

Interviews



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Robson (1993) describes interviews as a form of conversation with a purpose. In depth interviews differ from direct observation primarily in the nature of the interaction. In interviews it is assumed that there is a questioner and one or more interviewees. The purpose of the interview is to probe the ideas of the interviewees about the phenomenon of interest. Interviews may include both individual interviews (e. g. , one-on-one) as well as " group" interviews. There are several types of interviews, which are based on the degree of structure and formality.

They vary from being highly structured to free range conversations using closed and open-ended questions respectively (Young, 2004 in Yin, 1989). The topic of this interview is on eof the effects of child abuse, the DID or Dissociative Identity Disorder. Dissociative identity disorder, more commonly known as multiple personality disorder, is one of the most intriguing and least understood of mental disorders.

“ Dissociative identity disorder is characterized by the presence of “... at least two separate ego states, or alters, different modes of being and feeling and acting that exist independently of each other, coming forth and being in control at different times” (Davison and Neale, pg180). “ Each personality is fully integrated and a complex unit with unique memories, behavior patterns, and social relationships that determine the nature of the individual’s acts when that personality is dominant” (Breiner, pg 149). While psychologists now recognize childhood abuse as a precipitant of DID, the general public is, for the most part, unaware of the strong, almost universal connection.

“ The vast majority (as many as 98 to 99%) of DID individuals have documented histories of repetitive, overwhelming, and often life-threatening trauma at a sensitive developmental stage of childhood. ” (DID (MPD) pg2). The two main types of abuse that occur are sexual, involving incest, rape, molestation, and sodomy, and physical, involving beating, burning, cutting, and hanging. Neglect and verbal abuse are also contributing factors. DID is more common among women, probably because females are more frequently subjected to sexual abuse than males.

This disorder is often referred to by professionals as; “ Emergency defense system. As a child dissociates, or breaks the connection between his/her thoughts, feelings, and his/her very identity, he/she becomes like a ‘ hidden observer who does not have to deal with the pain or fear of the attack. (Alexander, pg 94) All thoughts and memories of the abuse are psychologically separated from the child. After repeated abuse, this dissociation becomes reinforced. If the child is good at it, he/she will use it as a defense mechanism in any situation that he/she perceives as threatening, and different personalities begin to develop.

“ Trance-like behavior in children has been found to be the single best predictor of childhood dissociative identity disorder. ” (Carlson, pg118) It has been documented that dissociative identity disorder can only develop during childhood, usually between the ages of 3 and 9. There is no “ adult onset” dissociative identity disorder, due to the fact that “ Only children have sufficient flexibility (and vulnerability) to respond to trauma by breaking their self into different, dissociated parts. ” (Rainbow House, pg 2) It has also been

found that only children who are highly susceptible to hypnosis are able to accomplish dissociative behavior.

This is because a hypnotic state is very similar to the trance-like states that the children enter into, so if the children can be easily hypnotized, they can also easily go into trances. Others respond to their abuse in a more typical fashion. Children with dissociative identity disorder may have several different alters or personalities, each with its own distinct characteristics and strengths. These alters become dominant at different times according to the outside stressors, but "... there are usually only 3 to 6 alters who are particularly active... on any given day." (Rainbow House, pg3)

" When active, this alters may or may not be apparent to observers, in fact, the personality differences in children with dissociative identity disorder tend to be subtle and less in number than seen in adults suffering from this disorder. " (Kluft, pg55) When alters are of different ages, talents, or temperaments, the distinctions between them become more obvious. It is also interesting to note that the same may be true for the dissociative identity disorder sufferer him/herself; that is, one personality may or may not be aware of the existence of another personality.

In some cases, there may be an awareness of only one or two of many alter, in others, an awareness of all. Dissociative identity disorder individuals are usually not diagnosed until they approach or reach adulthood, and even then, not until having undergone years of misdiagnoses. There are many reasons for this. A person with DID often presents symptoms that are common to many other mental disorders. Depression, panic disorders, sleep

disorders, and suicidal tendencies are, but a few of the reasons, these people seek help.

Furthermore, their host personality may be amnesiac with regard to their alters and/or the experiences of those alters. Their personality changes may be passed off as mood swings, or, they may have gone for a long time without experiencing a dissociative episode. These are compounded by reluctance on the part of professionals to diagnose DID, and the DID individual to be able or willing to provide necessary information. Many are hesitant to believe that the bizarre abuse to which their patients were subjected as children actually occurred.

This is particularly true when incest was a part of the abuse, as it frequently is. Also, because DID was long thought to be extremely rare, it simply was not a considered diagnoses for many clinicians. The great majority of DID individuals know they have a problem: they may fear that they are crazy, but do not realize they have multiple personalities. Once diagnosed, they may themselves be strongly resistant to the idea, spending months of therapy denying what their therapist has found. This is unfortunate, because of all the severe mental disorders, DID has one the best prognoses.

