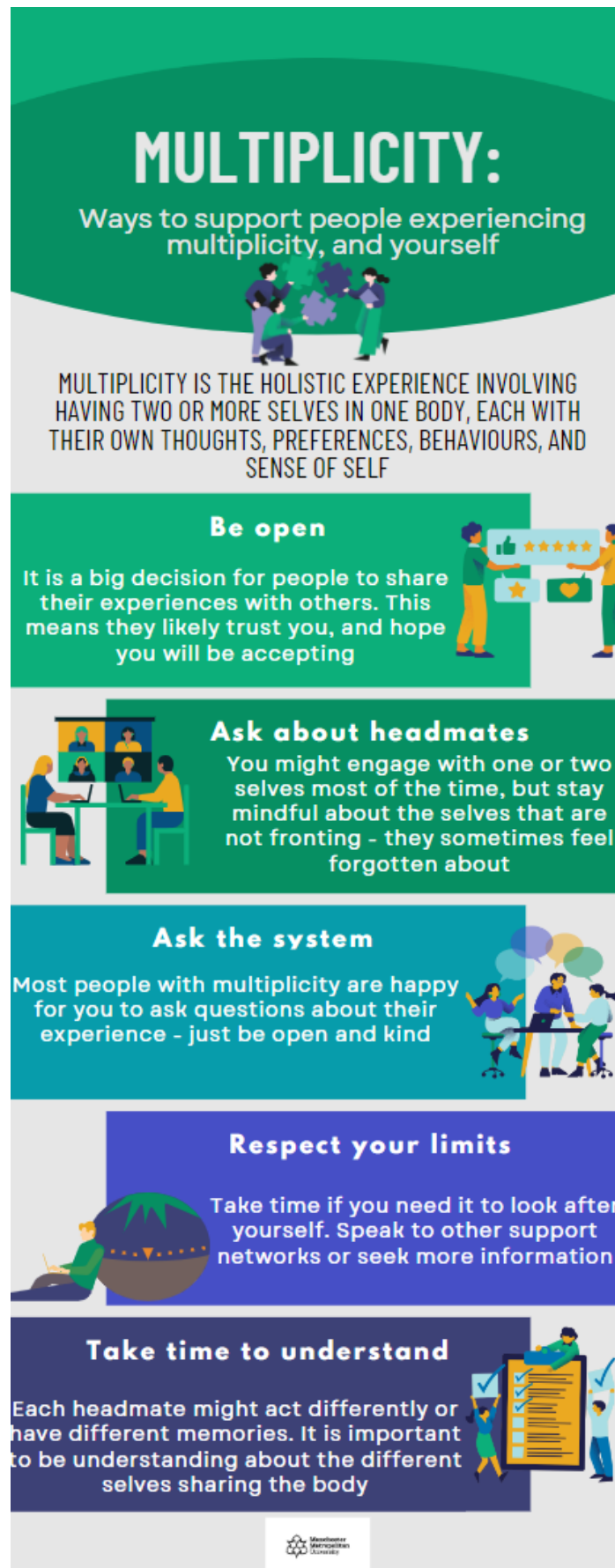


Figure 30: Infographic: Multiplicity - ways to support people experiencing multiplicity, and yourself, author's own.

## 12.2. Limitations and further research

While this grounded theory study offers a nuanced and rich explanation of the experience of living well as multiple self, it is not without its limitations. Identifying limitations of a study is of great importance to empirical research, as these provide insight into potential errors resulting from the process. It is also key to understand study limitations as a means to generate debate on the topic of interest and stimulate further research in the area. Overall, consideration of study limitations is of importance to the transparency of conducting a constructivist grounded theory project, demonstrating its strengths in reflexivity. This study acknowledges three limitations.

Firstly, the focus of the study remained centralised on people with lived experience of multiplicity, with support networks and professional perspectives being explored in a holistic, validatory manner. As a result, the study may not have encompassed the full nature of the young adult – support relationship. However, this limitation in scope of enquiry is not problematic to the resultant grounded theoretical model, as the development of a substantive theory does not claim an objective truth. Oppositely, it aims to provide insights into how the phenomenon is experienced. Resultingly, it is acknowledged that the substantive theory developed within this research pertains to experts-by-experience navigation of the journey to living well as a multiple self. As discussed in Chapter 4.8.3, 74 responses were submitted within the online survey for experts-by-experience, of which theoretical saturation was reached within this project after 15 qualitative responses were analysed. 67 of those respondents completed all the qualitative questions, and as such the remaining 52 qualitative responses will be analysed in line with the emergent findings of this research, developing the knowledge generated. Areas of exploration that were discussed in Chapter 6.3.3 including gender, and the contention of compromising to live harmoniously as a system may be further explored within such narratives. Experts-by-experience provided in depth narratives that are vital for furthering understanding, and ensuring their voices are not minimised.

