

**THE EXPERIENCE OF PEOPLE DIAGNOSED WITH DISSOCIATIVE IDENTITY
DISORDER IN THE WORKPLACE - PERSPECTIVES OF THERAPISTS**

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COMMENTS

The reader is reminded of the following:

- The references as well as the editorial style as prescribed by the *Publication Manual (5th edition)* of the American Psychological Association (APA, 2001) were followed in this mini-dissertation. This practice is in line with the policy of the Programme in Industrial Psychology of the Potchefstroom University for Christian Higher Education to use APA style in all scientific documents as from January 1999.
- The mini-dissertation is submitted in the form of a research article. The editorial style specified by the *South African Journal of Industrial Psychology* (which agrees largely with the APA style) was used, but the APA guidelines were followed in constructing tables.

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TABLE OF CONTENTS

		Page
	CHAPTER 1: INTRODUCTION	
1.1	Problem Statement	1
1.2	Research Objectives	8
1.2.1	General Objective	8
1.2.2	Specific Objective	8
1.3	Research Method	9
1.3.1	Research Design	9
1.3.2	Validity and Reliability	10
1.3.3	Study Population	11
1.3.4	Data Collection	12
1.3.5	Data Analysis	13
1.3.6	Research Procedure	14
1.4	Division of Chapters	14
1.5	Chapter Summary	14
	CHAPTER 2: RESEARCH ARTICLE	16
	CHAPTER 3: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS	62
3.1	Conclusions	62
3.2	Limitations	65
3.3	Recommendations	65

3.3.1	Recommendations to the Organisation	65
3.3.2	Recommendations for Future Research	67
	REFERENCES	68

ABSTRACT

Title: The experience of people diagnosed with Dissociative Identity Disorder in the workplace - Perspectives of Therapists.

Key terms: Multiple Personality Disorder, Dissociative Identity Disorder, Occupational, Dissociation, Identity Disorder, Alter, Amnesia, Hypnosis, Depersonalization, Trauma.

Awareness due to increase crime has highlighted the occurrence of immense personal and social problems. Problems resulting from disorders such as Schizophrenia, Alzheimer's and Dissociative Identity Disorder (DID) are less common but have a profound impact on all of us. Research has shown that 97% of people with severe abuse and life trauma before the age of nine, develop DID.

The objective of this study was to investigate (from the perspectives of therapists) the experience of people diagnosed with Dissociative Identity Disorder (DID) in the workplace.

A qualitative research design was used to capture the essence of the individual's experience thereby enabling the researcher to develop an understanding from the participant's point of view. In this study seven therapists were interviewed and each completed a questionnaire. This was the basis used to demonstrate the typical behaviour of DID in the workplace.

The results indicated that DID's cope to a certain extent but tend to switch (switching) personalities when exposed to trauma, stress or events that triggers past life trauma. Defense mechanisms and switching can have a negative influence on the organisation and its employees, but most of all on the DID. If professional treatment is available, the condition can be fully cured.

Most patients treated were female, averaged 29 years of age, were single, and had experienced some kind of abuse. Patients experienced problems directly related to DID, such as lack of concentration, attention deficiency and memory loss, depression, migraine and constant headaches. Their behaviour is inconsistent and unpredictable, and they experience relationship problems.

Results show that DIDs can hold relatively senior positions but tend to change jobs on a regular basis.

Although this condition can be differentiated from other Psychological conditions, most DIDs have previously been misdiagnosed. A Psychological-based paradigm is mostly used to diagnose the condition.

Recommendations to the organisation (especially to the HR department) and recommendations for future research were made.

OPSOMMING

Titel: Die ondervinding van persone wat gediagnoseer is met Dissosiatiewe Identiteitsversteuring in die werksplek- Perspektiewe van Terapeute.

Sleuteltermes: Meervoudige-persoonlikheidsversteuring, Dissosiatiewe Identiteitsversteuring, Beroeps, Dissosiatiewe, Identiteitsversteuring. Alter, Amnesie, Hipnose, Depersonalisasie, Trauma

As gevolg van bewustheid van misdaad word die teenwoordigheid van persoonlike en sosiale probleme uitgelig. Probleme wat ontstaan as gevolg van toestande soos Skisofrenie, Alzheimer-siekte en Dissosiatiewe Identiteitsversteuring (DID) is minder algemeen, maar het 'n geweldige impak op almal.

Die doel van hierdie studie was om (vanuit die perspektief van terapeute) ondersoek in te stel na persone wat gediagnoseer is met DID se ondervindinge in die werksplek.

'n Kwalitatiewe navorsingsontwerp was gebruik om die wese van die individu se ondervinding vas te vang en daarmee die navoser in staat te stel om vanuit die deelnemer se perspektief kennis op te doen oor die toestand. In hierdie studie is gebruik gemaak van vraelyste en onderhoude met sewe terapeute. Dit was die basis wat gebruik is om die tipiese gedrag in die werksplek te demonstreer.

Die resultate het getoon dat DIDs in 'n sekere mate kan volhou, maar persoonlikhede wissel wanneer hulle blootgestel word aan trauma, stres of gebeurtenisse wat vorige lewenstrauma aanwakker. Die verdedigingsmeganismes en "wisseling" van persoonlikhede het 'n negatiewe invloed op die organisasie en al sy werknemers, maar die meeste van almal op die DID. As professionele behandeling beskikbaar is, kan die toestand volkome genees word.

Die meeste van die DIDs wat behandeling ontvang het, was vroulik, gemiddeld 29 jaar oud, meestal enkellopend en was die slagoffer van een of ander vorm van mishandeling. Die pasiënte het probleme ondervind wat direk verband hou met DID, soos gebrek aan konsentrasie, aandagtekort en geheueverlies, depressie, migraine en konstante hoofpyne.

Die resultate toon dat DID's relatiewe senior posisies kan beklee maar geneig is om gereeld van werk te verander.

Alhoewel hierdie toestand van ander Psigologiese toestande gedifferensieer kan word, is baie DID's voorheen verkeerd gediagnoseer. 'n Psigologiesgebaseerde paradigma word meestal gebruik om die toestand te diagnoseer.

Aanbeveling is gedoen vir organisasies (veral vir Menslike Hulpbronne) asook vir toekomstige navorsing.

CHAPTER ONE

INTRODUCTION

This study deals (from the perspectives of therapists) with the experience of employees diagnosed with Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder (MPD), in the workplace.

This chapter focuses on the problem statement, objectives and the research method.

1.1 PROBLEM STATEMENT

The field of Psychology focuses more and more on the workplace due to the increasing amount of time people spend at work. People who were traumatised as children, develop coping mechanisms which - though effective in defending the individual against the trauma - prevent the individual from functioning optimally and eventually result in poor performance at work.

DID is often referred to as a set of highly creative survival techniques because it allows individuals enduring "hopeless" circumstances to preserve some areas of healthy functioning (Cohen, Giller & Lynn, 1992). DID is thus not an illness, but a necessary survival tool. The person is not crazy, rather, the dissociation can be seen as the healthiest reaction one could have to the abusive situations; the individual chooses to be that way and no two multiples could be the same (Cohen, et al., 1992). In light of the above, the identification of dissociative phenomena in children and adolescents with a history of abuse, could lead to interventions that attempt to prevent full-blown disorders (Carrion, 2000).

Cohen, Giller and Lynn (1992, p24.) explained the frustration and phenomena of DID as follows; "think about the last time you forgot someone's name or a minor detail; did trying to remember frustrate and confuse you?. DID is like that, but there are many, many more things you do not remember, or when you do finally remember, you forget what you were originally focusing on. No wonder DID's are confused, give incomplete and/or inconsistent life histories, and don't remember what went on in the earlier part of the therapy session, or from

one session to another. No wonder they cannot track progress and get discouraged with the whole process".

According to Ross (1997), Dissociative identity disorder (DID) is not a transient aberration, peculiar to twentieth century North America. This author confirms that examples from ancient history reveal that all races have recognized the fragmentation of self and the transformation of identity. The basic building blocks of DID have been present in most cultures throughout history. DID have gradually evolved from its prehistoric origins, through intermediate phenomena, to its modern form (Ross, 1997).

The best way to describe MPD or DID is to go back to "*The Diagnostic and Statistical Manual of Mental Disorders- Text Revision (DSM-IV TR)*", which contains this official definition- a definition, which is accepted by mental health professionals, and is used in all research and clinical settings: (APA, 2000):

- The presence of two or more distinct personality states, (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
- At least two of these identities or personality states recurrently take control of the person's behaviour.
- Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
- The disturbance is not due to the direct effects of substance abuse (e.g. blackouts or chaotic behaviour during alcohol intoxication) or a general medical condition (e.g. complex partial seizure).

According to Michelson and Ray (1996), the distinct personalities' awareness of one another may range from complete to nil. Directionality of knowledge is almost always found among some alters, such that alter A knows of the doings of alter B, but B is unaware of the activities of A. It is not uncommon for some alters to have symptoms that others do not suffer. Differences in handwriting and handedness, voice and vocabulary, accents and speech patterns, and even preferred languages are encountered.

In the course of treatment an average of 13 – 15 personalities are encountered, but this figure is deceptive. The mode in virtually all series is three, and median number of alters is eight or ten. Complex cases, with 26 or more alters constitute 15-25% of such series and unduly inflate the mean (Michelson & Ray, 1996). Some patients have been reported with alters that are not even human; alters have been animals, or even aliens from outer space. The average DID patient according to Frey (1999), has between two or 10 alters, but some have been reported with over one hundred.

Frey (1999), explained further in the Gale Encyclopedia of Medicine that these distinct personalities alternate in controlling the patient's consciousness and behavior and highlight that "split personality" is not an accurate term for DID, and neither should this term not be used as a synonym for schizophrenia. Frey (1999) also warns that because childhood trauma is a factor in the development of DID, some doctors think it may be a variation of post-traumatic stress disorder, since both DID and post-traumatic stress disorder are conditions where dissociation is a prominent mechanism.

Due to the fact that a great deal of overlap of symptoms occurs between DID and other "illnesses" (e.g. depression, suicidality, alcohol and drug abuse), DID is sometimes misdiagnosed. Most clinicians believe that dissociation processes exist on a continuum. At one end are mild dissociative experiences (such as daydreaming or highway hypnosis) common to most people. At the other extreme is severe, chronic dissociation, which may result in serious impairment or inability to function. There is also a wide range of experiences in-between (Cohen, et al., 1992).

Individuals most likely to develop DID present several factors in a common profile. They have endured repetitive, overwhelming and often life-threatening trauma at a sensitive developmental stage of childhood (usually before age of nine), and, in addition, they may possess a biological predisposition for auto-hypnotic phenomena (a high level of hypnotizability). North, Ryall, Ricci, & Wetzel (1993) stated that DID patients frequently hail from family backgrounds that are authoritarian, excessively strict, and extremely religious.

Cohen, et al. (1992) postulate that most children, when faced with highly anxiety provoking situations from which there is no physical escape, may attempt escape the situation by "going

away” in his/her head. Consequently, for a child who has been repeatedly abused, dissociation over time becomes reinforced and conditioned. The dissociative process may result in a series of discrete states, which eventually take on identities of their own. Often referred to as alternate personalities, alters are the internal members of the DID system. Changes between these personalities, or states of consciousness, are described as splitting or switching. Dissociation and splitting or switching may become automatic responses to anxiety and anticipate anxiety, even in non-abusive situations. Even after the traumatic circumstance is long past, the vestigial pattern of defensive dissociation remains. Moreover, chronic defensive dissociation may lead to serious dysfunction in work, social and daily activities (Cohen, et al., 1992).

Sarason & Pierce (1996), distinguish between splitting and switching of personalities by explaining that traumatic events, which occur during early childhood apparently trigger "splitting", whereas reactivation of an existing split through recurrent trauma epitomizes "switching" of personalities.

According to Lilienfeld (1998), the number of reported cases of MPD has swelled towards the end of the century to tens of thousands, and some MPD specialists claim to have seen several hundred cases in their own diagnostic practice alone. According to Piper (1998), some proponents of the condition claim that it afflicts at least a tenth of all Americans, and perhaps 30 percent of poor people – more than twenty-six million individuals.

People with MPD use dissociation mechanisms to cope in certain stressful situations, especially at work. Briere (1989) discussed the seven most typical manners in which people may use dissociation:

- **Disengagement:** The individual withdraws from experiencing any thought or feelings. "a brief time out" – it may occur often throughout the day.
- **Detachment:** "turning down the volume" Detachment or numbing may create situations in which the individual is unaware of her feelings or does not feel anything because the feelings are too painful.

