

# An In-Depth Comparative Analysis of Psychotherapy and Pharmacotherapy for Dissociative Identity Disorder

Yukang Han\*

Department of Psychology, University of California San Diego, San Diego, United States

\* Corresponding Author Email: yuh095@ucsd.edu

**Abstract.** Dissociative identity disorder is a complex disorder, and the symptoms include inconsistency in memory and personality identifications. It often co-occurs with other disorders, such as anxiety, depression and amnesia. To treat this disorder, two methods are being adopted: psychotherapy and pharmacotherapy. By comparing the past research and case studies, psychotherapy offered benefits such as reducing the risk of relapse and equipping patients with coping strategies. However, the challenges include long-term follow-up, patient motivation, and a relatively high dropout rate. Pharmacotherapy has demonstrated efficacy in treating dissociative identity disorder through medication. Nevertheless, the complexity of the disorder hinders the availability of precisely tailored medication. Moreover, potential side effects must be considered. A combination of psychotherapy and pharmacotherapy emerges as a promising avenue for more effective treatment by addressing both psychological and biological aspects of the disorder. Furthermore, it allows for personalized treatment plans, catering to individual needs and symptoms. Looking ahead, therapists should be more sensitive and empathetic toward the patients and exercise caution when delving into trauma histories. Therapists should also consider the adoption of a multidisciplinary approach to improve the lives of those affected by this complex disorder.

**Keywords:** Psychotherapy, pharmacotherapy, dissociative identity disorder, comparative analysis.

## 1. Introduction

Dissociative identity disorder (DID), also referred to as multiple personality disorder (MPD), is a complicated and multifaceted dissociative psychopathology characterized by inconsistency in memory and personality identification. Its distinctiveness stems from its intricate array of symptoms among other mental disorders, shown by alternate identities in irregular time intervals, memory disruption, amnesia, and lack of memory for certain non-contemporary autobiographical events [1]. Dissociative Identity Disorder is a rare mental condition, exhibiting a prevalence of approximately 1.5% within the global population. Nevertheless, diagnoses of individuals afflicted by this disorder have been documented across multiple countries., including the United States, Caribbean and Central American nations, more than half of the South American countries, Western European and Eastern European countries and multiple Asian nations [1]. The previous study revealed that symptoms of dissociative identity disorder frequently co-occur with a various array of other mental disorders, such as depression, anxiety, post-traumatic stress disorder, eating disorder and borderline personality disorder [2]. Due to its association with many other mental disorders, the likelihood of misdiagnosis in dissociative identity disorder remains considerably elevated and there is a need for future improvement in the treatment approaches and therapeutic intervention [2].

The prevailing approaches to treating dissociative identity disorder are psychotherapy and pharmacotherapy. Psychotherapy, commonly known as talk therapy or counseling, entails a structured engagement wherein the trained therapists assist the patients in exploring their mental states and developing effective coping strategies. The focus of psychotherapy is to comprehend the causes of an individual's emotional struggle and aid them in regulating and establishing healthier thought patterns [3]. On the other hand, pharmacotherapy presents an alternative approach to treating dissociative identity disorder. Although the types of medications vary depending on individual patient needs, doctors frequently prescribe antidepressants, anti-anxiety medications, or antipsychotic drugs to assist in managing mental states and emotional regulation, as well as to reduce the occurrence of co-occurring mental disorders in conjunction with dissociative identity disorder.

Psychotherapy and pharmacotherapy remain the predominant approaches employed by hospitals, clinics, and therapists for the treatment of dissociative identity disorder. However, the comparative efficacy of these approaches and the specific circumstances warranting the adoption of psychotherapy versus pharmacotherapy remain intriguing questions. By doing the research on psychotherapy and pharmacotherapy for treating dissociative identity disorder, the article is going to systematically examine and compare the efficacy, benefits, limitations, and overall outcomes of psychotherapeutic interventions and pharmacological approaches in addressing dissociative identity disorder. The primary objective of this paper is to facilitate a comprehensive understanding of the respective advantages and disadvantages associated with these treatments while also taking into account factors such as patient preferences, treatment adherence, symptom reduction, and long-term stability.