Relatively small-scale qualitative research often results in difficulties with generalising to the whole population; however, the individual nature of multiplicity experiences needed to first be understood on an individual level outside of medicalised conceptualisations before research can be explored on a broader scale. It is additionally acknowledged that any grounded theory is the result of an interpretive and subjective process of data collection, coding, and analysis. Indeed, it is important to note that no qualitative analysis

is impartial or neutral (Charmaz, 2014). As discussed in Chapters Four and Five, the process undertaken has been transparently accounted for, considering my influence on the emergent theory. It is further recognised that no study will be able to fully account for every contextual influence that could have an impact on the social process of interest, in this case the impact of awareness and experiences on living well as a multiple self (Johns, 2006). Scholars, such as Allport's (1937) attempts at documenting these resulted in the generation of 17,953 traits that could influence human behaviour. Resultingly, this thesis does not claim to account for all potential contextual influences that had an impact on people's ability to live well with their experiences. The focus remained on the core categories that emerged from participant narratives. However, due to the higher level of abstraction, the *EMBRACE* theoretical model allows for further exploration with other mental health experiences, potentially raising the substantive theory to a formal theory. The theoretical model can also be used to explore different experiences along the dissociative continuum.

As a result of COVID-19 restrictions in 2020-2021, all data collection was conducted online via an online survey, or via Microsoft Teams for interviews. While there were concerted efforts made at the start of all interviews to make the participant comfortable, and aware of the open nature of the research, this may have resulted in people answering in specific ways. The consultation demonstrated awareness of various conceptualisations of experiences including multiplicity. This may have helped respondents feel seen and understood when engaging in the research. However, I did make it clear that I was an outsider in the area, with no personal experience of multiplicity. As a result, people may have answered questions differently when speaking to someone who had lived experiences. To develop further in-depth understanding of the experience, as well as how we can better support those living with multiplicity, future research should involve experts-by-experience in the design and conducting of research. While I think that the narratives presented within this thesis are honest and clear accounts of people's experiences, there may be nuances that were missed by myself being an outsider which could have been identified and explored by someone with lived experience. Potential avenues for exploration could include utilising experience-based co-design methodology to identify ways that services could be changed to better support the specific experience of multiplicity, outside of clinical pathways to support.

In light of the tentative recommendations presented within this chapter, it is important to consider how the field of study could develop moving forward, in order to help validate and

support experts-by-experience with multiplicity. Logic models are graphic depictions presenting the shared relationship between elements of a given project (Petersen et al., 2013). They have been used successfully as a means of organising research projects. By considering the intended outcomes, as discussed by all three participant groups within the current research, the logic model can help researchers to consider activities and resources that are required in the coming years. Overall, the logic model presented within Figure 31 focuses on the development of tailored resources, guidance, and capacity building via peer support and staff training.

<b>INPUTS</b> What resources do we need?	<b>ACTIVITIES</b> What do we need to do in order for the groups to accomplish the outcomes?			<b>OUTCOMES</b> What are the outcomes?
	Short-term	Medium-term	Long-term	
<b>Places:</b> Peer support groups Online support Social media groups Holistic therapeutic support spaces	<b>Formative work</b>  Buy in from stakeholders	<b>Capacity building</b>  Knowledge and skill development - evaluation of training guidelines - professionals	<b>Service delivery</b>  Development of peer support networks - online	Increased access to tailored care and support focusing on holistic experiences
<b>People:</b> Experts-by-experience Support networks Professionals Support service staff General public	Development of pilot training guidelines	Knowledge and skill development - evaluation of training guidelines - support networks	Development of peer support networks - in person	Increased normalisation and acceptance of multiplicity experiences
<b>Skills/resources:</b> Easy to read materials Theoretical model Language guide	Development of language guide document	Education and awareness - access to tailored materials for stakeholder groups	Formal evaluation of training guidelines for professionals	Permeation of tailored language into general use
<b>Barriers to change:</b> Lack of knowledge Capacity limitations Fluctuating expectations Funding	Education for general public - dissemination of theory	Education and awareness - distribution of materials	Formal evaluation of training guidelines for support networks	Increased education for general public and those with direct experiences
	Dissemination of lay person summaries - infographics		Social change - increased general population awareness	Tailored service delivery dedicated to clinical criteria