- **Observation:** "being on the outside of oneself looking in" Thoughts and feelings are not connected, the survivor sees herself talking or engaging in activities but does not participate in the affective component of the experience.
- **Postsession amnesia:** Clients have no memory of significant information from prior session. The amnesia protects the client from becoming overwhelmed during treatment. It is a way of a client to regulate the therapeutic process. It also can be used by the survivor of abuse to modify her level of intimacy with the mental health profession.
- **As if:** Clients pretend to feel emotions and experience insight- but is simply a pretense. A client may be too overwhelmed and panicked at the thought of being close to someone else.
- **Shutdown:** it is a very basic, primal state during which the client is unaware of his/her surroundings. Behavior range from a clients decreased awareness of herself, her surroundings, or others in the same room to swaying, wailing, groaning or crying – the client attempt to escape from the situation.
- **Total Repression:** An individual in a completely repressed state presents long black spaces in her early life history but denies being abused.

According to Mitchell & Morse (1998) the above mentioned coping mechanisms might be triggered by certain tastes, smells, touches sights or sounds and can be certain times of the day, the month, or the year. Traumatic events happening in the present, or the experience of feeling threatened or stressed can also trigger previous traumatic memories. Almost anything can be a trigger! Interestingly, Bowers (1991) proposes that people prone to MPD are very high in hypnotic ability and are, therefore vulnerable to the suggestive impact of ideas, imaginings and fantasies; they are high in hypnotic ability because they have learned to use dissociative defenses.

Frey (1999) explained further in the Gale Encyclopedia of Medicine that the female to male ratio for DID is about 9:1, but the reason for the gender imbalance are unclear. Some have attributed the imbalance in reported cases to higher rates of abuse of female children; and some to the possibility that males with DID are underreported because they might be in prison for violent crimes.

According to Cohen, et al. (1992), some people with DID can hold highly responsible jobs, contributing to society in a variety of professions, the arts, and public services. In the eyes of co-workers, neighbours and others with whom they interact daily, they apparently function normally.

It is imperative that the Human Resource practitioner can recognize the typical symptoms and behavior of this disease and be aware of the available measuring instruments to test the presence of DID.

Psychometric and other tests to diagnose MPD (now known as DID) are the following:

- Dissociative Experience Scale (DES) developed by Frank. W. Putnam and Eve B. Carlson (Gale Encyclopedia of Childhood Adolescence, 1998)
- Dissociative Disorder Interview schedule (DDIS), developed by Ross, Heber, Norton and Anderson (Gale Encyclopedia of Childhood Adolescence, 1998)
- Structural Clinical Interview for DSM-IV, Dissociative Disorder (SCID-D), developed by Marlene Steinberg (Steinberg, 1995).
- Mapping, also known as personality mapping or system mapping (Gale Encyclopedia of Childhood Adolescence, 1998).

According to Piper (1996) in Friesen (1999) clinicians who suspects that a patient's bewildered symptoms (e.g., moodiness, inexplicable temper outburst) are the product of inner-dwelling identities will often attempt to elicit these identities through suggestive questioning. (E.g., "Might there be a another part of you I haven't met?"), in addition to forceful prompting and hypnosis. In certain individuals, particularly those prone to fantasy, such attempts are successful. A diagnosis of MPD is thus born.

Chronic defensive dissociation may lead to serious dysfunction in work, social and daily activities (Cohen, et al., 1992). This researcher believes that, given the proper support in the working environment, these individuals could possibly become more productive.

With regard to the treatment of DID, Frey (1999) is of opinion that it may last for five to seven years in adults and usually requires several different treatment methods like

Psychotherapy, Medications, Hypnosis and alternative techniques such as relaxation exercises, hydrotherapy, botanical medicine, therapeutic massage, yoga and homeopathic treatment. As a general rule, the earlier the patient is diagnosed and properly treated, the better the prognosis. Prevention of DID requires intervention in abusive families and treating children with dissociative symptoms as early as possible (Frey, 1999).

In the opinion of the researcher it is important for the Human Resource (HR) department to understand what DID (previously known as MPD) is all about. Moreover, if such personnel (HR) recognize dissociation symptoms related to this disease, they should be in a position to investigate the problem (background and mental state) with sensitivity and empathy. Following this, the HR representative, could encourage the individual to get professional treatment, while working with the therapist to assist and support such an employee. This disorder, if not handled correctly in the workplace, can cost the company a vast amount of money as a result of staff members who use dissociation as a means of coping under pressure, reducing their efficiency and productivity, not to mention the wrong decisions that might be made by a manager with DID on a crucial point.

From the above discussion it is thus evident that people diagnosed with DID is part of our society and part of the workforce. From this investigation, a better understanding of the experience of people diagnosed with DID in the workplace will be gained which may lead to the South African community having more empathy with them. If a company takes care of these individuals, the company will be perceived as caring and looking after its people's interests, in addition to protecting the other employees from the DID's emotional outbursts and inappropriate behaviour.

From the above-mentioned issues, the following research questions emerge:

- How are Dissociative Identity Disorder conceptualised in the literature?
- How are the diagnosis, prognosis, prevention and treatment of DID conceptualised in the literature?
- What is the experience of people diagnosed with DID in the workplace according to the perspectives of therapists?

- To what extent does chronic defensive dissociation lead to dysfunctions in work, social and daily activities?
- What is the typical behavior of DID's in the workplace?

1.2 RESEARCH OBJECTIVES

1.2.1 General objective

With reference to the above formulation of the problem, the general aim of the research would be to investigate (from the perspectives of therapists) the experience of people diagnosed with Dissociative Identity Disorder (DID) in the workplace.

1.2.2. Specific objectives

The specific objectives would be to explore the following;

- To conceptualise Dissociative Identity Disorder (previously known as Multiple Personality Disorder) in the literature
- To conceptualise the diagnosis, prognosis, prevention and treatment of DID in the literature?
- To investigate/determine the experience of people diagnosed with DID in the workplace according to the perspectives of therapists
- To investigate to what extent chronic defensive dissociation leads to dysfunctions in work, social and daily activities
- To determine the typical behavior of DID's in the workplace

1.3 RESEARCH METHOD

1.3.1 The Research Design

Mouton and Marais (1992) describes a research design as a set of guidelines and instructions to be used in addressing the research problem, and proposes that a qualitative research design should be flexible enough in order to capture the essence of the individual's experience, thereby enabling the researcher to develop an understanding from the participant's point of view. In addition, Kerlinger (1986) proposes that the main purpose of any design is to enable the research question to be answered in a manner, which ensures that the validity of the design is not compromised in any way.

In qualitative studies the researcher attempts a holistic understanding of the topic by means of a flexible research strategy and data collection methods. In this case, the design will be both exploratory and descriptive in nature. Exploratory studies are used to make preliminary investigations into the relatively unknown areas of research. They employ an open, flexible and inductive approach to research as they attempt to look for new insight into phenomena. On the other hand, descriptive studies aim to describe phenomena accurately either through narrative-type descriptions (Terre Blanche & Durrheim, 1999).

According to Breakwell (1996) quantitative and qualitative methodologies encompass more than mere data gathering techniques; they carry with them the acceptance of certain philosophical principles. In support of this, Banister (1994) postulates that it is not the research problem that determines the use of a particular technique, but rather, a prior intellectual commitment to a philosophical position.

With reference to philosophical positions, a qualitative methodology assumes acceptance of a phenomenological, interactionist position, a position, which focuses on the participant's perspective – a perspective, which is unique and personal, and by its very nature, is neither objectifiable, nor quantifiable, but which is understood through social interaction and shared meanings (Breakwell, 1996). Qualitative research, as such, aims to assess how the participants, in this case, the DID's experience of their working environment, and how they understand and derive meaning from the occupational context within which they function.

As a qualitative researcher, this researcher will seek to convey the phenomenological experience of the respondent, forming a non-hierarchical relationship with the participant – a relationship in which the researcher invests time and energy, along with the commitment to sharing of the self. This relationship ensures that the DID feels supported, encouraged, understood, and valued as a worthy contributor to research.

In addition, a qualitative paradigm thus enables the researcher to conduct research that elicits the participants' accounts of meanings, experience and perceptions – in other words, it produces descriptive data in the participants' own written and spoken words. Furthermore, qualitative research is considered to be an interpretative study in which the researchers' experience and interpretation plays a major role in the research process -by bringing their values to the research (Breakwell, 1996).

1.3.2 Validity and Reliability

The term validity is not compatible with a phenomenological-interpretive framework, which assumes that objectivity and universal truths are not attainable. From a qualitative paradigm truth reflects a perspective, and as such, there is no universal truth, but multiple truths or "multiverses"(Denzin & Lincoln, 1994). In support of this, Merriam (1998) suggests that it seems inappropriate to be concerned with the "truth" or "falsity" of an observation with respect to an external reality. He therefore proposes that validity, from a qualitative perspective, no longer be defined in absolute terms, but that it should always be relative to the purpose of the research, thereby reflecting the relationship that the researcher has with the participants.

The participants in this study, namely the therapists, will give information from their own perspectives on the experience of DID's in the workplace. Throughout the study "multiple truth" will be obtained when other therapists confirmed a perspective, relative to the purpose of the research.

Whereas from the quantitative perspective, validity focuses mainly on the method (where method is the tool enabling one to discover the truth), from a phenomenological-interpretive paradigm, validity lies more in the quality of the researcher. A valid research project is thus

one in which the researcher is able to represent the subjective experience/s of those researched in a way that does justice and gives credibility to the participant.

Reliability from a quantitative, positive perspective has to do with the repeatability of results; a state that is obtained when the measuring instrument/s is/are reliable and the conditions under which they are administered are identical. When focusing on social behaviour in social contexts, attempts at replicating results appear difficult, as social reality is always in a fluctuating state, and therefore instruments will never produce the same measurements (Merriam, 1998).

In this study, similarities and differences in information obtained from the seven therapists will be explored. Uncertainties regarding the different meanings assigned (by the therapists) to the same situation on the structured interview schedule will also be addressed by the researcher during interviews and feedback sessions.

Consequently, reliability from a qualitative perspective implies that there will always be a difference between the interpretation of a particular research setting by a researcher, and the meanings assigned to the same situation by the participants. These in turn will also be different to the final interpretation assigned to the report by a reader of the report. These differences, however, do not mean that the research project is not reliable. What is important, is that the accounts give credibility to the participant and the process, and that the findings can be confirmed by others, and finally, that the research enhances understanding of, and provides insight into human behaviour in social settings.

1.3.3 Study Population

In light of the fact that DID is not a common occurrence in the workplace, it would be difficult to obtain a representative sample, therefore, for the purposes of this study, non-probability, convenience sampling (availability sampling) will be used. Non-probability refers to the fact that the sample is not randomly selected, and “convenience sampling” implies selecting a sample, on the basis of availability of respondents (Neumann, 1997). Not having a representative sample is not a problem from a qualitative perspective, since the aim of the study is not replicability and generalizability, but rather an accurate account of the

participants' perspectives. Furthermore, in the field of psychology, and especially in investigating complex human phenomena, one rarely has the opportunity to select a truly random sample.

For the researcher to obtain accurate reproduction of events, it will be imperative to select experts in the field of DID:

- Therapists needs to be found who have studied, diagnosed, assessed and treated DID's.
- The above-mentioned therapists will obtain the information required directly from DID's. The researcher will not work directly with the DID's due to the importance of the relationship necessary to obtain a true reproduction of events. The therapists have already established a trusted and long relationship with the DID.
- The DID's investigated by the therapists for the research should all have been diagnosed as DID, and should all have worked previously (or should still be working) in a corporate environment. The participants should therefore all be able to give accurate feedback regarding coping at work and defense mechanisms used to cope in everyday social life and in the working environment.

1.3.4 Data Collection

In this study, a questionnaire and interviews will be designed and administered to therapists who treated DID's who was already diagnosed with this disorder, in order to examine the effect of the disorder on the working environment. Furthermore, individual interviews will be conducted on some DID participants by therapists who treat them and work with them on a regular basis.

The basic objective of a questionnaire is to "obtain facts and opinions about a phenomenon from people who are informed on the particular issue" (Dunham, 1987). In this study, a questionnaire and interviews will be designed and administered to therapists who treated DID's who was already diagnosed with this disorder, in order to examine the effect of the disorder on the working environment. Furthermore, individual interviews will be conducted on some DID participants by therapists who treated and worked with them.