By carefully evaluating the existing body of research, clinical trials, case studies, and empirical evidence, this paper intends to shed light on which method, whether psychotherapy or pharmacotherapy, demonstrates better results in terms of symptom alleviation, functional improvement, and overall quality of life individuals diagnosed with dissociative identity disorder. Furthermore, this comparative exploration seeks to highlight potential synergies between these two treatments and identify scenarios where a combined or integrative approach might yield the most favorable outcomes.

## **2. Literature Review**

### **2.1. Psychotherapy Approach for Dissociative Identity Disorder**

Dissociative identity disorder describes mental health conditions wherein people have two or more separate identities, each assuming control over their body at different intervals and exhibiting its unique personality traits. Apart from the coexistence of multiple identities, dissociative identity disorder is also associated with gaps in memory and hallucinations. The etiology of dissociative identity disorder remains subject to ongoing debate; researchers have predominantly postulated that it stems from severe post-traumatic stress disorder resulting from profound and enduring trauma. Childhood trauma also plays a crucial role in causing dissociative identity disorder [4]. Given the rarity of dissociative identity disorder, the current therapeutic approaches for managing these conditions encompass medication and psychotherapy.

Psychotherapy includes a diverse range of treatments designed to help individuals identify troubling emotions, behaviors, and other mental states. The primary objective of psychotherapy is to assist individuals in developing strategies to safeguard themselves from the potential harm caused by those psychological challenges. Numerous psychotherapists and interventions have shown effectiveness in addressing mental health disorders. In a previous study conducted by Chleboweski and Gregory, it was observed that after twelve months of psychotherapy, one of the patients diagnosed with dissociative identity disorder exhibited improvements in balancing emotion, as well as a notable reduction in symptoms of depression and suicidal ideation. Furthermore, another patient was able to return to regular life, accomplishing the acquisition of a professional degree [5].

The important elements of psychotherapy involve fostering a therapeutic alliance with patients, reaching a mutual agreement on treatment goals, and cultivating patient motivation toward the path of recovery. By going through active engagement in listening, providing advice, offering interpretations, and offering support, psychotherapy aims to enable individuals to achieve enhanced emotional well-being and healing by the end of the treatment. To better help the patients, the mental health professional undergoes rigorous training and supervision to acquire effective skills and therapeutic techniques [6].

Different from pharmacotherapy, which mainly focuses on medication usage, psychotherapy does not expose patients to the potential danger of medication addiction. Moreover, rather than alleviating symptoms, psychotherapy has demonstrated superior efficacy in delving into the underlying cases of mental disorders and treating them at their roots.

In the experiment conducted by Chlebowski and Gregory, they reported three cases of DID co-occurring with other mental disorders were documented, demonstrating favorable outcomes following dynamic deconstructive psychotherapy. This type of psychotherapy encompasses 12-18 months of individual therapy sessions, followed by a comprehensive follow-up period of 30 months. This psychotherapy modality synergies the translational neuroscience of emotion processing with object relations theory and deconstruction philosophy. Within the therapeutic framework, individuals establish a bridge to connect their sense of self and personal experiences while simultaneously deconstructing attributions that interfere with fulfilling relationships.

## **2.2. A Psychotherapy Case for Dissociative Identity Disorder**

The initial subject of the study was Ms.A, who was 33 years old and of Caucasian descent. She presented a prolonged history of depression disorder and severe dissociation, wherein she described having three distinct alters, each with unique names, ages and personalities. Moreover, she had previously engaged in several suicidal and self-mutilation thoughts.

The researchers discovered that Ms.A's severe mental disorder may be attributed to her traumatic childhood experiences, shown by frequent flashbacks of distressing events and episodes of amnesia. Ms. A described her childhood as full of tragedy, as her father abandoned her at the age of three, leading to her mother's remarriage to a man who subjected her to sexual abuse. She realized that she had personality dissociation from a very young age when she was still in school. After she gave birth to two children during her senior year of high school, she became a housewife. However, the prolonged periods of dissociation hindered her ability to create a safe and nurturing environment for her children. So she began to seek psychotherapy to help her treat her disorder.

