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RESEARCH ARTICLE

Inner worlds in dissociative identity disorder: An interpretative phenomenological analysis of spatial, relational and agentic organisation

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Abstract

Objectives: This study examined how adults diagnosed with Dissociative Identity Disorder (DID) experience and make sense of "inner worlds": recurrent, internally experienced spatial settings associated with dissociative parts, events and relationships.

Design: A qualitative study was conducted using Interpretative Phenomenological Analysis (IPA).

Methods: Five adults who reported pre-existing DID diagnoses made by adult psychiatry specialists participated in in-depth semi-structured interviews. Interviews examined the sensory, embodied, spatial, temporal, relational and agentic qualities of inner-world experience. Transcripts were analysed idiographically before patterns of convergence and divergence were examined across cases.

Results: Four superordinate themes were generated: (1) inner worlds as lived, multisensory and embodied environments; (2) architectures of containment and passage; (3) awareness without authorship, distributed agency and internal governance; and (4) the internal community, comprising roles, relations and forms of selfhood. Across themes, places, boundaries and relationships regulated containment, access, communication and possibilities for action. Participants could be aware of internal events without experiencing themselves as able to initiate, stop or alter them.

Conclusions: Inner worlds were experienced as embodied, spatially and relationally organised environments rather than as uniformly voluntary constructions. The separation of awareness from authorship identifies the distribution of perceived agency within one whole person as an important phenomenological dimension. Clinically, these experiences

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warrant collaborative and non-leading exploration; their comparative and diagnostic significance requires direct investigation rather than inference from vividness or reduced control alone.

KEYWORDS

agency, dissociative identity disorder, embodiment, inner worlds, interpretative phenomenological analysis, qualitative research

INTRODUCTION

Dissociative Identity Disorder (DID) is characterised by a disruption of identity involving two or more distinct personality states, marked discontinuities in the sense of self and agency, and recurrent gaps in recall (American Psychiatric Association [APA], 2022). Developmental adversity is strongly associated with trauma-related dissociation, although the relation is heterogeneous and does not by itself specify the form that dissociative organisation takes (Quiñones, 2022; Raison & Andrea, 2023; Vonderlin et al., 2018). Within the enactive account adopted in this study, trauma-related dissociation is understood more specifically as a division of the whole organism–environment system into two or more insufficiently integrated, dynamic subsystems. Each subsystem minimally involves a rudimentary first-person perspective and enacts its own phenomenal experience and conception of self, lived world and self-world relations (Nijenhuis, 2015, 2017, 2023; Nijenhuis & Van der Hart, 2011). Within this account, the term *dissociative part* is reserved for a subsystem with such a first-person perspective; it does not refer merely to a mood, an ego-state or a metaphorical aspect of self. Nijenhuis (2023) uses the term *dissociative agent* to emphasise that these subsystems are personified centres of goal-directed experience and action. They may involve different needs, longings, strivings, knowledge and possibilities for action, but they remain subsystems of one whole person rather than separate persons.

This formulation places embodiment and agency at the centre of dissociative experience. From an enactive perspective, neither self nor world is simply given; both are continually brought forth through the organism's perception, affect and action within its environment. Here, *phenomenal* refers to experience as consciously lived, while *umwelt* denotes the environment as perceived and made meaningful from a particular embodied standpoint. Each dissociative agent may therefore enact a particular phenomenal self, lived world and field of possible action (Nijenhuis, 2017, 2023). Cognitive-emotional and sensorimotor phenomena are understood as different experiential expressions of this dissociative organisation: a voice, thought, bodily sensation, movement or inhibition may belong to the experience and action of one agent while being absent from, inaccessible to or experienced as an intrusion by another. Nijenhuis's (2023) analysis further suggests that awareness, authorship and control need not coincide. From one dissociative perspective, a phenomenon may be consciously experienced without being felt as self-initiated or alterable, while another agent may be aware of enacting it and of the purpose it serves. Related accounts emphasise developmental failures in coordinating behavioural states (Putnam, 1997), recurrent intrusions into executive functioning and the sense of self (Dell, 2009), and relations among multiple, sometimes simultaneously active self-states (Loewenstein & Brand, 2023). Although these accounts differ in emphasis and are not treated as interchangeable, the enactive account is adopted here because it connects such differentiation directly with first-person perspective, embodiment and agency.