According to Guy, Edgley, Arafat and Allen (1987), information obtained from questionnaires is limited to the respondents' written answers to a prearranged printed set of questions that are given directly to respondents. In the interview, the interviewer can observe the respondent's reaction to the questions and to the surrounding situation and, while it takes far more time and money, the quality of information just may compensate for the added expense.

The questionnaire will be developed according to the Likert scale. Likert (1932) proposed a simple and straightforward method for scaling attitudes that is widely used today. A Likert scale presents the examinee with five responses ordered on an agree/ disagree or approve/ disapprove continuum. Depending on the wording of an individual item, an extreme answer of "strongly agree" or "strongly disagree" will indicate the most favourable response on the underlying attitude measured by the questionnaire. Likert (1932) assigned a score of 5 to these extreme responses, 1 to the opposite extreme, and 2, 3, and 4 to the intermediate replies. The total scale score is obtained by adding the scores from individual items. For this reason, a Likert scale is also referred to as a summative scale (Gregory, 2000).

1.3.5 Data Analysis

Content analysis of the structured interview as well as the interview material will be used to analyse and interpret the qualitative data collected. Since there are many different ways of perceiving and interpreting social life, there should also be many different perspectives in the analysis of qualitative data (Punch, 1998). In this case Thematic Content Analysis will be used to analyse the data obtained from the questionnaires and individual interviews, by identifying common themes. Data gathering and data analysis will be undertaken simultaneously, with the further analysis of the data contributing to the further understanding obtained from the data (Denzin & Lincoln, 1994).

In the content analysis, the emphasis is on exposing underlying meanings, and to interpreting the new meanings generated collaboratively, by the researcher and participants. The analysis will start off with the identification of categories and concepts within the data, making use of coding, memoing and verification. A cycle alternating between data collection and data analysis will continue until the data no longer shows new theoretical concepts, but rather

confirming what has already been found (Punch, 1998). The categories that emerge in the process of identifying the themes will reflect the appropriate aspects of the conversations, while retaining the original wording. These themes will then be organized to present the experiences of the DID's in a concise, yet comprehensive way.

1.3.6 Research Procedure

As already stated, this study will make use of questionnaires, as well individual interviews as techniques for collecting data. Once the participants have been identified, a letter requesting participation and consent will be given to them. Ethical aspects regarding the research will be discussed with each individual participant before the start of the study. Thereafter the questionnaires will be administered, and at a later stage individual interviews will be conducted with the DID participants (in this case the therapists) to examine the effect of this disorder on the working environment of the individual.

1.4 DIVISION OF CHAPTERS

Chapter 1: Introduction

Chapter 2: Research Article

Chapter 3: Conclusion and Recommendations

1.5 CHAPTER SUMMARY

Chapter one focuses on the problem statement, objectives and the research method of this study.

Chapter two encompasses the complete study. The result of the data analysis are reported, indicating the practical significance thereof. The findings of the study are also discussed in brief.

Chapter three provides a comprehensive analysis and discussion of the literature and the results of the empirical study. Conclusions are reached with regard to the research objectives, recommendations for organisation (especially the HR- department of organisations) are made

and limitations of the present study are discussed. Finally, research opportunities, which follow from this research, are presented.

CHAPTER 2

RESEARCH ARTICLE

**THE EXPERIENCE OF PEOPLE DIAGNOSED WITH DISSOCIATIVE IDENTITY
DISORDER IN THE WORKPLACE - PERSPECTIVES OF THERAPISTS.**

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ABSTRACT

The objective of this study was to investigate – from the perspectives of therapists – the experience of people diagnosed with Dissociative Identity Disorder (DID) in the workplace. Qualitative research methodology was used by means of exploratory and descriptive principles; seven therapists were interviewed and each completed a questionnaire, which was the basis used to demonstrate the typical behaviour of DID's in the workplace. The results show that stress exposure acts as a trigger and that defence mechanisms and 'switching' of personalities have a negative influence on the organisation. Problems directly related to DID (such as lack of concentration, memory loss, depression, headaches, relationship problems, and inconsistent and unpredictable behaviour) were experienced. Results show that DID's can hold senior positions, but change jobs on a regular basis. Although this condition can be differentiated from other Psychological conditions, most DID's have previously been misdiagnosed. A Psychological-based paradigm is mostly used to diagnose the condition.

OPSOMMING

Die doel van hierdie kwalitatiewe studie is om – vanuit die perspektief van terapeute – ondersoek in te stel na persone wat gediagnoseer is met Dissosiatiewe Identiteitsversteuring (DID) se ondervindinge in die werksplek. Kwalitatiewe navorsingsmetodologie is gebruik deur van ondersoekende en beskrywende beginsels gebruik te maak. In hierdie studie is gebruik gemaak van vraelyste en onderhoude met sewe terapeute. Dit was die basis wat gebruik is om die tipiese gedrag in die werksplek te demonstreer. Die resultate het getoon dat stresblootstelling as 'n sneller reageer en verdedigingsmeganismes en 'wisseling' van persoonlikhede 'n negatiewe invloed op die organisasie het. Die pasiënte het probleme ondervind wat direk verband hou met DID, soos gebrek aan konsentrasie, aandagtekort en geheueverlies, depressie, migraine en konstante hoofpyne, verhoudingsprobleme, en inkonsekwente en onvoorspelbare optrede. Die resultate toon voorts dat DID's relatief senior posities kan beklee, maar geneig is om gereeld van werk te verander. Alhoewel hierdie toestand gedifferensieer kan word van ander Psigologiese toestande, is die meeste DID's voorheen verkeerd gediagnoseer. 'n Psigologiesgebaseerde paradigma word meestal gebruik om die kondisie te diagnoseer.

**Throughout this article people with Dissociative Identity Disorder will be referred to as DID's, and Dissociative Identity Disorder will be abbreviated as DID. Although Multiple Personality Disorder is now referred to as DID, many sources still use Multiple Personality Disorder and therefore in this study the abbreviation MPD will be used.*

In South Africa, there has been a growing interest in the occurrence of immense personal and social problems - problems that arise as a result of the abuse and negligence of children, the proliferation of HIV and Aids, poverty, and the increasing number of crime cases reported daily in our country - in other words, problems that touch all of our lives in some way or another. These social problems often manifest in psychological dysfunction such as depression, sexual dysfunction, obesity, and alcohol and substance abuse, as well disorders that are less common but have a profound impact on all of us; disorders such as Schizophrenia, Alzheimer's and Dissociative Identity Disorder (Watkins & Watkins, 1997).

The absence of appropriate solutions for social and family problems contributes to these problems being carried over into the workplace. As a result of this 'carry-over' of problems, and because of the increasing amount of time employees spend at work, the field of Psychology focuses more and more on the functioning of the individual in the workplace. According to Friesen (1999), persons who were traumatised as children, develop coping mechanisms which, although they are effective in defending the individual against the trauma, prevent the person from functioning optimally.

Dissociative Identity Disorder (DID) is often referred to as a set of highly creative survival techniques because it allows individuals enduring "hopeless" circumstances to preserve some areas of healthy functioning (Cohen, Giller & Lynn, 1992). DID is thus not an illness, but a necessary survival tool. The person is not crazy, rather, the dissociation can be seen as the healthiest reaction one could have to the abusive situations; the individual chooses to be that way and no two multiples could be the same (Cohen, et al., 1992).

Some individuals with DID can hold highly responsible jobs, contributing to society in a variety of professions, the arts, and public services fooling co-workers, neighbors and those with whom they interact daily, into believing that they are coping psychologically and can function normally. Even in these cases, chronic defensive dissociation may lead to serious dysfunction in the workplace, as well as in social and daily activities (Cohen, et al., 1992)

In spite of the universality of this disorder, some clinicians do not recognise MPD or even DID as a legitimate psychiatric entity, and there has been considerable controversy on this issue (Watkins & Watkins, 1997). Nevertheless, as more practitioners are finding and

recognising these cases, the psychiatric and psychological professions are increasingly accepting the reality of a diagnosis of MPD (DID). As a result of the increase in the number of cases, and the growing awareness of the existence of this disorder, it is now identified in the DSM IV (APA, 2001) as Dissociative Identity Disorder (DID). This name change reflects the current consideration of the altered states as fragments of a single personality, rather than as separate personalities inhabiting the same body, as previously believed. Even though the thought processes, feelings, and behaviours of the respective alters appears to be so very different from one another, they still form part of a single personality (Watkins & Watkins, 1997).

Cohen, Giller and Lynn (1992), postulate that most children, when faced with highly anxiety provoking situations from which there is no physical release, may attempt to escape the situation by “going away” in his/her head. By dissociating, the child can be protected against the overwhelming traumatic feelings and experiences he or she is helpless to stop. Consequently, sexually abused children may use dissociation as a primary defense and coping strategy, which when used repeatedly, is strengthened and reinforced, resulting in a series of discrete states, which eventually take on identities of their own. Dissociation is thus a means of preserving the original sense of self, whereby the traumatic experience is split off and forgotten and the child continues to develop, although often with a sense of self-fragmentation (Mitchell & Morse, 1998).

Previous research has indicated that ninety seven percent of people with severe abuse and life trauma before the age of nine, develop DID in later life and use distinct personalities and defense mechanisms to cope with every day life (Friesen, 1999). *The Diagnostic and Statistical Manual of Mental Disorders - Text Revision (DSM-IV TR)*, confirmed that individuals with DID frequently report having experienced severe physical and sexual abuse, especially during childhood (American Psychological Association, 2000 & North, Ryal, Ricci & Wetzal, 1993).

Childline South Africa reported that the cases of child sexual abuse had increased by 400% in the past 8-9 years, (<http://www.childline.org.za/stats.htm>). The number of cases reported to child welfare from 99-2002 increased with 62% and 51% of all cases fell into the category of sexual abuse children aged 10-14 were most effected (<http://www.childwelfare.sa.org.za>).

The Sunday Times dated 24 August 2003, published statistics released by the South African Institute of Race Relations, which indicated that 4 in every 10 rapes reported in 2000 were rapes of children. Childline reported that it is difficult to obtain accurate figures on child abuse in South Africa, due to the conspiracy of silence that surrounds violence against children; they estimate that 1 out of 3 girls and 1 out of 5 boys are abused before age 18. The above statistics, however, only work on reported cases and do not usually include non-physical abuses like emotional abuse, neglect etc.

Perusing the statistics above, one realizes that the problem is not disappearing, in fact, it is getting worse, and therefore drastic measures need to be taken.

With this increase in child abuse we see the concomitant increase in DID in America. According to Lilienfeld (1998), the number of reported cases of MPD (DID) has swelled towards the end of the century to tens of thousands, and some MPD specialists claim to have seen several hundred cases in their own diagnostic practice alone. According to Piper (1998), some proponents of the condition claim that it afflicts at least a tenth of all Americans, and perhaps 30 percent of poor people – which amounts to more than twenty-six million individuals.

If one looks at the population figures as reported by Statistics South Africa, Census 2001 (<http://www.statssa.gov.za>), and take one out of every three girls and one out of every five boys, (according to child welfare) one could reason that the number of children that get abused and traumatized per year before the age of nine is more than 2 million. For many children, this abuse occurs at the hands of those whom they trust and love, resulting in long-term psychological trauma that affects not only their lives but also impacts on the next generation.

These statistics highlight the cry for help and the need for intervention. Besides assisting children, interventions must also be aimed at adults, especially in the workplace, since stressors at home are carried over into the workplace, and visa versa. Carrion (2000), reported that the identification of dissociative phenomena in children and adolescents with a history of abuse, could lead to interventions that attempt to prevent full-blown disorders (Carrion, 2000).

Clinical Features of MPD (DID)

The best way to describe MPD or DID is to go back to "*The Diagnostic and Statistical Manual of Mental Disorders - Text Revision (DSM-IV TR)*", which contains this official definition - a definition, which is accepted by mental health professionals, and is used in all research and clinical settings (American Psychological Association, 2000); namely:

- The presence of two or more distinct personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
- At least two of these identities or personality states recurrently take control of the person's behaviour.
- The inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
- The disturbance is not due to the direct physiological effects of a substance (e.g. blackouts or chaotic behaviour during Alcohol Intoxication) or a general medical condition (e.g. complex partial seizure).

Note: In children the symptoms are not attributable to imaginary playmates or other fantasy play.