Figure 31: Logic model for future research priorities

### 12.3. Summary

This research set out to explore experiences of living as a multiple self. From the study findings, a novel conceptualisation of the experience has been presented, which falls outside of medicalisation and diagnostic understanding. As expressed by all participant groups, multiplicity encompasses the experience of having multiple identities sharing one body, but the experience can be fulfilling, positive and supportive, rather than impacting functioning and causing distress. The novel grounded theory highlights the impact that accurate understanding, language, and awareness can have on people's ability to live well with their multiplicity. To aid navigation of such experiences, professionals and support networks should be encouraged to be accepting of various conceptualisations, and positive understandings of difference.

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## Appendices

Appendix A: Link to published systematic review article

**Eve, Z., Heyes, K., & Parry, S. (2023).** Conceptualizing multiplicity spectrum experiences: A systematic review and thematic synthesis. *Clinical Psychology & Psychotherapy*, 1–11. <https://doi.org/10.1002/cpp.2910>

## Appendix B: Ethical approval



14/09/2020

**Project Title:** Emerging multiplicity and psychosocial functioning.

**EthOS Reference Number:** 24208

### Ethical Opinion

Dear Zarah Louise Elizabeth Eve,

The above application was reviewed by the Health, Psychology and Social Care Research Ethics and Governance Committee and, on the 14/09/2020, was given a favourable ethical opinion. The approval is in place until 06/01/2026 .

### Conditions of favourable ethical opinion

#### Application Documents

Document Type	File Name	Date	Version
Project Protocol	Z. Eve Emerging multiplicity and psychosocial functioning protocol	29/07/2020	1.2
Recruitment Media	Z. Eve - experts by experience recruitment poster	29/07/2020	1.2
Recruitment Media	Z. Eve - professionals recruitment poster	29/07/2020	1.2
Recruitment Media	Z. Eve - support networks recruitment poster	29/07/2020	1.2
Recruitment Media	Z. Eve - Social Media posts for recruitment	29/07/2020	1.2
Consent Form	Z. Eve - Expert by Experience Consent Form	29/07/2020	1.2
Consent Form	Z. Eve - Professionals focus group Consent Form	29/07/2020	1.2
Consent Form	Z. Eve - Professionals Interview Consent Form	29/07/2020	1.2
Consent Form	Z. Eve - Support Networks Consent Form	29/07/2020	1.2
Consent Form	Z. Eve - Qualtrics Expert by Experience Consent Form	29/07/2020	1.2
Consent Form	Z. Eve - Qualtrics Professionals Consent Form	29/07/2020	1.2
Consent Form	Z. Eve - Qualtrics Support Networks Consent Form	29/07/2020	1.2
Information Sheet	Z. Eve - Expert by Experience Participant Information Sheet	29/07/2020	1.2
Information Sheet	Z. Eve - Professionals Participant Information Sheet	29/07/2020	1.2
Information Sheet	Z. Eve - Qualtrics Expert by Experience Participant Information Sheet	29/07/2020	1.2
Information Sheet	Z. Eve - Qualtrics Professionals Participant Information Sheet	29/07/2020	1.2
Information Sheet	Z. Eve - Qualtrics Support Networks Participant Information Sheet	29/07/2020	1.2
Information Sheet	Z. Eve - Support Networks Participant Information Sheet	29/07/2020	1.2
Information Sheet	Z. Eve - Interview Debrief Sheet	29/07/2020	1.2
Information Sheet	Z. Eve - survey Debrief sheet	29/07/2020	1.2
Additional Documentation	Z. Eve - Gatekeeper letter - CTAD	29/07/2020	1.2
Additional Documentation	Z. Eve - Gatekeeper letter - Hearing Voice Networks	29/07/2020	1.2
Additional Documentation	Z. Eve - Gatekeeper letter - Voice Collective	29/07/2020	1.2

The Health, Psychology and Social Care Research Ethics and Governance Committee favourable ethical opinion is granted with the following conditions

#### Adherence to Manchester Metropolitan University's Policies and procedures

This ethical approval is conditional on adherence to Manchester Metropolitan University's Policies, Procedures, guidance and Standard Operating procedures. These can be found on the Manchester Metropolitan University Research Ethics and Governance webpages.