In some DID presentations, these relations are experienced within what is clinically described as an "inner world", internal landscape or headspace. We use *inner world* as a descriptive, study-specific term for a recurrent spatial or world-like organisation experienced as internal, in which dissociative parts, figures, events and relationships are experienced as having location, distance, boundaries and

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patterns of access. This use is narrower than the broad psychodynamic concept of an internal world, but it does not place inner-world experience outside Nijenhuis's enactive account. In that account, dissociative agents enact particular phenomenal selves and worlds and their relations with an *umwelt*; importantly, this *umwelt* is not confined to an 'outer' domain and may include other dissociative parts (Nijenhuis, 2017). Inner-world accounts are therefore understood here as descriptions of how dissociative agents phenomenally experience themselves, other parts and their relations in spatial and relational terms, rather than as evidence of a literal internal place or an ontologically independent domain.

Clinical literature has long described inner worlds in DID. Kluft (2006), for example, characterises an inner world in which parts may interact and some remain active without ever assuming executive control externally; the ISSTD Guidelines describe the therapeutic use of internally visualised safe and meeting places (International Society for the Study of Trauma and Dissociation [ISSTD], 2011). Earlier case-oriented work also documents internal landscapes and dissociative paracosms (Cohen, 1994; Ross, 1994). Şar (2017) describes relational internal systems marked in some cases by oppression, rigidity and dependency within a wider organisation of parallel-distinct structures, while Lester (2022) proposes that inner worlds can be approached as social systems. Across these accounts, inner-world architecture appears to do more than provide scenery. Places, distances and boundaries may organise who can approach, know, remember, communicate or act. Yet most of this knowledge derives from clinical observation, case material and treatment-oriented writing, in which inner worlds are usually secondary to broader questions about DID and its treatment.

First-person empirical research has begun to illuminate the wider lived organisation of DID. Parry et al.'s (2018) interpretative and idiographic study described altered temporality, the needs of internal systems and participants' difficulty communicating dissociative experience to clinicians. More recently, Hassen's (2025) doctoral narrative inquiry identified internal worlds as relational spaces for communication, negotiation, memory regulation and healing. However, inner worlds constituted one theme within a broader study of living with dissociative parts rather than the primary phenomenon under investigation. Lester's (2022) single-case account offers a detailed relational perspective, but no peer-reviewed, multi-participant idiographic study has, to our knowledge, systematically examined how the sensory, embodied, spatial, temporal, relational and agentic dimensions of DID inner worlds cohere in lived experience.

This gap matters because vividness, immersion and internal sociality are not unique to DID. Maladaptive daydreaming may involve elaborate, multisensory parallel realities that are compelling and difficult to regulate (Somer et al., 2016), and recent research indicates that maladaptive daydreaming can co-occur with DID (Soffer-Dudek et al., 2025). Research on self-identified multiplicity outside a clinical DID framework has likewise described internal communication, headspaces and shared memory spaces (Eve et al., 2025). These adjacent findings make it important to examine more specific phenomenological dimensions: who is experienced as initiating an event, whether awareness permits influence, whether access varies across dissociative perspectives and whether events can be negotiated, interrupted or altered. The present study does not propose these dimensions as diagnostic markers; direct comparative research would be required for that purpose. It examines them as questions of perceived authorship and agency within participants' lived experience.

The present study therefore used IPA to examine how adults with DID experience and make sense of their inner worlds. IPA is well suited to this difficult-to-communicate phenomenon because it combines close attention to participants' experiential accounts with an idiographic analysis of how they make sense of them (Smith et al., 2009). The overarching research question was: How do adults with DID experience and make sense of their inner worlds? More specifically, the study examined (a) their sensory, embodied, spatial and temporal qualities; (b) the parts, figures and relationships encountered within them; (c) experiences of access, authorship, agency and control; and (d) the meanings and functions attributed to inner worlds in participants' lives.

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METHODS

Approach and design

In the present study, we adopted Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) to explore the lived experience of inner worlds among individuals diagnosed with DID. The study aimed to examine how participants experienced, interpreted and made sense of their internal environments, with particular attention to their phenomenological structure and psychological function.

IPA was considered particularly suitable for this study because of its focus on subjective meaning-making and its idiographic commitment to understanding phenomena from the participant's perspective (Smith et al., 2009).

Participants

Participants were purposively recruited based on the following inclusion criteria: (1) having received a clinical diagnosis of DID from a psychiatrist who had completed specialist training in adult psychiatry in Türkiye; (2) being 18 years of age or older; (3) having the capacity to provide informed consent; and (4) reporting experiences of inner worlds, internal spaces or comparable internally structured environments and being willing to discuss these experiences in an in-depth interview.

Five participants were included in the final sample. The sample size was considered appropriate in line with IPA's idiographic emphasis on detailed, case-by-case analysis and depth over breadth (Smith, 2004). All participants had prior experience with psychotherapy and described varying degrees of awareness of their dissociative processes. Participant characteristics are summarised in Table 1.