According to the DSM IV Sourcebook (APA, 1996), dissociation has been described as the exclusion of an experience from conscious awareness, whereas Calof (1995), describe dissociation as the process which allows a person to step aside, split off from one's own knowledge (ideas), behaviour, emotions, and bodily sensations – even to split off one's self-control, identity and memory. According to Calof , dissociation – that is the splitting of the mind and the pigeonholing of experience - is a natural adaption to the complex demands of daily life. At the farthest end of the dissociative continuum lies Dissociative Identity Disorder (DID), with its characteristic amnesia, derealisation, depersonalisation, and personality splitting.

Defining MPD (DID) In Terms Of Ego-States

Ego state therapy is another hypnotic approach that can be introduced during the beginning stage of therapy. The focus of ego-state exploration is primarily on identifying, accessing, and working with positive ego states, such as those responsible for, or related to, protection, safety, comfort, relaxation, confidence, inner strength, and other positive functions and qualities (Philips & Frederick, 1995).

Multiple Personality Disorder (Dissociative Identity Disorder), which differs from other kinds of ego-state problems in degree, is characterized by the spontaneous emergence of walled-off ego states or alters, and the presence of some degree of amnesia (Watkins & Watkins, 1997).

People with little ego-state distinction appear to be much the same in all situations, irrespective of the intensity of the situation, and thus considered less colourful characters, in other words, having less complexity in their personalities. In the middle of the spectrum are ego-state problems associated with the relatively common clinical syndromes, such as depression, post-traumatic stress disorder, and even obsessive-compulsive disorder, eating disorders, and panic attacks. In such states, the personality is rich with an integrated complexity of ego states that are in communication with one another and which act cooperatively. Lastly, when differentiation is at the other extreme of the spectrum, and ego-state boundaries are inordinately thick so that the ego states do not communicate with one another at all, Multiple Personality Disorder is said to exist (Watkins & Watkins, 1997). This phenomenon is illustrated by Figure 1 in this study.

Such ego states can be thought of as being walled off from the others, having the thicker membranes, or simply not being in cooperative communication with other ego states. The thicker walls are viewed as protective and frequently associated with trauma. Only when they are highly energised and have rigid, impermeable boundaries, multiple personalities may result. Had these ego states not been so separated from the others, they would have been able to have experiences with them that would have contributed to their maturation and healing (Watkins & Watkins, 1997).

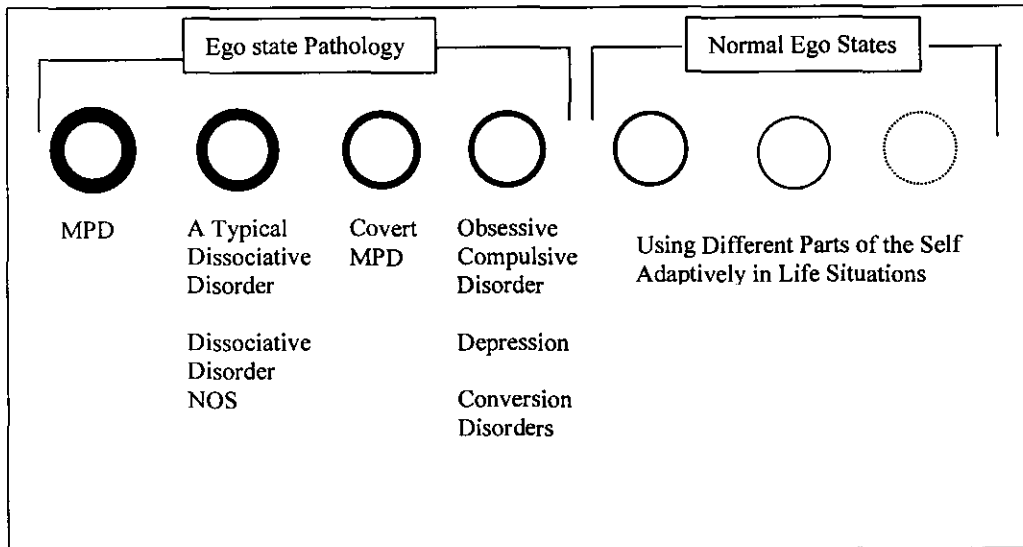


Figure 1: Ego State Spectrum.

According to Philips & Frederick (1995), ego states can be thought of as existing on a spectrum from the least to the most differentiated.

Clinicians have found hypnosis exceptionally useful in working with DID's. A recent survey of 305 clinicians treating DID's demonstrated that 70% used hypnosis; psychotherapy facilitated with the use of hypnosis was the most popular and successful treatment of DID (Burrows & Stanley, 1995).

According to Watkins & Watkins (1997), even though hypnosis can be powerful therapeutic, it can be misused. These authors caution that too many practitioners today are hypnotically activating covert ego states and announcing that they have discovered another multiple personality. They go on to say that they have often found covert ego states among normal students who volunteer for hypnotic studies. Therefore, even though multiple personalities are usually studied through hypnosis, they should be so diagnosed only when the ego states can become overt spontaneously, without the use of hypnosis.

Dissociation Mechanisms Used By DID's

People with MPD (DID) use the following dissociation mechanisms to cope in certain stressful situations, especially at work. Briere (1989) indicated that there are seven most typical manners in which people may use dissociation namely:

- *Disengagement*: The individual withdraws from experiencing any thought or feelings. "A brief time out" that may occur often throughout the day.
- *Detachment*: "turning down the volume" Detachment or numbing may create situations in which the individual is unaware of her feelings or does not feel anything because the feelings are too painful.
- *Observation*: "being on the outside of oneself looking in" Thoughts and feelings are not connected, the survivor sees himself talking or engaging in activities but does not participate in the affective component of the experience.
- *Post session amnesia*: Clients have no memory of significant information from prior sessions. Thus the amnesia protects the client from becoming overwhelmed during treatment, and can also be seen as a way that the client regulates the therapeutic process. The abuse survivor can also use post-session amnesia to modify his/her level of intimacy with the health profession.
- *As if*: Clients pretend to feel emotions and experience insight - but it is simply a pretense. A client may be too overwhelmed and anxious at the thought of being close to someone else.
- *Shutdown*: This is a very basic, primal state during which the client is unaware of his/her surroundings. Behaviors range from a clients decreased awareness of herself, her surroundings, or others in the same room to swaying, wailing, groaning or crying. The client uses shutdown in an attempt to escape from the situation.
- *Total Repression*: An individual in a completely repressed state presents long black spaces in her early life history but denies being abused.

According to Mitchell and Morse (1998) the above mentioned coping mechanisms might be triggered by certain tastes, smells, touches sights or sounds and can be certain times of the day, the month, or the year. Current traumatic events, threatened feelings or stress can also trigger previous traumatic memories. Thus, DID's working in a stressful environment may be exposed to circumstances which could trigger previous memories.

Braun (1988b) has proposed the BASK model of dissociation to describe the disruption in experience during dissociated states. According to Braun, individuals in non-dissociated states experience events almost simultaneously across four dimensions: B= behaviours A= affects, S= sensations, and K= knowledge. In states of dissociation any one or all of these elements may be disconnected from the mainstream of conscious awareness. This model has been helpful to many therapists who treat dissociative disorders because it provides a blue print for the restoration of continuity of experience. Braun has since proposed a shift from BASK to BATS with *thought*, a more dynamic process, substituting for *knowledge*. The BASK/BATS model has been used to link dissociated information, retrieved primarily from hypnosis, to gain congruence across all four dimensions of experience among various parts of the personality (Philips & Frederick, 1995).

Levine (1991, 1994) introduced an alternative model, the SIBAM model of dissociation which facilitate a higher level of integration and organisation within the nervous system as well as within the psychodynamic self. This model differs from the BASK/BATS in that somatic aspects of the trauma responses is emphasized across the dimension of *sensation, imagery, behaviors, affects and meaning*. (Philips & Frederick, 1995).

Symptoms Reported By The DID

DID patients often report the unexplained loss or possession of objects, or the finding of notes which they had apparently written, but for which they have no memory of. These notes may be written in a distinctly different handwriting from their own. DID's also report the inability to experience their own self (depersonalization); wherein the external world does not seem to be real (derealization); trance-like sensations; or "out-of-body" feelings, that is, perceiving one's own body as external, "out there", will be revealed. Sooner or later the experiencing of much abuse as a child, physical, sexual or mental, will usually be reported (Watkins & Watkins, 1997).

Other indicators of possible (DID) are sudden shifts in mood, voice and uneven achievement in school despite high intelligence (and MPD/ DID patients usually have high intelligence). During switching from the host personality to an alter, or between two alters, there are often

postural and gestural signs, such as eye rolling, shoulder twitching, head turning, changes in seating posture – and sometimes even petit mal seizures. The patient's manner often displays an excessive need to please, indicative of a child's attempt to please a potentially abusing adult (Watkins & Watkins, 1997). Headaches tend to occur just prior to switching from the host personality to an alter or from one alter to another. Other signs of dissociation may be somatization reactions in various bodily systems, and true DID cases frequently report hearing "voices in the head". These voices are usually different from psychotic auditory hallucinations, which are experienced as coming from outside the head and cannot generally be decreased or eliminated by medication (Watkins & Watkins, 1997).

In establishing the diagnosis for DID a number of criteria require consideration. The reported frequency of amnesia is perhaps the most noticeable of these. When the patient has sufficient trust in the examiner she will often state that she never declared these amnesia episodes to previous clinicians or others because, "They'd have thought I was crazy." Moreover, the spontaneous emergence of an alter, without the use of hypnosis, needs to be in evidence in order to diagnose a true DID (Watkins & Watkins, 1997).

Diagnosis of DID

Typically, DID patients have had numerous previous misdiagnoses, such as sociopath, manic-depressive psychosis, schizophrenia, adjustment disorders, borderline personality, antisocial personality disorder, or some type of organic condition. They have often been hospitalized and have been evaluated at many clinics and by numerous practitioners, who disagree with each other. The failure to diagnose correctly is especially marked when sufferers from dissociation arrive at the office of psychologists or psychiatrists who do not believe in the reality of DID (Watkins & Watkins 1997).

Misdiagnosis, amongst other things, compounds the problems and distrust of the patient. He or she dissociated in the first place as a protection against abuse. Family and friends have not understood him/her, have often condemned her erratic behaviour, and accused his/her of lying, even though she is being honest when she vehemently denies acts or words clearly heard by others. He/she commonly experiences this same disbelief in the examining room of the skeptical clinician, and interprets it as further abuse, but with the doctor now as the

abuser. It is therefore not surprising that this particular therapists is therefore confronted with a non-revealing, suspicious, and hostile individual whose treatment will be time-consuming and exasperating (Michelson & Ray, 1996).

Frey (1999) cautions that DID can be misdiagnosed as a variation of post-traumatic stress disorder since DID and post-traumatic stress disorder are both conditions where dissociation is a prominent mechanism. Misdiagnosis thus happens, because of the fact that a great deal of overlap of symptoms occurs between DID and other "illnesses" such as depression, suicidality, alcohol and drug abuse.

Frey (1999), explained that these distinct personalities alternate in controlling the patient's consciousness and behavior and highlights that "split personality" is not an accurate term for DID and should not be used as a synonym for schizophrenia. Often a DID patient gets misdiagnosed as being schizophrenic.

Most patients with DID who enter treatment do so not because of classical symptoms of DID but because of affective, psychotic-like, or somatoform symptoms (Loewenstein 1989). Multiple Personalities are virtually never the chief complaint, Kluft (1986) reported, "Florid and straightforward presentations are the tip of the iceberg... quasi-physical symptoms may mask DID". North, et al., (1993) reported that patients with DID do not walk in the door with a host of alters, they are painstakingly ferreted out.

There is however Psychometric and other tests to diagnose DID (MPD) like the following tests;

- *Dissociative Experience Scale (DES)* developed by Frank. W. Putnam and Eve B. Carlson (Gale Encyclopedia of Childhood Adolescence, 1998)
- *Dissociative Disorder Interview schedule (DDIS)*, developed by Ross, Heber, Norton and Anderson (Gale Encyclopedia of Childhood Adolescence, 1998)
- *Structural Clinical Interview for DSM-IV, Dissociative Disorder (SCID-D)*, developed by Marlene Steinberg (Steinberg, 1995).
- *Mapping*, also known as personality mapping or system mapping (Gale Encyclopedia of Childhood Adolescence, 1998).

Some of these tests are relatively easy to use and are very accurate in measuring the degree of dissociation and therefore a Human Resource (HR) practitioner in the organisation will be able to do a relatively “simple” test to confirm the irregularities in behaviour an individual might have in the workplace, and can then refer this employee for further specialised treatment. As a general rule, the earlier the patient is diagnosed and properly treated, the better the prognosis (Frey, 1999), therefore early detection in the workplace can prevent the full blown disorder.