#### Amendments

Appendix C: Consent form

Note that the items within the consent form were the same for each participant group, with the title and link to the relevant participant information sheet adapted for each group.

EthOS ID: 24208

Participant Identification Number:



**EXPERT BY EXPERIENCE CONSENT FORM**

Title of Project: Exploring the phenomenon of emerging multiplicity and psychosocial functioning within young people.

Name of Researcher: Zarah Eve

Before you consent to participating in the study, we ask that you read the participant information sheet and initial each box if you agree. If you have any questions or queries before providing consent, please contact the principal researcher, Zarah Eve, [z.eve@mmu.ac.uk](mailto:z.eve@mmu.ac.uk)

We ask that you identify a pseudonym you wish to be known by, so your responses stay anonymous.

Please initial box

1. I confirm that I have read the information sheet dated 01/07/20, version 1.1 (Expert by Experience) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.
3. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
4. I understand that my interview will be audio-recorded, and kept on a password-protected device until it has been transcribed, when it will be deleted.
5. I understand I have two weeks after my interview to request my data be deleted by the researcher.
6. I am willing to use Microsoft Teams to conduct the interview.
7. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant                      Pseudonym                      Date                      Signature



## Do you have personal experiences of multiplicity?

If you are between 14 and 30 years old, this study may be for you

### PhD study for adolescents and young adults with emerging multiplicity

We're looking for adolescents and young adults between 14 and 30 years old who have personal experiences of emerging multiplicity (the experience of having more than one self in the same body).

We are researching how people experience multiplicity, in order to create some guidance materials for healthcare workers.

#### Participants will be asked to participate in...

- 1 initial interview
- 1 follow up interview 1-2 months later
- A focus group with professionals and support network (if you want to)

#### Not available for an interview but want to take part?

An online survey is also available for participants that don't want to/aren't available for an interview and want to share their experiences [https://mmu.eu.qualtrics.com/jfe/form/SV\\_6FpGfoHdofl8AOW](https://mmu.eu.qualtrics.com/jfe/form/SV_6FpGfoHdofl8AOW)

### Location

All interviews will take place via Teams (you do not need an account for this)

### Are you eligible?

- Between 14 and 30 years old
- Have personal experiences of multiplicity
- Speak conversational English to engage in an interview

If you want to take part, or you have any questions about the study, please contact the researcher

Zarah Eve, MSc, Bsc(Hons)

[Z.eve@mmu.ac.uk](mailto:Z.eve@mmu.ac.uk)



The research project has been accepted by Manchester Metropolitan University Ethics Committee: 24208



Do you know people that have personal experiences of multiplicity?

This study may be for you

**PhD study for support networks for adolescents and young adults with emerging multiplicity**

We're looking for support networks (family/peers) for adolescents and young adults (14-30 years) who have personal experiences of emerging multiplicity (the experience of having more than one self in the same body).

We are researching how people experience multiplicity, in order to create some guidance materials for healthcare workers.

**Participants will be asked to participate in...**

- 1 hour interview
- A focus group with experts-by-experience and professionals (if you want to)

**Not available for an interview but want to take part?**

An online survey is also available for participants that don't want to/aren't available for an interview and want to share their experiences via [https://mmu.eu.qualtrics.com/jfe/form/SV\\_6FpGfoHdofl8AOW](https://mmu.eu.qualtrics.com/jfe/form/SV_6FpGfoHdofl8AOW)

**Location**

All interviews will take place via Teams (you do not need an account for this)

**Are you eligible?**

- Over 14 years old
- Know a young adult that have personal experiences of multiplicity
- Speak conversational English to engage in an interview

If you want to take part, or you have any questions about the study, please contact the researcher

Zarah Eve, MSc, Bsc(Hons)

[Z.eve@mmu.ac.uk](mailto:Z.eve@mmu.ac.uk)



The research project has been accepted by Manchester Metropolitan University Ethics Committee: 24208



Are you a professional that works with people who experience multiplicity?  
This study may be for you

**PhD study for professionals that work with adolescents and young adults with emerging multiplicity.**

We're looking for professionals who work with emerging multiplicity (the experience of having more than one self in the same body).