All participants reported having received a diagnosis of DID from a psychiatrist who had completed specialist training in adult psychiatry in Türkiye. For participants recruited through clinical referral, the referring psychiatrists verbally confirmed their pre-existing DID diagnoses to the research team after the participants had contacted the research team and given permission for this confirmation. Diagnostic history and context were also elicited during eligibility screening. No diagnostic records or reports were reviewed, and the research team did not administer a structured diagnostic interview for dissociative disorders. Eligibility therefore rested on a pre-existing specialist psychiatric diagnosis supported by participant report and, in clinically referred cases, verbal confirmation from the referring

TABLE 1 Demographic and clinical characteristics of the participants.

Pseudonyms	Age range	Gender	Duration since diagnosis	Reported onset of symptoms (age of)	Treatment status (DID-related)
Participant 1	30–39	Female	1–3 years	4	2nd year in DID-based psychotherapy
Participant 2	20–29	Female	6–8 years	11	8th year in DID-based psychotherapy
Participant 3	20–29	Female	Less than 1 year	9	3rd month in DID-based psychotherapy
Participant 4	40–49	Male	1–3 years	8	3rd year in DID-based psychotherapy
Participant 5	30–39	Female	4–6 years	9	Terminated after 3 years of DID-based psychotherapy

Note: Participant labels are used throughout the manuscript. Age and duration since diagnosis are reported in broad bands. Demographic and clinical information is presented at the level necessary to contextualise the sample while reducing deductive-disclosure risk.

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psychiatrist, rather than on an independent research diagnostic assessment. The diagnosing psychiatrists' specific expertise in dissociative disorders and the assessment methods used when the original diagnoses were made were not independently established.

Procedure

Ethical approval for the study was granted by the Ibn Haldun University Scientific Research and Publication Ethics Committee (Decision No. 2025/08–13; Approval Date: 15 August 2025). Participants were recruited through referrals by psychiatrists and social-media recruitment materials. For clinical referrals, psychiatrists shared the study information with individuals who might meet the inclusion criteria; at this initial recruitment stage, they did not provide identifying or contact information to the research team. Social-media materials similarly invited interested individuals to contact the research team directly. In both recruitment routes, the decision to initiate contact rested with the potential participant.

Interested individuals contacted the research team by telephone and were provided with a brief overview of the study. This was followed by an eligibility screening process covering age, the history of a prior clinical diagnosis of DID, capacity to provide informed consent and willingness to discuss inner-world experiences in an in-depth interview. During screening, participants were asked about the history and context of their DID diagnosis, current or previous psychotherapy and their ability to discuss inner-world experiences without undue distress. The screening process was used to determine study eligibility, not to provide or independently confirm a diagnosis.

Participants were informed that participation was voluntary and that declining or withdrawing would have no negative consequences. Screening, informed consent and interviews were conducted by the first author to ensure continuity and consistency.

Participants who met the inclusion criteria were given a detailed participant information sheet outlining the study's aims, interview procedure, confidentiality and data protection and their right to withdraw at any stage without consequence. Written informed consent was obtained prior to participation. Given the clinical sensitivity of the subject matter, particular care was taken to support psychological safety. Interviews were scheduled at times chosen by participants and conducted in a private and secure environment. Participants were informed that they could pause, decline to answer any question or terminate the interview at any time if they experienced discomfort.

Basic demographic and clinical background information was obtained before the interview, including diagnostic history, duration of diagnosis, psychotherapy history and participants' familiarity with their inner-world experiences. Data were anonymised before analysis. Direct identifiers were removed from transcripts, and idiosyncratic names of dissociative parts or internal figures were replaced with functional descriptors in quoted material. Participant characteristics are reported in broad bands in Table 1 to reduce deductive-disclosure risk in this small clinical sample.

Interviews

Following eligibility screening and informed consent, participants took part in a single, semi-structured, in-depth interview. The interviews were designed to explore participants' lived experiences of inner worlds, focusing particularly on how these internal environments were perceived, structured and understood within their dissociative experience.

Interviews ranged from 60 to 90 min in duration and were conducted either via a secure online platform (Zoom) or face-to-face at the İPAM Darüşşifa Psychotherapy Center on Ibn Haldun University's Süleymaniye Campus, according to participant preference. All interviews were audio-recorded with informed consent and transcribed verbatim for analysis.

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TABLE 2 Summary of the semi-structured interview guide.