The Role Of Treatment/ Therapy In DID

DID originates in violated boundaries, therefore therapy should provide a secure treatment frame. A person with DID must first develop a lot of trust in the therapist before she or he will feel safe enough to allow the emerging of the entities (that have been split off during early painful and abusive experiences) in treatment, and before the underlying alters become overt (Watkins & Watkins, 1997).

According to Piper (1998) clinicians who suspect that a patient's bewildered symptoms (e.g., moodiness, inexplicable temper outbursts, etc.) are the product of inner-dwelling identities or alters, will often attempt to elicit these identities through suggestive questioning (For example, "Might there be a another part of you I haven't met?"), forceful prompting, and hypnosis. In certain individuals, particularly those prone to fantasy, such attempts are successful, in which case the diagnosis of DID is thus confirmed. The awareness of distinct personalities of one another, according to Michelson and Ray (1996), may range from complete to nil. Directionality of knowledge is almost always found among some alters, such that alter A knows of the doings of alter B, but B is unaware of the activities of A. It is not uncommon for some alters to have symptoms that others do not suffer.

Treatment of DID may last for five to seven years in adults and usually requires several different treatment methods like psychotherapy, medications, hypnosis and alternative techniques like relaxing exercises, hydrotherapy, botanical medicine, therapeutic massage and yoga as well as homeopathic treatment. The prevention of DID requires intervention in

abusive families and treating children with dissociative symptoms as early as possible (Frey, 1999).

A therapist who employ DID's and a therapist who does police forensic work, has seen DID's operate in the working environment and has treated the DID's, indicated that once the DID's are in therapy - (especially in the stages where integration of the personalities starts to take place) – the DID's become very confused and overwhelmed and do not cope very well at work, or in their social and family lives, T. van der Merwe (Personal Communication, 15 August, 2003) and F. H. Havenga (Personal Communication, May 6, 2003). This happens because the DID now starts to experience parts of themselves that had previously been denied access into their consciousness. In other words, they must now “get in touch with the whole self; their emotions, feelings etc.” and they must now start taking responsibility for their actions, N Joubert (Personal Communication, May 30, 2003).

Employee Counseling Programs To Support DID's

As a result of the shortage of high-level human resources in South Africa, managers and professionals are under great pressure. They are promoted to positions where their American and European opposite numbers would arrive only after another five or more years' training and experience. Similarly the skills shortage is creating unique pressures for technicians and skilled workers. The racial situation is creating vast and unique distress for African, Coloured, Indian and White industrial employees. All of these are intensified and compounded by economic and political conditions that make life in South Africa an unusually distressful experience. The problems are also intense, extensive and complex enough not to leave any hope that there will be significant relief even in the next generation (Strümpfer, 1985).

Hall and Fletcher (1984) have described what seems to be a model worth emulating, since it provides for a great variety of advice and counselling, without trying to be everything to everyone. They described Control Data's Employee Advisory Resource (EAR) programme in the U.K., which developed out of a similar programme in the U.S. The objective was to provide an accessible and confidential source of advice and counseling, which can cope with any problem employees choose to bring up.

Stress management is not a luxury in South Africa, or something “nice” to do for humanistic reasons, it is a matter of absolute necessity, in order to ensure the physical, psychological and social well-being of employees. Since adults spend eight or more hours of every working day on the job (as well as varying amounts of time traveling to and from work, which is also a stressful experience), and since personnel managers and Industrial/Organisational Psychologists are responsible for the ‘people aspect’ of the work environment - stress management in all of its forms ought to be a more serious matter to Industrial Psychologists in South Africa, than to most of our colleagues in other countries (Strümpfer, 1985). A employee counselling programme might be of value for the organisation if an individual needs support and an opportunity to address certain problems (Strümpfer, 1985). Such a programme might give persons with DID the necessary support system at work.

RESEARCH METHOD

Research Design

In this study a qualitative research method is used to explore the DID's experience in the working environment and how they understand and derive meaning from the occupational context within which they function (from the perspective of the therapists who treat them). Moreover, this qualitative research is considered to be an interpretative study in which the researcher's experience and interpretation, from a therapist point of view, plays a major role in the research process (by bringing their values to the research). Breakwell (1996) described this method of research as follows; a qualitative methodology assumes acceptance of a phenomenological, interactionist position, a position, which focuses on the participant's perspective – a perspective, which is unique and personal, and by its very nature, is neither objectifiable, nor quantifiable, but which is understood through social interaction and shared meanings.

An empirical investigation is guided primarily by induction from observations (as in this study) as opposed to deduction from theoretical. Since this qualitative research study is

guided by the researchers observations, the terms validity and reliability will be used in this context, as described below.

A valid research project in a qualitative study is one in which the researcher is able to represent the subjective experience/s of those researched in a way that does justice and gives credibility to the participant. Furthermore a valid research project's findings are validated when other researchers or experts in the field confirm these findings (Denzin & Lincoln, 1994). From a qualitative paradigm truth reflects a perspective, and as such, there is no universal truth, but multiple truths or "multiverses"(Denzin & Lincoln, 1994). In support of this, Merriam (1998) suggests that, it seems inappropriate to be concerned with the "truth" or "falsity" of an observation with respect to an external reality. He therefore proposes that validity, from a qualitative perspective, no longer be defined in absolute terms, but that it should always be relative to the purpose of the research, thereby reflecting the relationship that the researcher has with the participants.

The participants in this study, namely the therapists, gives information from their own perspectives on the experience of DID's in the workplace. Throughout the study "multiple truth" was obtained when other therapists confirmed a perspective, relative to the purpose of the research. The information given by the therapists was more accurate than the information given by the DID's themselves (this phenomena will be explained at a later stage in this study).

When focusing on social behaviour in social contexts, attempts at replicating results appear difficult, as social reality is always in a fluctuating state, and therefore instruments will never produce the same measurements (Merriam, 1998).

Consequently, reliability from a qualitative perspective implies that there will always be a difference between the interpretation of a particular research setting by a researcher, and the meanings assigned to the same situation by the participants. These in turn will also be different to the final interpretation assigned to the report by a reader of the report. These differences, however, do not mean that the research project is not reliable. What is important, is that the accounts give credibility to the participant and the process, and that the findings can be confirmed by others, and finally, that the research enhances understanding of, and provides insight into human behaviour in social settings. (Merriam, 1998).

In this study, there were similarities in information obtained from the seven therapists but there were differences as well. Uncertainties regarding the different meanings assigned to the same situation on the structured interview schedule -by the therapists, were addressed by the researcher during interviews and feedback sessions.

This study aims to examine the effect of DID on employees who have difficulty in holding down responsible jobs, and even those who manage to hold down responsible jobs, but who experience a lot of psychological (anxiety, internal conflict) and interpersonal problems.

Mouton and Marais (1992) describes a research design as a set of guidelines and instructions to be used in addressing the research problem, and proposes that a qualitative research design should be flexible enough in order to capture the essence of the individual's experience, thereby enabling the researcher to develop an understanding from the participant's point of view. In addition, Kerlinger (2000) proposes that the main purpose of any design is to enable the research question to be answered in a manner, which ensures that the validity of the design is not compromised in any way.

In qualitative studies the researcher attempts a holistic understanding of the topic by means of a flexible research strategy and data collection methods. In this case, the design will be both exploratory and descriptive in nature. Exploratory studies are used to make preliminary investigations into the relatively unknown areas of research. They employ an open, flexible and inductive approach to research as they attempt to look for new insight into phenomena. On the other hand, descriptive studies aim to describe phenomena accurately, often using narrative-type descriptions (Terre Blanche & Durrheim, 1999).

The researcher used a questionnaire, which was rated according to a rating scale. In addition to the above, during consultation with some of the therapists the answers to the questionnaires which were rated according to a scale, was changed into an interview schedule. Interviews were conducted with the therapists over time after they had formed trusting relationships with their DID clients – and were thus able to gain insight and understanding into the DID's world, thereby enabling the therapist to convey the DID's perspectives.

Information thus obtained through interviews and feedback sessions from seven therapists who work with DID's on a regular basis, which enables the researcher to gain insight into the difficulties that DID's have to deal with on a daily basis in the workplace. The structured interview schedule was based on ROSS's online questionnaire (<http://www.rossint.com/dddquest.htm> & <http://www.rossint.com/des.htm>), and were aimed at identifying common symptoms present in DID's. Throughout the study, information obtained and compiled by the researcher through interviews and literature research was later re-confirmed by therapists.

Sample

Being a qualitative research project, the aim was not to obtain a sample representative of the population, but rather to gain insight and understanding into the lives of DID's – and more importantly, to gain insight into the problems these individual's experience in the workplace. For the purpose of this study, non-probability, convenience sampling (availability sampling) was used. Non-probability refers to the fact that the sample was not randomly selected, and "convenience sampling" implies selecting a sample, on the basis of availability of respondents (Neumann, 1997).

Therapists, who were either known to the researcher, or who were referred to the researcher, were approached and asked to participate in the study. Only those therapists who had studied, diagnosed, assessed and treated DID's were included in this study.

The initial intention of this researcher was to investigate the phenomenological experience of each of the respondents, by forming a meaningful relationship with the DID participants. The researcher discovered through her own experience and from previous research projects conducted that DID's are mostly distrusting of people and suspicious of people's motives (Friesen, 1999). As a result the researcher work with the therapist who treats, understand and has a long trusting relationship with the DID, rather than try form a relationship with an already "fragile person".

Initially the therapists administered a questionnaire to their own DID patients, but it was found that the responses the DID's gave their own therapists (whom they trusted) were not accurate representations of their life experiences, thus the questionnaires which the therapists administered to their own DID patients were not used in this study, as a result of the following problems which the therapists experienced with their patients;

- The DID (client as a result of the disorder), before having undergone therapy, lacks the necessary self-awareness and self-insight required to answer the questions. Those DID's who were able to answer the questions, gave responses which were in sharp contradiction with the therapist answers, and they also gave responses which differed radically from those persons interacting on a regular basis with the DID him/herself. DID's see themselves differently to how other people see them, possibly due to their use of the defense mechanisms (e.g. denial of the presence of certain symptoms), and also because of the dissociation characteristic of these disorders.
- During therapy the DID often cannot remember details, either because they genuinely do not know the different personalities, or even if they are aware of these, the one personality does not necessarily know what the other personality has said or done. Moreover, during therapy the DID is also very confused and struggles to cope with the pressures of everyday life- due to the fact that the individual must now learn to cope with feelings and emotions which previously was handled by another personality.
- After therapy has been completed, and even though most or all of the personalities have been integrated, the DID is not able to remember all the facts. This is because not all the detailed information is integrated into the individual's memory, as some detail gets lost between personalities.

Criteria for the clients seen by the therapists included;

-Only those DID clients who had already been diagnosed with DID were used in this research study.

-These DID patients had to have already attended a few treatment sessions with their current therapists.

-In addition these DID's, if they were not currently employed, they had to have previously been working in the corporate environment.

In order to obtain the answers to the questions, the researcher consulted with each therapist personally, providing the researcher with the opportunity of simultaneously interviewing these therapists. Seven therapists were interviewed of which were four were male therapists and three female. The amount of patients collectively treated between these seven therapists was in the region of 34. The majority of the 34 patients were female and the average age of treatment was 29 years.

In this study the point of redundancy is thus accomplished when certain themes repeatedly occurred through the information given by the participants/therapists.

Data Collection

The interview schedule was used to “obtain facts and opinions about a phenomenon from people who are informed on the particular issue” (Dunham 1987).

Initially, questionnaires were designed for the DID client, in order to examine the effect of the disorder on the working environment of these individuals.

- A questionnaire was designed for the DID's

The relevant therapists were consulted in the designing of the questionnaire, as they had to conduct an interview with the DID and assist the DID's in completing their questionnaire. This ended up being a time consuming process due to the problem of availability of the DID for consultation and the schedule of the therapists. Moreover, the therapists after completing only a few questionnaires, discovered that the information given by the DID 's was not a true reflection of their actual experiences. It was then that the researcher, in conjunction with the therapists, decided that by means of an interview with the therapist that the necessary data could be gathered. During therapy the therapist gained knowledge of the experiences of their DID client and were therefore able to give insight into their perspectives of the phenomenon without having to conduct individual interviews.



information obtained from the structured interviews. Data gathering and data analysis were undertaken simultaneously, with the further analysis of the data contributing to the further understanding obtained from the data (Denzin & Lincoln, 1994).