During the initial phase of her treatment, the therapists focused on her relationship with her mother. At the start, she struggled to regulate her feeling of anger toward her mother, but after 6 months of therapy, a profound and reliant transference towards the therapist began to take shape, marked by overwhelmingly positive sentiments. This development proved instrumental in facilitating Ms.A's ability to recognize and discern complex emotions such as anger and guilt. During the final phase of the therapy, Ms. A focuses on the predetermined and planned termination of treatment. She gradually thought about expanding her functional capacity by fostering meaningful friendships, pursuing educational opportunities, and considering part-time employment. At the end of the treatment, Ms. A appeared to have a more balanced view of her treatment and herself. And there was a significant reduction in suicide ideation. And after five years, Ms. A was doing well and participating in part-time college coursework.

## **2.3. Pharmacotherapy Approach for Dissociative Identity Disorder**

Upon the conclusion of the treatment session, the researchers used the DES Scale, a measurement questionnaire measuring an extensive range of dissociation types encompassing both problematic and normal dissociative experiences. Notably, the patient scores exhibited a marked reduction from an initial value of 53 to a final measurement of 25, spanning a period of 12 months, underscoring a marked enhancement and reduction in dissociative identity disorder symptoms. Consequently, these findings strongly imply that psychotherapy could serve as an effective treatment for individuals affected by dissociative identity disorder [5].

This approach focuses on three neurocognitive functions: association, attribution and alterity. Association relates to the articulation of cohesive narratives concerning interpersonal connections, especially when the patient has multiple personalities with memory disruption. These techniques involve assisting the client in constructing a comprehensive narrative sequence of events and discerning particular emotions associated with each episode. Attribution entails the capacity to develop complicated and integrated perceptions of self and others. The techniques revolve around deconstructing distorted narratives, thereby uncovering alternative meanings and motives. The primary causes of dissociative identity disorder are sexual or physical abuse during childhood. Given the highly intense events that patients have experienced, gaining clarity regarding their motivations

becomes even more crucial. By engaging in this process, clients can gain a more deep understanding of their experiences and interpersonal dynamics. Alterity is a way to cultivate realistic and distinct attributes of self and others, which includes elements of self-awareness, empathic capacity, individualization, and metallization. The therapists who adopt these techniques try to disrupt the client's ingrained and stereotypical expectations by strategically offering acceptance or challenge at crucial times. This intervention aims to establish a deeper comprehension and flexible perception of oneself and those in the client's social sphere [5].

However, despite its effectiveness shown in these case studies, it is important to acknowledge certain limitations that cannot be overlooked. Psychotherapy remains to be a time-consuming process. As exemplified in the case study conducted by Chleboweski and Gregory, the patients who received the psychotherapy treatment attended the regular session over the years, with follow-up examinations occurring after three to five years [5]. Additionally, the patient engagement and professionalism of the therapists also play a pivotal role in determining the treatment's overall success.

Pharmacotherapy, on the other hand, represents another prominent modality for addressing dissociative identity disorder. Different from the counseling-oriented psychotherapy approach, pharmacotherapy centers its attention on administering medication aimed at reducing the severity of diverse symptoms. The majority of these medications influence the central nervous system, thereby making positive changes in pathology in the realm of experiential and behavioral facets associated with mental disorders. This contributes to alleviating symptoms of mental disorders, lessening mood disturbances, and alleviating anxiety. For many patients, pharmacotherapy serves as a mechanism for enhancing vitality and improves the overall quality of life.

Within the area of addressing dissociative identity disorder, Sandhaya Sahu acknowledges that its treatment remains a challenge, primarily stemming from the complexity of the neurobiological mechanisms, as well as co-occur with other types of mental disorders, notably depression and anxiety. Despite the unclear neurobiological understanding of dissociative identity disorder, the use of pharmacotherapy agents has never stopped. A diverse array of treatment modalities for dissociative disorders remains at the disposal [7]. The previous study revealed that antidepressant medications could increase the volume of the hippocampus, and the larger the hippocampus, the less likely the people to have dissociative identity disorder. This finding holds considerable significance, serving to underscore the constructive impact of antidepressant medication in the treatment of Dissociative Identity Disorder [8]. Such findings show that medication does have a positive effect on treating dissociative identity disorder. Furthermore, the implementation of pharmacotherapy can aid in distinguishing between dissociative disorders and other closely related mental disorders. Dissociation always co-occurs in patients with other mental disorders. Using certain medications, the researchers could distinguish different mental disorders from dissociative identity disorders based on the effectiveness of certain medications. Thereby increasing the accuracy of diagnosis rates and helping the therapists to identify the correct disorder and apply the suitable treatment approach [9].