Could we start with you telling me a little about yourself and your experience of dissociation? In this study, we are interested in experiences that some people describe as an 'inner world', 'internal space' or something similar. We are interested in what this experience is like for you and how you make sense of it.
Experiencing the inner world
a. Could you describe your inner world or internal space as you experience it?
b. What do you see, hear, feel or sense when you are there?
c. Does it have particular places, atmospheres, boundaries or ways of moving within it?
Parts, presences and relationships
a. Who or what is present in this inner world?
b. Are there parts, figures, objects or other presences within it?
c. How do they relate to you and to one another?
Agency, access and control
a. Are there times when you can enter, leave, avoid or move through the inner world?
b. Are there parts, rules, boundaries or figures that affect what you can access?
c. Are there moments when another part influences what you feel, remember, say or do?
Meaning, function and daily life
a. How does this inner world affect your daily life, emotions, body, memory or relationships?
b. How, if at all, do you understand the relationship between your inner world and your present external life?
c. Are there times when it feels helpful or difficult?

Note: Questions were used flexibly and conversationally. Follow-up prompts followed participants' own language and descriptions rather than imposing a standard definition or architecture.

The interview guide was developed based on existing literature on dissociation and inner worlds and on principles of phenomenological interviewing. Questions were intentionally open-ended to allow participants to describe their experiences in their own terms rather than being constrained by predefined theoretical categories. A summary of the semi-structured interview guide is presented in Table 2.

Recognising that the concept of an 'inner world' may be interpreted differently across individuals, no fixed definition was imposed during the interviews. Instead, participants were invited to reflect on any internal spaces, environments or experiences they associated with their dissociative processes. Where needed, prompts were used to facilitate elaboration while following the participant's own language and account. Interviews were conducted flexibly and conversationally to support narrative depth and participant-led meaning-making.

Data analysis

The data were analysed using IPA procedures described by Smith et al. (2009) and Smith and Fieldsend (2021). Consistent with IPA's idiographic commitment, analysis was conducted at the individual level before any cross-case integration.

Each transcript was examined iteratively, beginning with repeated readings and active immersion in the data, including revisiting audio recordings where necessary to preserve experiential nuance. Initial analytic engagement involved detailed exploratory noting focused on descriptive content, linguistic features and conceptual meanings within participants' accounts. Particular attention was given not only to explicitly articulated experiences but also to implicit meanings and underlying experiential structures.

From these notes, preliminary interpretative statements were developed to capture participants' meaning-making processes. These were then clustered into emergent, case-specific experiential themes that remained grounded in the participant's perspective while incorporating the researcher's interpretative engagement. This process was repeated separately for each transcript, in line with the hermeneutic principle of moving iteratively between parts and whole.

Following idiographic analysis, themes were compared across participants to identify patterns of convergence and divergence. This comparative process enabled the development of higher-order,

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superordinate themes that reflected shared experiential structures while preserving individual variation. Throughout this stage, themes were repeatedly checked against the original transcripts and supported by illustrative extracts; convergence was examined without obscuring case-specific differences.

All interviews were conducted in Turkish. Quotations presented in this article were translated into English by the first author and checked against the Turkish transcripts for semantic accuracy during the analytic and writing process.

Quality evaluation, reflexivity and analytic rigour

Analytic development was further strengthened through regular discussions between the two authors. Preliminary themes and interpretations were critically reviewed in supervision meetings, allowing alternative readings of the data to be explored and refined. This collaborative process supported interpretative depth and analytic transparency.

Given IPA's epistemological position, which recognises the researcher as an active participant in meaning-making, participant validation was not employed as a test of analytic accuracy. Instead, quality was evaluated with reference to Nizza et al.'s (2021) four markers of high-quality IPA: constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; engaging in a close analytic reading of participants' words; and attending to both convergence and divergence. These markers were pursued through detailed case-by-case engagement, iterative movement between transcripts, extracts and interpretations, preservation of individual variation and the use of rich illustrative quotations.

Reflexivity was integral to the analytic process. The research team brought backgrounds in clinical psychology and psychiatry, and the first author had prior academic engagement with trauma-related dissociation. This familiarity supported sensitivity to participants' language and clinical context but could also shape theoretical expectations. The first author therefore maintained a reflexive research diary throughout the study, documenting assumptions, emotional responses and evolving interpretations. Field notes were also taken following each interview to capture contextual and experiential observations. These reflections were regularly revisited and discussed within the research team to enhance awareness of potential biases and support a transparent interpretative process.

RESULTS

The analysis generated four superordinate themes: (1) inner worlds as lived, multisensory and embodied environments; (2) architectures of containment and passage; (3) awareness without authorship: distributed agency and internal governance; and (4) the internal community: roles, relations and forms of selfhood. Together, the themes capture inner worlds as spatially organised and relationally populated environments that participants could enter, observe, become trapped within, move through, negotiate with or deliberately modify. A summary of the superordinate themes, subthemes and brief descriptions is presented in Table 3.