In the content analysis, the emphasis is on exposing underlying meanings, and to interpreting the new meanings generated collaboratively, by the researcher and participants. The analysis starts off with the identification of categories and concepts within the data, making use of coding, and verification (Punch, 1998). The categories that emerge in the process of identifying the themes reflect the appropriate aspects of the questionnaires/ interviews, while retaining the original wording. Relevant references (from previous research findings) were used to confirm the specific themes obtained.

According to Bogdan and Biklen (1992) verbatim quotations are provided in order to enhance the validity of the data as provided by the participants. In this study the researcher provides verbatim quotations of therapists in order to enhance the validity of the data. As recommended further by Bogdan and Biklen (1992) the researcher mixed her own interpretation with the direct words of the participants.

RESULTS

The following information formed the basis of this research and also the headings under which the themes are depicted;

- The background of a the DID persons (Biographic Information)
- The Physiological background of the DID
- The Job experience of the DID
- The type of problems the DID's would experience with the working environment
- The effect that this condition had on the everyday social life of the DID
- How the therapists new that the different personalities have been integrated
- Diagnosis by therapists and statistical information

The above-mentioned information consisted of questions related to the theme. The questions will be discussed and interpreted in terms of the frequency and percentage figures obtained

from the therapists who completed the questionnaires. The opinion of the researcher will also be included in the interpretations after which relevant references will be added to confirm the findings made by the researcher and therapists. The researcher has obtained information by means of interviews with therapists, personal experience which includes research and personal experience with contact with DID's.

The background of a the DID persons (Biographic Information)

Most of the patients being treated by the therapists were female.

- The researcher is of the opinion that fewer males are willing to recognise their problems and attend therapy, especially those who hold responsible jobs. Some have developed elaborate strategies to cloak their alter personalities and maintain a degree of normality.
- Frey (1999) explained further in the Gale Encyclopedia of Medicine that the female to male ratio for DID is about 9:1, but the reason for the gender imbalance is unclear. Some have attributed the imbalance in reported cases to higher rates of abuse of female children; and some to the possibility that males with DID are underreported because they might be in prison for violent crimes. North et al. (1993) reported further that it is unusual for a male multiple to be seen primarily for treatment, male patients more typically coming to psychiatric attention through the criminal justice system.

The average age for treatment is 29 years.

- The therapists have found that DID's usually start attending therapy when a life experience triggers them in such a way that they cannot cope with their everyday social and working life. An everyday life event can be the final trigger e.g. marriage, a new child or even a new boss at work which might remind them of somebody from previous life trauma. Marriage and children usually happens in the mid 20's, which might explain these phenomena.

- Not much research could be found to confirm this statement but North et al. (1993) indicates that DID is a disorder diagnosed predominantly among woman around the age of 30.

Most of the DID's undergoing treatment were single.

- The therapists are of the opinion that because of the relationship problems a typical DID experiences, they are afraid to commit to a trusting relationship, which may result in disappointment. The therapists have indicated that previous life trauma and abuse, especially in their own family circle, can also influence them to avoid such a relationships.
- Coons, Bowman & Milsten (1988), reported in their case study of 50 cases, that 84% of DID's in their studies complained of sexual dysfunction, most often inhibited sexual desire and anorgasmia.
- Michelson and Ray (1996) argued that there is a tendency for young adults with dissociative styles to select each other as marital partners due to a shared history of child abuse. They stated that these parents become active participants in the integration transmission of psychological patterns that promote the continuation of abuse across generations.

The Physiological background of the DID

Therapists indicated that more than half of their DID patients were being treated for street drugs and alcohol.

- In this study it was found that DID's tend to use street drugs or alcohol and four of the therapist indicated in the interviews that DID's use it as a result of the difficulties they experience in coping with work and social life. The results show that all therapists indicated that drug abuse occurred. However one therapist specifically stated that he had only a few cases where drugs or alcohol was totally misused.

- Nevid, Spencer and Greene (2000) indicated that people with DID also frequently present with coexisting mood disorders and other psychological disorders such as substance abuse disorders and personality disorders.

All DID's have been treated ineffectively by previous therapists due to the misdiagnosis of the presence of DID.

- Typically, DID patients have had numerous previous misdiagnoses, such as sociopath, manic-depressive psychosis, schizophrenia, adjustment disorders, borderline personality, antisocial personality disorder, or some type of organic condition. They have often been hospitalized and have been evaluated at many clinics and by numerous practitioners, who disagree with each other. The failure to diagnose correctly is especially marked when sufferers from dissociation arrive at the office of psychologists or psychiatrists who do not believe in the reality of this condition (Watkins & Watkins, 1997).
- In this study the therapists is of the opinion that a trusting relationship is necessary for the typical DID symptoms to come forward, the DID must not get the feeling that the therapist does not believe what is being said. The results indicate that all therapists in this study indicated that therapists do not always know what to look for, or prefer to deny the existence of DID, and do not take enough time to do a proper diagnosis. Feedback from therapists has indicated that the DID will tell them that they have fooled a therapists who previously worked with him/her and could not accomplish anything.
- Most DID's who enter treatment do so not because of classical symptoms of MPD but because of affective, psychotic-like, or somatoform symptoms (Loewenstein 1982). Multiple Personalities are virtually never the chief complaint (Kluft 1986). Hacking (1991) has observed that “ The multiple movement readily grants that patients don't walk in the door with a host of alters. They are painstakingly ferreted out.”

DID's experiencing migraine headaches or constant headaches was mentioned by most of the therapist who were interviewed.

- This may not be surprising as literature suggests that headaches appear mostly before switching of personalities and constant complain of headaches is an everyday phenomena. One therapist indicated that "blurred vision" also occurs on a regular basis and four of the therapists reported severe headaches on a regular basis.
- According to Ross (1997), a common feature of DID is headaches which occurs in 78,7% of cases. The headache is often associated with switching, so that headache followed by a blank spell is a strong clue for DID.

The Job experience of the DID

DID's have a tendency to leave their jobs due to irregularities caused by typical DID behaviour.

- In this study it was found that dissociation and splitting or switching of personalities may become automatic responses to anxiety and anticipative anxiety, even in non-abusive situations. These responses result in inappropriate behaviour and relationship problems, which causes irregularities in the working environment. The results show that six of the therapists reported that DID's leave their jobs as a result of irregularities caused by typical DID behaviour. One therapist noted that the result of typical DID behaviour, is that they can no longer work in that specific organisation.
- Cohen, Giller & Lynn, (1992) indicate that even after the traumatic circumstance is long past, the vestigial pattern of defensive dissociation remains. Moreover, chronic defensive dissociation may lead to serious dysfunction in work, social and daily activities.

DID's tends to hold relatively senior and responsible jobs.

- In this study the results show that a DID can cope in a responsible job for a very long time. One therapist described it as follows "they have ways to cope, they have got certain parts in their personalities, which do the work, and as long as they can get the system of personalities to function (everyone in his own department), and they can hold the system together, then they can function relatively well". Most of the therapists indicated that DID's are found to be hard workers and highly intelligent.
- Although not much research has been done with DID's in the working environment, Watkins and Watkins (1997), indicated that DID's usually have high intelligence, and therefore the researcher can argue that DID's may be capable of holding relatively senior jobs.

DID patients were inclined to change their jobs every 6-12 months and half of DID's treated had three to five jobs.

- The researcher is of the opinion that DID's leave their jobs not because of an inability to do the work, but rather due to typical DID behaviour (as alluded to previously).
- The result show that most therapists have found that DID's may start to think that people at work are making fun of them and may change jobs as a result of these relationship problems. The opinion of the researcher is confirmed by Ross (1997), who stated that sometimes the changes in handwriting, recognition by strangers, objects missing and present, and other secondary features can result in a degree of paranoid thinking. Not aware that he/she has DID, the patient may think that an elaborate trick is being played on him/her.

The type of problems the DID's would experience with the working environment;

DID's experience concentration and attention problems, fail to remember commands given by employer and experience colleagues saying they have said or done something previously which they cannot remember doing or saying. The DID's are not able to explain "loss of time" and tend not to recognise their own handwriting, or dramatic changes in handwriting.

- In this study all seven therapists has indicated that DID's who have been integrated can confirm the existence of the above mentioned problems, especially amnesia and the loss of time. Before integration the DID realises the loss of time but cannot explain the phenomena and try to "cope with it" or try to convince themselves that it is "normal". They also think that people are making fun of them in telling them that they have said or done something that they cannot remember saying or doing, or the finding of notes which they apparently written, but for which they have no memory of - these notes may be handwritten distinctly different from their own.
- Michelson and Ray (1996), describe the secondary features which cause problems in the working environment of a DID. These features include such items as blank spells or periods of missing time; coming out of blank spells in unfamiliar surroundings, unsure of how one got there; being told of disremembered events; finding objects present or missing in the environment that cannot be accounted for; distinct changes of handwriting; referring to oneself as "we" or "us"; and auditory hallucinations, which may include voices commenting, voices conversing with one another, command hallucinations, and other variations of internal voices and conversations.

DID's are often depressed for long periods of time during work, which result in loss of motivation.

- In this study all seven therapists has indicated that depression is a common phenomena and most DID's make use of anti-depressants. The loss of motivation at work can be linked to long periods of depression. As one therapist indicated; "DID's usually use medication like antidepressants to enable to handle their problems at work when they are

stressed out". Another therapist indicated that DID's use anti-depressants and other medication to cope stressful and inexplicable behaviour that they do not understand.

- When DID's initially come for treatment, they usually complain of severe depression, high anxiety and relationship problems. One of the participants indicated the following; "It is only when they start talking about aspects of their functioning, that the therapist can look at the patterns and starts to understand the severity of the DID's problems".
- Ross (1997), highlight the importance of treating depression in the right context by stating that if one attempts to treat the depression in a "chronic trauma patient", without diagnosing the DID, the patients response is often unsatisfactory.

DID's are inconsistent and unpredictable in their behaviour.

- In this research all seven therapists indicated that the personalities or ego-states experience cognitive dissonance or have contradictory goals which manifest in unpredictable and maladaptive behaviour due to the conflicts develop between the ego-states.
- Watkins and Watkins (1997) explain inconsistent and unpredictable behaviour on the hand of ego-state pathology. Ego-state pathology occurs when one or more parts are not in harmony with the others, act on their own and produce symptoms. In the event of a DID where ego-state boundaries are inordinately thick so that the ego states do not communicate with one another, behaviour such as; sudden shifts in mood and voice and uneven achievement in school despite high intelligence (and MPD/ DID patients usually have high intelligence). People with little ego-state distinction appear to be much the same in all situations, irrespective of the intensity of the situation.

DID's use defense mechanisms as a mean of coping with the working environment which lead to serious dysfunction in work, social and daily activities.

- In this study all seven therapists has indicated that in order for the DID to survive previous life trauma and abuse, defense mechanisms can be used as a highly creative

survival technique, especially in the working environment. It allows for the DID to endure "hopeless" situations and to preserve some areas of healthy functioning.

- Therapists made statements like: "The use of defense mechanisms are always present as a means to cope in the working environment." and "DID's use defense mechanisms which can be seen by friends and colleagues as inappropriate behaviour and which result in the persons being pushed away from the DID".
- Cohen, et al., (1992) reported that chronic defensive dissociation might lead to serious dysfunction in work, social and daily activities.
- According to Carrion (2000), people need to know that DID is not an illness, but an obsolete survival tool (the person is not crazy). It should rather be seen as a defective disease, this link to the perspective that identification of dissociative phenomena in children and adolescents with a history of abuse could lead to interventions that attempt to forestall full disorders.

DID's see themselves as competent in their work in spite of psychological or mental dysfunction.

- In this study all seven therapists has indicated in the results that DID's have certain personalities that focus on the work only (or parts of personalities). They can cope very well under these conditions as long as they can hold the system of personalities together. They do not experience extensive loss of time, amnesia or any other dysfunction that can be seen as incompetence. The researcher however is of the opinion that the type of position they hold can be a great influence; DID's working in an environment where team work and close relationships are essential are more likely to experience problems than DID's working as specialists e.g. an Advocate, who concentrate on one case at a time and does not have to follow up or remember details after the case has been closed off, therefore fewer risk of irregularities and incompetence can be find.
- Nevid, et al., (2000), reported that high-functioning people with multiple personalities often elude diagnosis because clinicians are not likely to probe for evidence of the

disorder among functional clients. Accomplished people with multiple personalities also may have developed elaborate strategies to cloak their alter personalities. Sometimes altered personalities apparently cooperate with the effort to keep them out of the limelight. The careers of such individuals are stabilizing influences, and they may maintain a veneer of normality for fear of losing them

DID's experience "switching" of personalities due to pressure in the working environment which result in inconsistent/contrary characteristics.