However, in order to successfully help the patient, the therapist must first gain his/her trust and willingness to assist in the treatment. An acceptance of the diagnosis is the first step, and it may be many months in coming. " Once contact and trust are accomplished, the therapist must establish communication with all of the alter personalities in order to learn their names, origins, functions, problems, and relationships to the other

personalities” (Coons, pg6). The amount of time required to do this, is dependent upon the degree of trust the patient places in the therapist.

The host personality and his/her alter personalities must then be helped to begin coping with their traumatic experiences. Only after this has been done can the “... fusion of integration of the personalities begin. ” (Coons, pg 10) As each alter exposes its trauma, it can “... yield its separateness and re-integrate (because that alter is no longer needed to contain undigested trauma)” (Rainbow House, pg 5). Recovery from DID and the childhood trauma which perpetuates it can take years.

It involves a painful re-examination of one’s past and a long “... process of mourning. ” (Rainbow House, pg 5) It is particularly difficult because the individual must come to terms with the fact that (in many cases) the beatings, sexual abuse, neglect, and other forms of trauma that were suffered as small children, were perpetrated by the very people they depended on to love, care for and protect them. The consequences of childhood sexual abuse are not limited to disorders such as anxiety, depression, nightmares, amnesia, and DID. It also traps the person in complicated, self-destructive relationship patterns.

It is for these reasons that adults eventually seek professional help, and only then do they sometimes learn that they suffer from DID. “ Dissociation is a major way in which human beings cope with trauma” (Ross, pg 45). This coping mechanism is but one example of how strong the human will to survive actually is. In the face of almost unbelievable trauma, a child as young as 3 or 4 years old can use dissociation to enable him/herself to continue to function normally. It is up to the non-abusive adults in such a

child's life to recognize signs of abuse, to believe the child when abuse is reported, and to take steps to stop the abuse.

Only then will the number of adults diagnosed with dissociative identity disorder decrease, and the number of children developing it diminish. People with DID may experience any of the following: depression, mood swings, suicidal tendencies, sleep disorders, panic attacks and phobias, alcohol and drug abuse, compulsions and rituals, psychotic-like symptoms and eating disorders. A person with DID can experience headache, amnesias, time loss, trances, and “ out of body experiences. ” Some people who have DID have a tendency of killing themselves. It is proved that DID can be cured.

DID are highly responsive to individual psychotherapy, or “ Talk therapy,” as well as to a range of other treatment modalities, including medication and hypnotherapy. As my case study I interviewed a woman who has a sister name Kerry who is twenty five years old woman who was diagnosed at fifteen years old with DID. There are 4 children in a family: 2 girls and 2 boys. As her sister knows their mother had Obsessive Compulsive Disorder. She always was hard on both of the girls; because it had to be very clean in the house and it was their job to do it.

She would make them wash the dishes three times in the row , and because Kerry was just a little girl she would get very upset and sometimes have nervous break down, because she couldn't understand why her mom was making her wash the dishes like that, or clean the house all the time. They use to clean the house at least twice a day, even though it was already cleaned in the morning. Kerry's sister told me that her father has a history of major depressive disorder; he got diagnosed with that disorder when Kerry's

mother got killed. Kerry was 11 years old when her mother was killed by a man who knew their family.

He got convinced with first murder degree and now in jail. When they appeared in a trial it was told that Kerry was physically and sexually abused by him when she was young. Kerry became very quiet at school and didn't talk to anyone but her best friend Magee. She did well in her classes, but one of the teachers wanted her to see a professional. When Kerry came to see a school's counselor she realized that Kerry has a bigger problem. When the counselor talked to her older sister and their grandparents, because their father wasn't around much anymore, they decided that she needs to see a psychiatrist.

When Kerry came to see a psychiatrist she became to have psychotherapy for about 4 years. These therapy sessions were made for her to talk about herself, and reveal much about her. Within couple months the therapies saw depressive symptoms and brief dissociative states. She sometimes subsequently expressed worries of being crazy. When Kerry was assured that it was safe to talk, she revealed the voices of " fought" in her head. The therapist told her sister and their grandparents what was going in their sessions.

He told her sister that after she realized that it is safe for her to talk to him, next couple of times there were " identities" revealed. Kerry had 4 identities: first one was her own, quiet little girl who is scared to talk to anyone but her best friend and her family, the second one was, " Julia," she was the evil alter, she will only talk when they tried to talk about anything that Kerry thinks will scare her, the third identity was a women name " Mandy" who

claimed her fears, she would always come after Julia would say something bad and mean.

Another identity that was found by my psychiatrist was "Lauren" a little girl who feared death. Later on in the interview with her sister she told me that Kerry was molested when she was 5 by the same man who killed their mother. As they only found out about that at the murder trial. "Dissociative identity disorder takes, on the average, about 7 years to diagnose once a patient enters the mental health system. This delay is primarily due to the polysymptomatic and covert nature of the illness, which occurs in about 80% of all cases of DID.