Theme 1: Inner worlds as lived, multisensory and embodied environments

This theme concerns the experiential immediacy of participants' inner worlds. These worlds were not described as visual imagery alone, but as places with form, atmosphere, sound, embodied force and distinctive temporal organisation.

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TABLE 3 Summary of superordinate themes, subthemes and brief descriptions.

Superordinate theme	Subtheme	Brief description
1. Inner Worlds as Lived, Multisensory and Embodied Environments	1.1 Visual and Spatial Reality: Internal Places With Form, Distance and Persistence	Structured environments with depth, routes, atmosphere, boundaries and spatial forms that persisted beyond a single episode of focal attention
	1.2 Embodied Reality: "As if Someone Buried You Alive"	Inner-world environments lived through cold, pressure, touch, texture, restricted movement and changes in readiness for action
	1.3 Auditory Autonomy and Internal Presence	Voices and sounds situated within internal places and relationships that addressed, interrupted or redirected focal attention
	1.4 Altered Temporality	Inner time experienced as accelerated, expanded, suspended, frozen or divergent from external chronological time
2. Architectures of Containment and Passage	2.1 Central Places and Internal Coordination	Shared or central locations organising orientation, gathering, observation, surveillance, care or coordination among parts
	2.2 Persistent Containers	Traumatic material or vulnerable parts experienced as held within archives, dungeons, frozen rooms, cocoons or underground spaces
	2.3 Boundaries and Compartmentalisation	Bubbles, locked rooms, barred windows, curtains, glass and related boundaries regulating access, separation, knowledge and mutual influence
	2.4 Transition Mechanisms	Portals, bridges, mirrors, doors, tracks and embodied cues providing conditional routes between internal regions
3. Awareness Without Authorship: Distributed Agency and Internal Governance	3.1 Witnessing Without Authorship and Autonomous Internal Continuity	Observing or encountering internal events without experiencing oneself as their author, including changes experienced as having occurred outside focal participation
	3.2 Executive Discontinuities and Bodily Control	Discontinuities involving awareness, memory, external action and bodily control, including both experienced takeover and immobilisation
	3.3 Internal Authorities and Governed Access	Figures or structures regulating emotion, memory, disclosure, meaning, entry and permission within the inner world
4. The Internal Community: Roles, Relations and Forms of Selfhood	4.1 Functional Roles and Division of Labour	Parts experienced as carrying functions such as protection, memory management, vigilance, caregiving or social defence
	4.2 Forms of Alterity	Parts experienced in human, child, animal, silhouetted, geometric, frightening or obscured forms
	4.3 Conflict, Care and Cooperation	Internal relationships involving blame, fear, protection, negotiation, reunion, caregiving, hierarchy and emerging cooperation

Visual and spatial reality: Internal places with form, distance and persistence

Participants described structured environments with depth, routes, boundaries and regions that persisted beyond a single episode of attention. Participant 3 portrayed a vast, threatening space in which figures and possible contents remained visible yet inaccessible:

> Imagine a pitch-black space with no end. You look toward the horizon, but it is completely black, and there are spirits above… they keep moving there, but they never come down. Along both sides, extending along the walls, there are chained cabinets. Steel, metal cabinets…

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The endless darkness conveys disorientation, whereas the hovering figures and chained cabinets give this apparently limitless space an internal order: something is present, but suspended or kept out of reach. Participant 4 described a more protective environment, the "cocoon," with equally specific architectural and mechanical features:

> It is exactly like a beehive, what we call the cocoon… In a beehive, the cells are hexagonal; this is a huge shape just like that (showing with hands)… Then it is as if a railway is laid inside. They sit there with it, and whenever they want, they get on the train and travel around inside the cocoon.

Here, enclosure coexisted with regulated mobility. Other accounts broadened this spatial range: Participant 2 described an extensive archive system; Participant 5, a dark cobblestone street and solitary forest house; and Participant 1, a movement from an underground pit to a therapeutic chalet containing separate rooms for parts. Across cases, visual form gave internal experience a geography in which memories, parts and threats could be located, approached or avoided.

Embodied reality: 'as if someone buried you alive'

Coldness, pressure, touch, texture and changes in readiness for action were integral to these environments. Participant 1's early inner world was not only seen as underground; it was experienced through confinement and impeded movement:

> Cold and damp. It is hard to move; it is as if there is soil on top of you, as if someone has buried you alive, and they are fighting just to exist.

The spatial image and embodied state were inseparable: being underground was lived as pressure, cold and restricted action. Participant 3 described internal events affecting perception of the external body:

> I feel the touch and even feel the need to turn around. The touches are that realistic… I saw that bad character suddenly enter me through the middle of my forehead, exactly between my eyebrows, and I was very frightened.