- The above mentioned phenomena can be explained by the following example; a very aggressive outburst and five minutes (or seconds) later the DID switches to being a gentle charming person - indicative of more than one personality at work within the DID
- In this study the researcher form the hypothesis that DID's may experience "pressure" different from other people in the working environment, one therapist noted for instance "They are sometimes forced to participate in group activities even if it causes significant stress and anxiety which can result in panic and eventually in switching". Dissociation and splitting or switching may become automatic responses to anxiety and anticipate anxiety, even in non-abusive situations. Even after the traumatic circumstance is long past, the vestigial pattern of defensive dissociation remains. However the awareness of these distinct personalities of one another, according to Michelson and Ray (1996), may range from complete to nil. Directionality of knowledge is almost always found among some alters, such that alter A knows of the doings of alter B, but B is unaware of the activities of A. It is not uncommon for some alters to have symptoms that others do not suffer.
- The results indicated that all therapists has found that DID's are sometimes aware of these other personalities (or parts of them) and therefore recognise inconsistent or contrary characteristics (however they cannot explain why this is happening). The way that other people will react after such an outburst, is also an indication for the DID of his/her "abnormal behaviour".

DID's are inclined to have periods where they feel unreal, as if in a dream, or as if they are not really there (without using drugs or alcohol) -they feel as if their thoughts and feelings are not connected.

- An example of the above can be where they see themselves talking or engaging in activities, but do not participate in the affective component of the experience. In other words they feel like "being on the outside of oneself looking in" as if someone else taking control of his or her actions.
- In this study the therapists has indicated that DID's dissociate regarding sensorial information. Some therapists have reported instances where their client's thoughts, feelings and emotions were not connected e.g. when sitting in a boardroom, they *feel* that they are not really there and experience **no emotions** but however they remember the factual content of what happened, but they are unable to recall the sensory memories as these have 'dissociated' or separated themselves from the person's consciousness. One therapist noted that "they even sometimes feel that somebody else is taking control over their actions".
- Mitchell and Morse (1998) describe this phenomena as depersonalization. This occurs when the individual experiences episodes of feeling detached from her body and emotions. He/She may feel lifeless, like a doll. Depersonalisation may be difficult for the survivor to describe: she may be so used to these feelings that they seem "normal". Briere (1989) on the other hand, discussed *Observation* as a defense mechanism which DID's may use to dissociation; *Observation*: "being on the outside of oneself looking in" where thoughts and feelings are not connected, the survivor sees himself/herself talking or engaging in activities but does not participate in the affective component of the experience

DID's are afraid to form close emotional ties with colleagues at work.

- From this study it became evident that DID's form certain perceptions (as a result of typical DID behaviour) regarding relationships at work. This phenomena might be as a result of the fact that DID's are antisocial because they have experienced previously that

people do not understand them and tends to disappoint them every time they start trusting them. Some clients reported to their therapists that people even make fun of them on certain occasions. They also feel that they do not want to form close relationships due to the fact that they do not understand the people at work and their friends at work sometimes react "funny" towards them for no reason at all!

- This statement was confirmed by one therapist who indicated " DID's are scared to form emotional ties with colleagues because they have learned from experience that they will be disappointed. However they do not realise that their friends withdraw as a result of their typical DID behaviour". Another therapist indicated that "DID's are too scared to come too close to people; according to them, people do not understand them and they also do not understand the other people".
- An assumption can be made that relationship problems which DID's experience in their working environment, can be just as worse or even more worse than marriage or social relationships due to more "distance" in the relationships at work and even more people and things to remember and cope with). Mitchell and Morse (1998), stated that persons with DID have a number of different problem areas in their marital relationships and with their children. One problem is amnesia. Amnesia affects the family because it is not possible for the person with a dissociative disorder to be existent and available in a relationship. Depersonalisation is another problem, because the individual often believes his/her responses and reactions are unmanageable, that it is beyond his/her ability to regulate affect. This may cause improper and embarrassing behaviours on her part. Derealisation is a problem because the individual may not be able to identify her own family members when an episode occurs. This can be greatly distressing for them. Alter personalities and switching behaviours can cause havoc in intimate and family relationships. Transference is another problem area. At best, transference is a difficult phenomenon to sort out, and this issue becomes even more complicated as a result of the many different personality states (Mitchell & Morse, 1998).

DID patients tend to experience memory flashbacks which cause significant distress and impairment in their social and occupational functioning.

- The therapists reported that DID's may get a memory flashback from e.g. a very sad or a very mad emotional experience, and as one therapist stated: "but since they do not have a full picture of the experience, they are confused as to how this little issue can cause such huge emotional feeling and distress. This is what the dissociation does, it separate the whole previous situation into smaller parts"
- Steinberg (1995), calls this phenomena *Derealisation* which often occurs in the context of flashbacks, in which a person regressed in age and re-enter a past experience, as if it were current reality. While a flashback is occurring, the present feels unreal to the individual. Derealisation may also cause a change in the client's visual perception of her environment. For example colours may become more or less intense or objects may change in size or shape.

DID's use alcohol, medication or other substances like sleeping pills to help them cope with their jobs when they are stressed.

- In this study all seven therapists has found that DID's do make use of substance abuse to cope with their jobs when they are stressed, but also realise that "a pill" can work for one of the personalities but not necessarily for the other personalities.
- North et. al (1993) confirm that substance abuse is often confined to just one or two of the personalities and may not attract attention to diagnostic consideration.
- No drugs have been developed to integrate alter personalities. However, a person with DID frequently suffer from depression, anxiety, and other problems that may be treated with drugs such as antidepressants and antianxiety agents. Drugs tend to be most readily prescribed when the different personalities "agree" in the problems they present - whether anxiety, depression, or other problems (Barkin, Braun & Kluft (1986).

The effect that this condition had on the everyday social life of the DID

DID patients do not always recognise people known to them and they have a tendency to arrive at unfamiliar places, wide awake, but unable to explain how they got there and are not always sure what happened for the past while.

- In this study the results show that an inability to recall important personal information by DID's that is too extensive to be explained by ordinary forgetfulness can be seen as typical amnesia problems. All therapists are of the opinion that amnesia is perhaps the most noticeable criteria in establishing a diagnosis for DID.
- The DSM IV Sourcebook (1996) stated that although no specific project has looked systematically at the sensitivity and specificity of amnesia for the diagnosis of MPD, the evidence strongly supports the position that, at least when using the relevant psychometric instruments (DES, DDIS, SCID-D), DID patients will report at least mild and most likely moderate to severe amnesia syndromes (APA, 1996).

Dissociation by DID's can be caused by an everyday life event, not necessarily a traumatic event.

- In this study the therapists has found that DID's can cope for a long time in their working environment and social life, up until a certain point in time, when a given trigger will have severe consequences, resulting in the dysfunctionality of the DID. The event which acted as a trigger for the severe disintegration/ dissociation in the DID's life can range from an innocuous everyday occurrence. One of the therapists has indicated that a new boss might remind the DID of someone who was either responsible for, or failed to prevent some prior trauma - and therefore might act as a trigger or convey a threatening message which can result in dissociation.
- According to Mitchell and Morse (1998) the above mentioned coping mechanisms might be triggered by certain tastes, smells, touches sights or sounds and can be certain times of the day, the month, or the year. Current traumatic events, or feeling threatened or stressed

also can trigger previous traumatic memories. For DID's working in a stressful environment, almost anything can act as a trigger.

DID's are different at work, in comparison to the persons they are in their social and family environment.

- In this study all the therapists has indicated that DID's has distinct personalities (or part of personalities) that they take to work and who focus on work only, these personalities are different from those who the DID take home to deal with family issues and close relationships.
- The best way to describe these distinct personalities is to go back to "*The Diagnostic and Statistical Manual of Mental Disorders - Text Revision (DSM-IV TR)*", which contains this official definition - a definition, which is accepted by mental health professionals, and is used in all research and clinical settings (American Psychological Association, 2000); namely:
The presence of two or more distinct personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self). At least two of these identities or personality states recurrently take control of the person's behaviour.

How the therapists knew that the different personalities have been integrated

The binding of the host personality (ego bonding) occurs in most instances but some DID's can still experience different voices after integration, however DID's no longer experience distinct different types of personalities, or no longer experience different facial expressions. After integration the DID is not able to dissociate again.

- In this study all of the therapists are of the opinion that DID patients are amongst the most confused people who seek the services of mental health professionals, yet they are often among the most treatable. The treatment must be guided by and understanding of DID and its historical antecedents. The complex details of the personality system can

overwhelm the therapist who does not have a broad framework within which to conduct therapy. However with the necessary skills and the establishment of a trusting relationship by the therapists it can happen that all the above problems can be solved and the DID can be fully cured. All of the therapists are of the opinion that it is very unlikely that the DID will dissociate again after integration.

- Mollen (1996) described the above phenomena as follows; he has tried to help people (DID's), more damaged than those usually attending a psychotherapy service, the cosy security of that tried and tested way of working has been shattered; his sense of reality and sanity has been repeatedly assaulted by communications of bizarre and horrifying memories, or apparent memories, for which his training did not prepare him. With these more injured and traumatised individuals, it is as if flashback memory material, violently intrudes, smashing the usual framework, assumptions and epistemological basis of analytical practice.
- Philips & Frederick (1995) emphasize the importance of utilizing the patient's own internal resources and assist the patient in learning to direct those resources into mind/body discovery, reorganisation, and integration. In addition, they encourage interaction with the community, so that the patient learns to reach out beyond herself in appropriate ways and to form strengthening ties with others to ensure full recovery.

Therapists indicated that although no other psychological conditions e.g. Borderline Personality Disorder, Schizophrenia, Alzheimer normally manifest there could be a possibility that DID's could have another psychological condition.

- One therapist has indicated that should a DID have another psychological condition like e.g. Borderline Personality Disorder, then the DID condition will always be dominant and only when the DID condition is cured will the Borderline behaviour manifest.
- Radden (1996) distinguish the conditions as follows; the personality changes associated with the occurrence and course of mood and schizophrenic disorders differ from the multiplicity associated with dissociative disorders. These dissociative disorders are not classified in terms of resulting personality changes that their clinical descriptions reveal,

they are understood and defined in another way. The personality changes are more of a product of other symptoms and states at the heart of the condition. A patient's beliefs and desires, mental capabilities, or mood might gradually transform the complex of dispositions making up her personality. However with nondissociative conditions such as schizophrenia and mood disorders, the primary symptoms are the cognitive, volitional, or affective states or mental capabilities themselves, rather than the resulting changes.

Diagnosis by therapists and statistical information

DID's have all experienced abuse and mostly severe abused and all were traumatized before the age of nine. Although other patients who experience similar events did not develop DID.

- It was found that that all DID's involved in this study had endure some form of abuse and usually before the age of nine. Abuse was reported by all the therapists and include sexual, physical, emotional and even ritual abuse. The therapist's further mentioned that not all of their clients that were abused developed DID.
- Friesen (1999) indicated that ninety seven percent of people with severe abuse and life trauma before the age of nine, develop DID in later life and use distinct personalities and defense mechanisms to cope with every day life.

Therapists can differentiate DID characteristics from other psychological dysfunctions / disorders.

- In this study the therapists have indicated that they could differentiate DID from other conditions. The condition can also be confirmed by the use of Psychometric tests and the therapists are of the opinion that even the HR practitioner in the organisation can use this relatively easy method to confirm the irregularities an individual might have in the workplace. The employee can then be referred for further specialised treatment.

- Frey (1999) emphasised, as a general rule, the earlier the patient is diagnosed and properly treated, the better the prognosis. He also cautions that DID can be misdiagnosed as a variation of post-traumatic stress disorder since DID and post-traumatic stress disorder are both conditions where dissociation is a prominent mechanism. Misdiagnosis thus happens, because of the fact that a great deal of overlap of symptoms occurs between DID and other “illnesses” such as depression, suicidality, alcohol and drug abuse.
- Watkins and Watkins (1997), indicated that a number of Psychometric tests have been devised, which can add to a diagnostician's armamentarium in delineating these cases. The *Dissociative Identity Disorder Schedule (DDIS)* is mentioned as a structured interview designed to make differential diagnosis between MPD and a number of related conditions such as e.g. borderline personality disorder and depression. Other significant tests described by Watkins is the *Dissociative Experience Scale (DES)*, designed to measure the extent of dissociative psychopathology, The *Perceptual Alteration Scale* that have been shown to distinguish between "normals", bulimics, and MPD, the *Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D)* measuring the process of amnesia, derealisation, depersonalisation, identity confusion and identity alteration (Watkins & Watkins, 1997).