#### **2.4. A Pharmacotherapy Case for Dissociative Identity Disorder**

In the research conducted by Laurencia Perales Blum, a pharmacological intervention was administered to a 13-year-old female. This patient had experienced sexual abuse at the age of 7. Furthermore, with severe dissociative identity disorder, she also had a two-year history of hallucinations.

She reported that she had experienced losses in time continuity and emotional lability, marked by intervals of heightened aggression, anxiety, and depression. Instances of retrograde amnesia concerning diverse events were also observed, during which she retained a state of wakefulness and engaged in interpersonal interactions, addressing herself using a different name and accompanied by a distinct set of personality traits that significantly diverged from her own. Her alternate personality was characterized by pronounced aggressiveness and notably included harboring homicidal ideation directed towards her parents.

Following a careful evaluation employed by the Mini International Neuropsychiatric Interview for Children and Adolescents and the Center for Epidemiological Studies Depression Scale, the patients were diagnosed with dissociative identity disorder, major depression, post-traumatic stress disorder, and anxiety disorder. Subsequent to the thorough assessment, fluoxetine and risperidone were prescribed for the patient. Fluoxetine, classified as an antidepressant, is predominantly indicated for the management of depression and obsessive-compulsive disorder. It increases the activity of serotonin, contributing to the enhancement of mood stabilization. Risperidone finds its principal application in the treatment of schizophrenia and bipolar disorder, exerting its effects through the modulation of brain neurotransmitters to regularize the symptoms. The therapist initiated the patient's treatment with a daily dosage of 20mg of fluoxetine and 1 mg of risperidone.

Following one month of this regimen, the patient exhibited a mild tremor and rigidity as adverse effects. Consequently, the therapist made the clinical decision to discontinue the prescription of risperidone and substituted it with quetiapine, an agent primarily employed in the management of schizophrenia and major depressive disorder, operated by re-establishing the balance of certain natural substances within the cerebral. Administered at a daily dose of 25 mg, this medication alteration yielded promising results: within two weeks, the patient's hallucinatory experiences reduced and didn't have any dissociative events. Subsequent to a follow-up assessment at the six-month mark, the patient has persisted in a state of asymptomatic well-being.

This case study demonstrates that within the realm of addressing dissociative identity disorder, pharmacological interventions hold promise. Various follow-up studies support the efficacy of quetiapine in managing dissociative identity disorder. Additionally, recent case reports have highlighted the favorable outcomes achieved through the utilization of a combination regimen involving risperidone and mirtazapine in an adolescent presenting with dissociative identity disorder. These findings collectively reinforce the efficacy of pharmacotherapy in treating dissociative identity disorder [10].

However, the downside to pharmacotherapy is the absence of medications specifically tailored for treating dissociative disorders. This inadequacy stems from the intricate nature of the disorder, compounded by their frequent co-occurrence with other mental conditions. The Cochrane report, in particular, indicated a dearth of compelling evidence to advocate for the prescription of any drugs for patients with personality disorders [11]. Adding to these concerns, most trials of pharmacotherapy in mental disorders show a high risk of bias, resulting in uncertainty surrounding the veritable effects of pharmacological interventions [12].

## **2.5. A Comparison between Psychotherapy and Pharmacotherapy Approach**

As two of the leading treatments for mental illness, specifically in dissociative identity disorder, psychotherapy, and pharmacotherapy, each possess distinct advantages and disadvantages.