Participant 5 described movement in the opposite direction: an external tactile cue, particularly the texture of leather clothing, facilitated access to a protective state associated with strength and readiness to fight. Inner and external experience were therefore linked through sensorimotor pathways; touch, texture and action readiness could carry experience in either direction.

Auditory autonomy and internal presence

Voices and sounds were commonly situated within internal places and relationships rather than experienced as undifferentiated self-talk. When Participant 4 entered a forested region, its auditory field changed with the location:

> When I enter here [the forest], I hear voices. There is a team there… At the head of a divan, someone is giving a lecture.

Sound made the setting appear inhabited and ongoing. Participant 2 similarly described an internal conversation that could redirect her attention:

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> A conversation continues [inside]… One of them says to you, 'Mom, come here,' and then I go [back] there.

The voice functioned as an address from within a relationship, not merely as verbal content. During distress, the same participant experienced this social soundscape as difficult to regulate:

> If I am having a bad time, they get excited; there is a carnival inside. Constant talking, constant sounds… these 'know-it-alls' do not stay silent.

Other participants distinguished parts by vocal fluency, hesitation, depth or tone. Participant 1 described the converse phenomenon: immersion in the inner world could narrow attention so markedly that an external call of her name was not registered. Auditory experience thus marked both internal presence and shifts in the participant's orientation between internal and external environments.

Altered temporality

Participants described inner time as accelerated, expanded, frozen or divergent from external chronology. Participant 1 experienced a marked discrepancy between the brief external interval and the duration of internal experience:

> Maybe five seconds pass in real life, but during that time I travel to that place and maybe spend hours there. I think what I noticed most was time; you re-experience everything in that place in an accelerated way.

Participant 5 described a different temporal form: a middle-school classroom remained covered in dust, holding a child part and its surroundings in suspension. Participant 3 experienced internal movement as faster than external events and described entering memories with cinematic precision, 'down to the dust particles.' These variations suggest that inner-world temporality did not follow a single pattern. It could intensify experience through expansion or acceleration, preserve a trauma-linked scene as present or as developed in Theme 3 appear to continue beyond the participant's focal awareness.

Theme 2: Architectures of containment and passage

Across accounts, rooms, archives, dungeons, cocoons, gazebos, streets, mirrors, portals and bridges did more than furnish an internal scene. Their arrangement specified where parts and memories were located, which regions could be approached, and how contact could occur. The distinction from Theme 1 lies in function: here the emphasis is not on the felt reality of space, but on what spatial organisation accomplished.

Central places and internal coordination

Some locations served as points of orientation or gathering without eliminating separation among parts. Participant 2 described a shared centre within a system otherwise dispersed across 'universe bubbles':

> When they are going to come together, they come out of their bubbles and come to the table in the middle… A round table, 'Knights of the Round Table'; everyone has a place there.

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The round table coordinated separateness: parts left their own regions temporarily, yet each retained a position. Other centres differed in relational tone. Participant 4's mansion-like meeting place was formal and hierarchical, with an observational position concealed behind mirrored glass; Participant 3's wooden gazebo accommodated four figures; Participant 1's chalet provided a safer base with rooms adapted to different needs; and Participant 5's cobblestone street was a solitary point of return rather than a communal meeting place. Centrality therefore did not invariably imply cooperation. It could support gathering, surveillance, care or simply orientation.

Persistent containers

Participants described bounded places that held traumatic material or vulnerable parts and were not readily changed by focal attention. Participant 2's archive combined storage with specialised management:

> There is an infinite archive system… when you look up, you cannot see the end of it. [An archivist part] collects traumas and memories and locks them away there.

The image conveyed both the scale of accumulated material and a logic of classification: what was unavailable had not simply disappeared, but was experienced as stored and guarded. Participant 5's frozen classroom organised containment differently:

> There was a frozen classroom from my sixth-grade year. Every part of it is covered in dust, everything is frozen, and time has stopped there.

Here, a past developmental setting remained phenomenally present with a younger part. Participant 3's chained cabinets, Participant 4's cocoon and Participant 1's underground world likewise located vulnerability or traumatic material within restricted environments. Although the forms varied, containment repeatedly allowed something to remain within the inner world while limiting its availability elsewhere.

Boundaries and compartmentalisation

Boundaries included bubbles, locked rooms, barred windows, sensor-controlled doors, curtains, one-way glass and a "garbage-dump" universe. Participant 2 described connection emerging without the disappearance of differentiation:

> They each have their own universe bubbles… their worlds do not mix. When they learn about each other, a bridge might form, but the worlds remain separate.