The majority of therapists interviewed use a Psychological-based paradigm (DSM IV criteria), even those who use dominantly a Christian Therapeutic approach, use the DSM-IV criteria as a basis for their diagnosis.

The therapists reported that they used the DSM IV criteria, even those who use dominantly a Christian Therapeutic approach, use the DSM-IV criteria as a basis for their diagnosis.

DISCUSSION

As a result of the shocking abuse figures which estimated that over 2 million of children in South Africa before the age of nine get abused, and the fact that 97% of abused children can develop DID (Friesen, 1999), we can argue that DID is a reality in our everyday lives. These children will all enter the Labour market at one stage or another and all of them will use

defense mechanisms which will result in unpredictable behaviour, mood swings etc. to cope with their everyday lives. This behaviour according to Cohen, et. al (1992) may lead to serious dysfunction in work, social and daily activities and even after the traumatic circumstance is long past, the vestigial pattern of defensive dissociation remains.

HR needs to be aware of this condition and know what to look for in the workplace. Misdiagnosis of this condition happens often due to the overlap of symptoms between DID and other illnesses such as depression, suicidal tendencies, alcohol and drug abuse. Psychometric tests can be used to confirm the presence of DID and which will then explain the irregularities the employee experience in the workplace.

In this qualitative study, the researcher has developed an understanding from the participants point of view (mainly by means of the therapists who treated the DID's). The interview schedule given to the therapists were reliable in terms of frequency and percentage and valid due to the confirmation of these finding by other researchers (literature review) and experts (the therapists). The information obtained was also re-confirmed with the therapists.

Furthermore an exploratory and descriptive design was used. The researcher found the following:

It was found that most DID's experience migraine headaches and constant headaches which can be the result of the switching of personalities. The switching can be caused by any event, not necessarily a traumatic event. The results further indicate that DID's tend to leave their jobs due to irregularities caused by typical DID behaviour (such as inconsistent and unpredictable behaviour as a result of the use of defense mechanisms), although some of them can cope for a very long time and can even keep a responsible job (as long as they can hold the "system" together) and even see themselves as competent in their work.

Out of the interviews with the therapists it seems as if the typical problems experienced by DID's at work would be concentration and attention problems, failure to remember commands, inability to remember what they have said or done previously, inability to explain loss of time inability to always recognise their own handwriting, relationship problems and feeling unreal (being on the outside of oneself looking in). Severe depression, which results in loss of motivation, is also a very prominent phenomenon.

As a result of these problems, they experience much internal conflict because they do not understand what is happening to them and would sometimes use alcohol, drugs or medication to cope with their condition when severely stressed.

The results further show that the condition is curable, ego bonding occurs in most instances. All DID's have experienced some kind of abuse. This condition can be differentiated from other Psychological conditions and a Psychological-based paradigm is mostly used to diagnose this condition.

RECOMMENDATIONS

HR professionals need to have the necessary training and exposure to this phenomena. They need to intervene with sensitivity and must realise that DID is a highly creative survival technique for individuals who have endured extensive life trauma and severe abuse in their early childhood. HR professionals and therapists must rather see the situation as the healthiest reaction the employee could have to the abusive situation.

Optimal functioning can be obtained from these people because DID can be cured however; the earlier this condition can be diagnosed the better the prognosis. The identification of dissociative phenomena in children and adolescents with a history of abuse, could lead to interventions to prevent the full development of DID and prevent this condition to sift through to the working environment. The HR professional can assist the DID in the handling and of the typical DID symptoms e.g. depression, substance abuse etc.

DID's become confused in therapy and they do not cope very well at work or in social and family life. Therefore it is important for HR professionals to support the DID during the healing process and encourage interaction with other people in the organisation so that the DID employee learns to reach out beyond himself/herself in appropriate ways and to form strengthening ties with others to ensure full recovery. The DID must now learn to cope with the whole self and one personality takes responsibility for all the emotions, feelings etc.

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CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

The purpose of this chapter is to provide an analysis and discussion of the literature and the results of the empirical study. Conclusions are made with regard to the research objectives. Furthermore, recommendations for the organisation are made and limitations of the present study are discussed. Finally, research opportunities, which follow from this research, are presented.

3.1 CONCLUSIONS

If one thinks of the percentage of poor people in South Africa and the percentage of child abuse cases reported in one year, then one comes to the shocking realization that 30% of poor people might develop MPD (Piper, 1998) and 97% of abused children develop MPD (Friesen, 1999). A large percentage of these children will at some stage of their lives, become employed. As employees they will use the same coping mechanisms they used as children – that is dissociation and defense mechanisms such as denial- to cope with the stressful, highly pressured working environment. One can only then conclude that MPD is a reality in our every day lives and has an influence on our daily behaviour.

The following results were obtained from this study;

- *Most of the patients being treated by the therapists were female.*
- *The average age for treatment is 29 years.*
- *Most of the DID's undergoing treatment were single.*
- *Therapists indicated that more than half of their DID patients were being treated for street drugs and alcohol.*
- *All DID's have been treated ineffectively by previous therapists due to the misdiagnosis of the presence of DID.*
- *DID's experiencing migraine headaches or constant headaches was mentioned by most of the therapist who were interviewed*

- *DID'd have a tendency to leave their jobs due to irregularities caused by typical DID behaviour.*
- *DID's tends to hold relatively senior and responsible jobs.*
- *DID patients were inclined to change their jobs every 6-12 months and half of DID's treated had three to five jobs.*
- *DID's experience concentration and attention problems, fail to remember commands given by employers and experience colleagues saying they have said or done something previously which they cannot remember doing or saying. The DID's are not able to explain "loss of time" and tend not to recognise their own handwriting, or dramatic changes in handwriting.*
- *DID's are often depressed for long periods of time during work, which result in loss of motivation.*
- *DID's are inconsistent and unpredictable in their behaviour.*
- *DID's use defense mechanisms as a mean of coping with the working environment which lead to serious dysfunction in work, social and daily activities..*
- *DID's see themselves as competent in their work in spite of psychological or mental dysfunction.*
- *DID's experience "switching" of personalities due to pressure in the working environment which result in inconsistent/contrary characteristics.*
- *DID's are inclined to have periods where they feel unreal, as if in a dream, or as if they are not really there (without using drugs or alcohol) -they feel as if their thoughts and feelings are not connected.*
- *DID's are afraid to form close emotional ties with colleagues at work.*
- *DID patients tend to experience memory flashbacks which cause significant distress and impairment in their social and occupational functioning.*
- *DID's use alcohol, medication or other substances like sleeping pills to help them cope with their jobs when they are stressed.*
- *DID patients do not always recognise people known to them and they have a tendency to arrive at unfamiliar places, wide awake, but unable to explain how they got there and are not always sure what happened for the past while.*
- *Dissociation by DID's can be caused by an everyday life event, not necessarily a traumatic event.*

- *DID's are different at work, in comparison to the persons they are in their social and family environment.*
- *The binding of the host personality (ego bonding) occurs in most instances but some DID's can still experience different voices after integration, however DID's no longer experience distinct different types of personalities, or no longer experience different facial expressions. After integration the DID is not able to dissociate again.*
- *Therapists indicated that although no other psychological conditions e.g. Borderline Personality Disorder, Schizophrenia, Alzheimer normally manifest there could be a possibility that DID's could have another psychological condition.*
- *DID's have all experienced abuse and mostly severe abused and all were traumatized before the age of nine. Although other patients who experience similar events did not develop DID.*
- *Therapists can differentiate DID characteristics from other psychological dysfunctions / disorders.*
- *The majority of therapists interviewed use a Psychological-based paradigm while some other therapists use a Christian Therapeutic approach in their therapy.*
- *The majority of therapists interviewed use a Psychological-based paradigm (DSM IV criteria), even those who use dominantly a Christian Therapeutic approach, use the DSM-IV criteria as a basis for their diagnosis.*

Although little research has been conducted on DID in the working environment, the reality is that there are people in the organisation with the disorder and the Industrial Psychologist / HR department therefore has a responsibility to identify and help these people. Therefore it is crucial that professionals in the organisation such as Human Resource personnel, Industrial Psychologists and even Management, be made aware of the occurrence of this disorder, and attempt to understand what DID is all about. Furthermore, it is imperative that they are trained to recognize the dissociative symptoms in order to investigate the problem (background and mental state), timely, with sensitivity and empathy and make the necessary referrals.

It is essential that Management and HR personnel be made aware of those stressors in the workplace which act as triggers - triggers that cause the DID to behave inappropriately, effecting not only his/ her productivity and efficiency, but also the other employees. With

awareness of the problems and difficulties that these DID's experience, those in companies involved with these employees - not only have a better understanding of the DID, but can help them to get healed, by referring them to relevant psychologists and therapists. Following this, the HR representative, could work with the therapist to assist and support such an employee. Moreover if a company takes care of these individuals, the company will be perceived as caring and looking after its employees' interests.

3.2 LIMITATIONS

This phenomena has never been explored in the working environment and therefore limited resources was available to support the arguments of typical DID workplace behaviour and consequences thereof.

The Structured Interview Schedules were not taped when discussing it with the therapists but field notes were taken down to capture the information and the information was later confirmed with the therapists.

3.3 RECOMMENDATIONS

Recommendations pertaining to the specific experience in the organisation as well as recommendations for further research are made in this study.

3.3.1 Recommendations to the Organisation

The absence of appropriate solutions for social and family problems contributes to these problems being carried over into the workplace. As a result of this 'carry-over' of problems, and because of the increasing amount of time employees spend at work, the field of Psychology needs to focus more and more on the functioning of the individual in the workplace.

According to Friesen (1999), persons who were traumatised as children, develop coping mechanisms which, although they are effective in defending the individual against the trauma, prevent the person from functioning optimally. Chronic defensive dissociation may lead to serious dysfunction in the workplace, as well as in social and daily activities (Cohen, Giller & Lynn, 1992). Optimal functioning can be obtained from these people because DID can be cured however; the earlier this condition can be diagnosed the better the prognosis.

DID's working in a stressful environment may be exposed to circumstances which could trigger previous memories. In this study the researcher form the hypothesis that DID's may experience "pressure" different from other people in the working environment, e.g. They are sometimes forced to participate in group activities even if it causes significant stress and anxiety which can result in panic and eventually in switching. Dissociation and splitting or switching may become automatic responses to anxiety and anticipate anxiety, even in non-abusive situations. Even after the traumatic circumstance is long past, the vestigial pattern of defensive dissociation remains.

The researcher has found that DID's usually start attending therapy when a life experience triggers them in such a way that they cannot cope with their everyday social and working life. An everyday life event can be the final trigger e.g. marriage, a new child or even a new boss at work which might remind them of somebody from previous life trauma. Marriage and children usually happens in the mid 20's, which might explain these phenomena.

In the light of the above, HR professionals need to have the necessary training and exposure to this phenomena. They need to intervene with sensitivity and must realise that DID is a highly creative survival technique for individuals who have endured extensive life trauma and severe abuse in their early childhood. HR professionals and therapists must rather see the situation as the healthiest reaction the employee could have to the abusive situation.

HR professionals need to be aware of this condition and know what to look for in the workplace. Misdiagnosis of this condition happens often due to the overlap of symptoms between DID and other illnesses such as depression, suicidal tendencies, alcohol and drug abuse. Psychometric tests can be used to confirm the presence of DID and which will then explain the irregularities the employee experience in the workplace

DID's become confused in therapy and they do not cope very well at work or in social and family life. Therefore it is important for HR professionals to support the DID during the healing process and encourage interaction with other people in the organisation so that the DID employee learns to reach out beyond himself/herself in appropriate ways and to form strengthening ties with others to ensure full recovery. The DID must now learn to cope with the whole self and one personality takes responsibility for all the emotions, feelings etc.

3.3.2 Recommendations for Future Research

- Results obtained in this study can be used to develop programmes for DID's in the workplace to accommodate and evaluate this phenomena. A research can be conducted to determine the effect of these programmes.
- Results obtained in this study can be used to develop training programme for HR consultants to inform them in what to look for and how to handle this. Research can be conducted to determine the effect of these programmes.
- Research should be conducted on DID patients to determine the different levels of Dissociation.
- A study should be done to determine the effect of different levels of treatment. Explore the reliability of information obtained from DID's on these different levels by recording interviews and data analysis.

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