We are researching how people experience multiplicity, in order to create some guidance materials for healthcare workers.

**Participants will be asked to participate in...**

- 1 hour interview
- A focus group with experts-by-experience and support networks (if you want to)

**Not available for an interview but want to take part?**

An online survey is also available for participants that don't want to/aren't available for an interview and want to share their experiences via [https://mmu.eu.qualtrics.com/jfe/form/SV\\_6FpGfoHdofl8AOW](https://mmu.eu.qualtrics.com/jfe/form/SV_6FpGfoHdofl8AOW)

#### Location

All interviews will take place via Teams (you do not need an account for this)

#### Are you eligible?

- Work with young adults that have experiences of multiplicity
- Work in professional sector (therapists, clinical psychologists, psychiatrists etc.)
- Speak conversational English to engage in an interview

If you want to take part, or you have any questions about the study, please contact the researcher

Zarah Eve MSc, Bsc(Hons)  
Z.eve@mmu.ac.uk



The research project has been accepted by Manchester Metropolitan University Ethics Committee: 24208



### **Exploring the Phenomenon of Emerging Multiplicity Consultation**

Multiplicity refers to the experience of having more than one person, self or identity in the same body. These selves may have their own personalities, memories and experiences. Some people experience selves or parts as being external to them, such as other people or friends they can talk to, while others may hear voices they identify as selves from within themselves. There is a range of words used to refer to these experiences including but not limited to parts, persons, selves, headmates, soulbonds, thoughtforms, systems, plurals and multiples. Additionally, lots of people have the experiences without knowing they are experiencing multiplicity. As research has found young people aged around 14 begin to have these experiences, it may not be commonly known and as such can often be confusing.

There are many different ways to experience multiplicity – having these experiences does not automatically suggest a diagnosis is required, as some people believe. While some people find it useful to receive a diagnosis such as Dissociative Identity Disorder [DID] or Other Specified Dissociative Disorder [OSDD], this is not a requirement to experience multiplicity. Some experiences can be distressing or worrying for people, but other people may find them to be positive or protective.

There is currently a lack of understanding surrounding multiplicity, as the majority of research focuses on clinical experiences such as DID or dissociation. This lack of knowledge about the wide range of experiences people have is not helpful to young people trying to understand their experiences. This research aims to develop a clear understanding of multiplicity and how it can affect people's daily lives and relationships with other people. We also hope to develop some guidance materials for professionals and support networks such as families to help normalise the experiences without fear or judgement.

We are hoping to discuss the experiences, and their impact on people's daily lives with people who have had the experiences, support networks and professionals. We hope this consultation will allow us to better understand how to ensure we keep the experts at the centre of the research. As such, we very much would welcome your feedback at this early stage of the project.

The research project entitled "Exploring the phenomenon of emerging multiplicity and psychosocial functioning within young people" has been approved by the Manchester Metropolitan University Ethics Committee - EthOS ID: 24208

If you would like to contact the lead researcher for further information, please email [Z.Eve@mmu.ac.uk](mailto:Z.Eve@mmu.ac.uk) (Zarah Eve MSc, BSc(Hons), PhD Student). More information about multiplicity can be found [here](#) via the ChUSE Network.

1. What would you hope this research could achieve?
2. What would be your recommendation(s) for how to involve a range of participants in this research?
3. How could information about experiences be collected from people who have the experiences of multiplicity?
4. How can participants feel supported and represented in this research? This includes people who experience multiplicity, support networks and professionals?
5. What would be your recommendation(s) as to how to make participating in this research a positive experience?
6. Is there anything else you would like to share?

If you would like to be contacted regarding the project in the future, please leave your contact information below:

Name

Email address

For more information and support, you might like to visit:

Children and young people with Unusual Sensory Experiences (ChUSE) Network - [www.mmu.ac.uk/health-psychology-and-communities/our-expertise/chuse-network/](http://www.mmu.ac.uk/health-psychology-and-communities/our-expertise/chuse-network/)

Young Voices Study - <https://www.mmu.ac.uk/hpsc/research/featured-projects/the-young-voices-study.php>

Positive Outcomes for Dissociative Survivors - [www.pods-online.org.uk](http://www.pods-online.org.uk)

Voice Collective - [www.voicecollective.co.uk](http://www.voicecollective.co.uk)

Healthy Multiplicity - [www.healthymultiplicity.com](http://www.healthymultiplicity.com)

**1/6 understanding**

What do you think multiplicity experiences are?