A bridge altered the relationship between regions but did not make them identical or mutually accessible in all respects. Participant 1, by contrast, explicitly described developing a therapeutic architecture:

> I developed rooms according to the parts' needs. For some, there were bars on the windows; for others, there were no windows at all.

This account is important because not every structure was experienced as simply discovered or imposed. Some spaces were intentionally elaborated to manage safety, access to the body or contact among parts. Alongside Participant 3's room that closed when 'something' followed her, Participant 4's layered curtains and one-way glass, and Participant 5's disposal region for painful narratives, the accounts show boundaries as both protective and restrictive. Their meaning lay less in their visual form than in whom or what they permitted to move, know or influence.

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Transition mechanisms

Movement across differentiated regions occurred through portals, bridges, tracks, mirrors, doors and embodied cues. Participant 2 described a network connecting otherwise separate universes:

> A bubble opens like a portal, and you pass through it into their world… there are bridges between them, forming an actual network.

The portal created selective passage rather than unrestricted access. For Participant 3, mirrors served as interfaces through which another part appeared:

> The dark part always brings me to a room of mirrors… he always comes with a mirror appearing behind my shoulder. I can only see him in the reflection.

Participant 4's railway organised movement within the protected cocoon; Participant 1 described doors opening from one internal environment into another; and Participant 5's transition was facilitated by the tactile properties of leather. Passage was therefore spatial and embodied, and it was often conditional. Knowing that another region existed did not necessarily confer permission or the capacity to enter it.

Theme 3: Awareness without authorship: Distributed agency and internal governance

This theme captures the study's most consistent agentic tension. Participants could sometimes observe an internal event, understand that it was occurring or attempt to negotiate with those involved without experiencing themselves as its initiator or as able to change its course. Agency was not uniformly absent: it was unevenly distributed across parts, bodily action, internal authorities and the participant's ordinarily presenting perspective.

Witnessing without authorship and autonomous internal continuity

Participant 3 described abruptly finding herself in a distressing internal place that she had neither made nor chosen to enter:

> I did not make this place myself, and suddenly I was there, and I wanted to leave. I felt very bad. I opened my eyes, but I could not get out.

Awareness did not restore control. She recognised the environment, wanted to leave and attempted to reorient externally, yet continued to experience herself as constrained by it. Participant 2 described a less acute but equally striking separation between awareness and authorship. On returning attention to the inner world, she sometimes encountered relational changes for which she had no first-person continuity:

> I think none of their times are the same. [Does it continue to flow when you are not there?] It does. Because when I go there, I see changes in them… I go there and, for example, they have made peace with someone inside. I need to ask others, what did you experience, when did that happen?

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In her experience, internal relationships had histories that exceeded her focal participation. The data cannot establish what occurred outside attention; phenomenologically, however, she encountered consequences without remembering or claiming their production. Participant 4 could similarly know of a deeper region while being denied entry, and Participant 5 described trauma-linked environments reappearing when triggered rather than when deliberately summoned. Across these accounts, participants were neither wholly unaware nor unrestricted directors. They occupied positions of witness, recipient or negotiator.

Executive discontinuities and bodily control

The same uneven distribution of agency extended into external action. Participant 1 described a discontinuity during a high-responsibility professional task:

> Once, during [a highly critical professional procedure], one of them came. It took complete control. I completely forgot what I was doing… at that moment someone else stepped in and did what they knew. I was completely disconnected from there.

The interruption involved procedural memory, situational awareness and bodily action, rather than an inner scene alone. Participant 4 described a protector part intervening during social conflict and expressing anger that he ordinarily found difficult to access. Such intervention could be disruptive but also functionally protective, making confrontation possible when it was otherwise unavailable.

Participant 5 described a contrasting loss of action in which no active takeover was foregrounded:

> When I felt like that girl, I would freeze… becoming mute, not being able to give the answers that needed to be given. Everything felt frozen inside me… even the knowledge of who I was disappeared, and I could not control my own behavior.

Distributed agency thus included both action attributed to another part and the collapse of the participant's own capacity to speak, move or sustain a sense of self. What converged was the discontinuity between the action required, awareness of the situation and experienced command of the body.

Internal authorities and governed access

Participants also described figures that regulated emotion, memory, disclosure and entry into internal regions. Participant 3's 'control room' conveyed a layered hierarchy rather than a single controlling figure:

> There is a control-room area, like a conference hall, and there is someone in the control booth who plays with some of my lighter emotions that want my attention, like a puppet with strings in their hands. And above that person in the control booth, there is a layer that frightens them too… something pitch black, something that can sometimes affect that whole world, my whole family.