For psychotherapy, the advantages include a lower risk of recurrence [13]. In the Chlebowski and Gregory experiment, wherein a patient, upon embracing psychotherapeutic measures to address dissociative identity disorder, achieved sustained well-being, underscoring the propensity of psychotherapy to mitigate the likelihood of mental illness relapse [5]. Another advantage is patients are able to review and maintain the strategies and skills acquired during the treatment. This results from the comprehensive treatment plan furnished by the therapist, encompassing assigned tasks for the patient to complete independently. For dissociative identity disorder, the patient is often assigned the task of talking about the disorder and related issues with someone. The patient could gain the habit of communicating with others in a timely manner during the therapy session and continue using it after the treatment session. The other advantage includes giving the patients opportunities to develop new coping strategies during the therapy session. A function of therapy in the context of treating dissociative disorders involves facilitating autonomous cognitive processes and guiding patients toward enhancing their overarching quality of life. By providing patients with the platform to formulate personalized strategies, the patient has a higher chance to recover from the illness and go back to normal life [13].

Nonetheless, there exist certain drawbacks that warrant consideration. Foremost among these is the ambiguity surrounding long-term efficacy. Psychotherapy requires a long-term follow-up session to ensure the effectiveness of the treatment. These subsequent sessions, typically occurring years later, demand a substantial investment of time and effort, and occasionally could not be accomplished due to the long period of time. Another drawback concerns the requisite motivation on the part of patients to sustain engagement in psychotherapy. Most counseling sessions require patients' own motivation to participate and engage. This necessity holds particularly true for individuals diagnosed with dissociative identity disorder, where the patients must have their own motivation to attend sessions and exhibit willingness to engage in conversation with therapists. This requires the establishment of a foundation of trustworthiness between the patient and therapists. Another concern of psychotherapy is the high dropout rate. The discontinuation of psychotherapy presents a persistent challenge, with an average dropout rate of approximately 34.8%. Psychotherapy requires the patients to attend the sessions regularly and follow the treatment plan carefully. Regrettably, the conspicuous prevalence of high dropout rates significantly impedes the prospects for patients to achieve recuperation from their mental afflictions [13].

Pharmacotherapy, on the other hand, has demonstrated its efficacy across numerous case studies. In treating patients with dissociative identity disorder, there are reports of success with selective serotonin reuptake inhibitors, fluoxetine, risperidone and quetiapine [10]. Additional studies also found out clonidine, anticonvulsants, and benzodiazepines could also treat dissociative disorders by reducing intrusive symptoms, anxiety and mood instability [14]. Also, other possible suggestions for pharmacological intervention for dissociative identity disorder include the use of prazosin to reduce nightmares, carbamazepine to reduce aggression, and naltrexone to reduce self-injurious behaviors.

Nevertheless, the drawbacks inherent in pharmacotherapy cannot be dismissed. First, due to the complexity of the disorder, the availability of medications precisely tailored for the treatment of dissociative identity disorder remains absent. The therapist often prescribed antidepressant and anxiolytic medications to help the patient reduce the symptoms. However, there is no medication that only targets dissociative identity disorder [14]. Secondly, side effects should also be taken into consideration. All medications have the potential to cause unwanted side effects. For instance, serotonin reuptake inhibitors could lead to feeling sick, indigestion and dizziness. Hence, patients electing to pursue pharmacological interventions are required to weigh the potential ramifications these treatments might exert upon their physiological well-being.

In conclusion, the two primary approaches to treating dissociative identity disorder each have their own distinct strengths and limitations, in which psychotherapy emphasizes more on sustained well-being, skill retention and coping strategy, while pharmacotherapy provides immediate symptom relief and neurochemical regulation.

To make the treatment more effective, the therapists frequently explore avenues for combining pharmacotherapy and psychotherapy together in managing dissociative identity disorder. By combining psychotherapy and pharmacotherapy, it offers several advantages when treating dissociative identity disorder that psychotherapy and pharmacotherapy does not have when they are carried out solely. By using the combination treatment, it addresses both psychological and biological factors that are involved in dissociative identity disorder, which leads to a more holistic treatment. Consequently, a more comprehensive and all-encompassing treatment plan is fostered. Also, since the individual with dissociative identity disorder often experiences intense emotional dysregulation and instability, medication could help to stabilize moods, which makes it easier for the individual to engage in psychotherapy. Additionally, combining pharmacotherapy and psychotherapy allows for personalized treatment plans to target individuals' specific needs and symptoms.