What do you think might cause multiplicity experiences to develop?

What do other people think multiplicity experiences are?

Does how other people think about multiplicity fit with what you think and feel about your experiences?

**2/6 language:**

What language do you prefer to use when talking about your experiences?

Is there any language you dislike?

Why do you dislike them?

Do you feel the language used accurately explains your experiences?

**3/6 Previous research:**

Previous research and support have focused on clinical experiences of multiplicity such as Dissociative Identity Disorder, and Other Specified Dissociative Disorders. What do you think about this?

Do you feel that multiplicity and these clinical disorders fit within a spectrum, or are they more separate?

How do you feel focusing on clinical experiences affects how people understand multiplicity?

**4/6 day to day living:**

What are your experiences of day-to-day living with multiplicity?

Are there any challenges that people who do not experience multiplicity might not know about?

What are some positives that you have found through living with multiplicity?

**5/6 support:**

Do you have any experiences of sharing your experiences of multiplicity with other people?

IF YES: If you have shared your experiences with other people, how did they react?

IF NO: If you have not shared your experiences yet, what are the reasons why you have not?

How would you like people to react in an ideal world?

**6/6 information and resources:**

What kind of support would be helpful for people in the multiplicity community to receive?

Where and/or how would you like to access support?

Would you find it useful to have documents with information about multiplicity that you can share?

Who do you think it would be useful to share these resources with?

Is there anything that we missed that you would like to share with us?

**OPTIONAL DEMOGRAPHICS:**

What is your age? You can answer this for yourself or the "collective", whichever you prefer

What gender do you identify as? you can answer this for yourself or the "collective", whichever you prefer

What are your Prounouns?

What is your country of residence?

What is your ethnicity?

Are you aware of others in your "system"?

IF YES: If you are aware, how many people are there in your "system"?

## Debrief Sheet

### Exploring the phenomenon of emerging multiplicity and psychosocial functioning within young people.

Thank you very much for taking part in my research. The information you have shared with me will help me to develop an understanding of multiplicity. My research is aiming to develop some clear language to be used when discussing multiplicity, and develop an understanding of the experience to help reduce the stigma currently surrounding it. The information shared will be used to create some guidance materials for people that want to know more about multiplicity.

#### **What happens now?**

A transcript of your interview will be produced in the weeks following completion. In the two weeks following completion of your interview, you may still choose to withdraw from the study if you no longer wish your data to be used. You can remove parts or all of your interview. If this is the case, please contact me via email. After this 2 week period, all personal information (name, contact details) will be deleted so I will be unable to extract and delete your anonymised data. A copy of the interview recording can be found on the Teams chat for the next 2 weeks if you would like to save a copy. I will be in contact with you in 1-2 months to set up another informal chat, to make sure you are happy with the information you shared, and to check whether you would like to share anything else. If you would prefer, this can be done via email.

#### **What if I need to speak with someone following the interview?**

I hope you found the interview to be a positive and interesting experience. If, however, the experience has brought up difficult feelings, or left you feeling distressed, I would encourage you to contact one of the services listed below:

#### **Voice Collective**

Supporting young people who hear, see and sense things others don't. Non-crisis email, support service, multiple resources

[www.voicecollective.co.uk](http://www.voicecollective.co.uk)

#### **Young Voices Study**

Resources, links and information around hearing voices

<https://www2.mmu.ac.uk/hpsc/research/featured-projects/the-young-voices-study.php>

#### **Samaritans Freephone**

Support line to talk and voice concerns and feelings

116 123

#### **NHS**

NHS (England) in case of a mental health crisis or emergency

111

Finally, if you have any further questions, or want an update on the research, please feel free to contact me using the details provided:

Main researcher: Zarah Eve [z.eve@mmu.ac.uk](mailto:z.eve@mmu.ac.uk)

Supervisor: Sarah Parry [s.parry@mmu.ac.uk](mailto:s.parry@mmu.ac.uk)