In the case study conducted by Muhammad Awais Rehan, a combined approach involving pharmacotherapy and psychotherapy was employed for the comprehensive treatment of a 55-year-old Caucasian woman who had been diagnosed with dissociative identity disorder. The patient has severe dissociative identity disorder, characterized by the presence of seven distinct personalities. She reported that she had been constantly dominated by her alternate personalities. Disturbingly, her

condition was further marked by episodes of aggression directed toward others, encompassing a spectrum that extended from self-harming tendencies to inclinations of causing harm to others. As a result, she was hospitalized in a mental institution for a significant period at least two to three times in the past.

The therapist uses both psychotherapy and pharmacotherapy to treat her. The psychotherapeutic treatment was administered over an extended period spanning six months. The dual treatment of pharmacotherapy was also adopted to calm her down. Specifically, the patient's treatment regime encompassed the prescription of escitalopram, thereby targeting the alleviation of their anxiety-related symptomatology. With the combination of pharmacotherapy and psychotherapy, she reported her stress was getting better and the dissociative identity symptom has reduced. The symbiosis of pharmacotherapy and psychotherapy conferred tangible benefits upon the patient, culminating in appreciable improvements in her overall well-being. These improvements were confirmed during a year-long check-up, where the progress of her treatment was carefully continued, showing that the benefits of the treatment were lasting [15].

### 3. Conclusion

As a complex mental disorder, dissociative identity disorder poses complex challenges for treatment. In tackling such an intricate disorder, two primary approaches are adopted: psychotherapy and pharmacotherapy. Through numerous past researchers and case studies, these two approaches offer distinct advantages and drawbacks, influencing their effectiveness in addressing the disorder. In psychotherapy it boasts a significant advantage of diminishing the risk of relapse, enabling patients to not only retain and apply strategies learned during treatment but also foster the development of new coping mechanisms that promote independent cognitive growth. However, the drawback that needs consideration includes long follow-up sessions, motivation to engage in the therapy session, and the high dropout rate. Pharmacotherapy has shown effectiveness in treating dissociative identity disorder by using medications to regulate neural activity and aid in stabilizing mood and anxiety. However, the disorder's complexity means there is a lack of medications specifically designed for treating dissociative identity disorder, alongside the persisting concern of potential side effects.

The combination of psychotherapy and pharmacotherapy opens a new way for the therapist to treat dissociative identity disorder. By integrating these two therapeutic methods, patients can benefit from both understanding the coping strategies provided by psychotherapy as well as the targeted symptom management of neurochemical regulation offered by pharmacotherapy. Psychotherapy helps patients gain a deep understanding of their conditions through communication, fostering skill retention and personal growth. Meanwhile, pharmacotherapy provides rapid relief from acute symptoms and addresses neurochemical imbalances. Together, these approaches can create a synergistic effect, enhancing the overall treatment outcome by targeting the disorder from many different facets. The combination approach also addresses the limitations of each method; while pharmacotherapy might lack the depth of psychological insight provided by psychotherapy, the latter might not offer the immediate relief that medications can provide. Ultimately, the integration of these two methods in dissociative identity disorder optimizes the potential for sustained well-being and manages this challenging disorder.

Moving forward, there remains significant potential for researchers and therapists to enhance the treatment of dissociative identity disorder. First, given that childhood trauma and past experiences largely contribute to this disorder, the researchers and clinicians need to exhibit sensitivity toward the patient's past experiences. Therapists should diligently analyze the patient's background before formulating a treatment plan, giving special consideration to their clinical history and proper psychosocial evaluations. Simultaneously, therapists must be cautious when exploring trauma history, being mindful of the negative emotions associated with child abuse, and conducting abuse-related assessments with utmost sensitivity.

The treatment of dissociative identity disorder should move towards a dynamic and integrated approach that combines the advantages of psychology, neuroscience, and technology. Using more personalized intervention will be more likely to foster a deeper understanding of the disorder's underlying genetic and neurobiological factors. The collaboration between pharmacotherapy and psychotherapy could yield treatment plans and medications tailored to an individual's genetic profile, optimizing treatment efficacy while minimizing side effects. The therapists should also consider the adoption of longitudinal studies tracking treatment outcomes, as well as investigate the effectiveness of early interventions in childhood. Furthermore, reducing stigma and increasing public awareness is also crucial.

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