**Thank you again for taking part, your input was invaluable**

**Cambridge depersonalisation scale**

**Please read these instructions carefully:** this questionnaire describes strange and ‘funny’ experiences that normal people may have in their daily life. We are interested in the experiences’ (a.) **frequency** – how often you have had these experiences **over the last six months**, and (b.) their approximate **duration**. Please also consider whether these experiences can be useful in some way or whether these experiences can be challenging and distressing. To the right of each question please fill in a number that estimates how frequently (*use 0–4 scale given below*) you estimate you have had this experience over the last six months, and how long (*use 0–6 scale below*) on average the experience has tended to last for. If not sure, give your best guess. Please use the following scales:

**Frequency:** 0 = never; 1= rarely; 2=often; 3=very often; 4=all the time

**Duration:** (on average it lasts): 1=few seconds; 2=few minutes; 3=few hours  
4=about a day; 5=more than a day; 6=more than a week

**Useful:** 0 = never; 1= rarely; 2=sometimes; 3=usually; 4=always

**Distressing:** 0 = never; 1= rarely; 2=sometimes; 3=usually; 4=always

	<b>Questions</b>	<b>frequency</b>	<b>duration</b>	<b>useful</b>	<b>distressing</b>
<b>1</b>	out of the blue, I feel strange, as if I were not real or as if I were cut off from the world				
<b>2</b>	what I see looks ‘flat’ or ‘lifeless’, as if I were looking at a picture				
<b>3</b>	parts of my body feel as if they didn’t belong to me				
<b>4</b>	I have found myself <i>not being frightened at all</i> in situations which normally I would find frightening or				
<b>5</b>	my favourite activities are no longer enjoyable				
<b>6</b>	whilst doing something I have the feeling of being a ‘detached observer’ of myself				
<b>7</b>	the flavour of meals no longer gives me a feeling of pleasure or distaste				
<b>8</b>	my body feels very light, as if it were floating on air				
<b>9</b>	when I weep or laugh, I do not seem <i>to feel</i> any emotions at all				
<b>10</b>	I have the feeling of <i>not having any thoughts at all</i> , so that when I speak it feels as if my words were being uttered by an ‘automaton’.				
<b>11</b>	familiar voices (including my own) sound remote and unreal				
<b>12</b>	I have the feeling that my hands or my feet have become larger or smaller				
<b>13</b>	my surroundings feel detached or unreal, as if there were a veil between me and the outside world				
<b>14</b>	it seems as if things that I have recently done had taken place a long time ago. For example, anything which I have done this morning feels as if it were done weeks ago				

[cont.]

**Frequency:** 0 = never; 1= rarely; 2=often; 3=very often; 4=all the time  
**Duration:** (on average it lasts): 1=few seconds; 2=few minutes; 3=few hours  
 4=about a day; 5=more than a day; 6=more than a week  
**Useful:** 0 = never; 1= rarely; 2=sometimes; 3=usually; 4=always  
**Distressing:** 0 = never; 1= rarely; 2=sometimes; 3=usually; 4=always

	<i>Questions (continued)</i>	<i>frequency</i>	<i>duration</i>	<i>useful</i>	<i>distressing</i>
15	whilst fully awake I have 'visions' in which I can see myself outside, as if I were looking at my image in a				
16	I feel detached from memories of things that have happened to me – as if I had not been involved in				
17	when in a new situation, it feels as if I have been through it before				
18	out of the blue, I find myself not feeling any affection towards my family and close friends				
19	objects around me seem to look smaller or further away				
20	I cannot feel properly the objects that I touch with my hands for it feels <i>as if it were not me</i> who				
21	I do not seem able to picture things in my mind, for example, the face of a close friend or a familiar				
22	when a part of my body hurts, I feel so detached from the pain that it feels as if it were 'somebody				
23	I have the feeling of being outside my body				
24	when I move it doesn't feel as if I were in charge of the movements, so that I feel 'automatic' & mechanical as if I were a 'robot'				
25	the smell of things no longer gives me a feeling of pleasure or dislike				
26	I feel so detached from my thoughts that they seem to have a 'life' of their own				
27	I have to touch myself to make sure that I have a body or a real existence				
28	<i>I seem to have lost</i> some bodily sensations (e.g. of hunger and thirst) so that when I eat or drink, it feels an automatic routine				
29	previously familiar places look unfamiliar, as if I had never seen them before				