The apparent controller was itself subject to another source of fear or influence, locating the participant within a chain of internal power. Participant 4 described the practical consequence of such authority in a concise refusal:

> We still cannot go inside, because he says, 'There is no permission right now.'

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Access depended on assent from within, not simply on curiosity or therapeutic intention. Participant 2's archivist exercised authority over memory storage, whereas Participant 3 described a mocking part that challenged her diagnosis and resisted therapeutic interpretation. Internal governance therefore operated through permission, concealment, emotional influence and control over meaning. These authorities were not uniformly benevolent or oppressive; their actions could protect against exposure while simultaneously restricting knowledge and coordinated action.

Theme 4: The internal community: Roles, relations and forms of selfhood

Inner worlds were relationally populated rather than composed of isolated figures. Parts were experienced as occupying functions, forms and relationships through which threat, memory, care, vigilance and participation in external life were organised.

Functional roles and division of labor

Participants often understood parts through capacities they carried. Participant 4 described a protector associated with defence and anger:

> In social life… in the matters that [I] encountered socially, a fighting side was taken over by him. I show the protective side, the side where anger needs to be shown.

The protective function was relational and agentic: this part could enact confrontation that the participant's ordinarily presenting perspective could not readily mobilise. Participant 2's archivist managed traumatic memories; Participant 3's control-room figure influenced emotion; Participant 1 described task-oriented, maternal and child parts; and Participant 5 described a suspicious part whose role was to 'smell the air' and scan for threat. These functions gave the internal community a division of labour, although the participant did not necessarily experience equal access to the capacities being exercised.

Forms of alterity

Parts appeared as children, adults, animals, silhouettes, frightening faces, geometric forms or obscured presences. Participant 2 emphasised the flexibility of embodiment within the inner world:

> Inside, I can be a man, I can be an animal. I can be another geometry, a shape you would never think of. I mean, anything is possible.

Participant 4's experience was less fluid and more affectively opaque:

> None of the ones whose faces I saw had a face… they were pitch-black silhouettes. But the emotions of these silhouettes were more dominant in me; their aura was dominant.

Here, emotional presence was more accessible than facial identity. Elsewhere, form appeared to carry developmental or relational meaning: Participant 5's child part remained fixed at a particular age and bodily state; Participant 1 described a child hidden in a closet; and Participant 3 encountered figures marked by exaggerated eyes and mirrored features. These forms may be read as organising distance, vulnerability, threat or accessibility, but their meanings were case-specific rather than reducible to a common symbolic code.

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Conflict, care and cooperation

Relationships among parts included blame, fear, protection, negotiation, reconciliation and care. Participant 4 described the reunion of two figures after prolonged separation:

> He came to help soothe this child. Then the two of them hugged each other there. In fact, the two identities had missed each other; they had remained apart for so many years.

Change was experienced here as a renewed relationship rather than the disappearance of difference. Participant 5 described an opposing configuration in which a vulnerable child was made responsible for what had happened:

> Almost some of those eight structures were blaming that little girl… saying, 'It is because of you.'

The internal community could therefore preserve traumatic accusation as well as provide protection. Participant 3 described deliberately constructing a more compassionate setting in which a maternal figure and vulnerable child could live together, furnishing it with a gramophone and a knitting corner. Alongside the involuntary and inaccessible environments described elsewhere, this intentional reworking shows that participants' relationship to inner-world events was not uniformly passive. Agency could be limited in one region or moment and exercised collaboratively in another. Across cases, inner worlds provided a setting in which internal conflict, care and emerging cooperation became spatially and relationally available to experience.

DISCUSSION

This study examined how people diagnosed with DID experienced and made sense of their inner worlds. The findings confirm longstanding clinical observations that internal landscapes may contain differentiated parts, trauma-linked material, meeting places and barriers (Baker, 2010; Kluft, 2006; Ross, 1994). They extend those observations by showing how sensory, embodied, spatial, temporal and relational qualities cohered within lived environments and jointly regulated containment, orientation, communication and access. The clearest novel contribution concerns authorship: participants could be conscious of an internal event while lacking the capacity to initiate, stop or alter it. Inner worlds were therefore experienced neither as passive containers nor as uniformly voluntary constructions, but as fields in which awareness, access and agency were unevenly distributed.

Embodied phenomenal environments

Participants' accounts restore embodiment to the centre of dissociative inner experience. Cold, pressure, touch, constriction, movement and readiness for action were not secondary reactions to visual scenes; they were among the means through which those environments were lived. Comparable clinical case material has likewise described somatic constriction, coldness and related bodily manifestations in dissociative patients (Lao et al., 2023). This finding reconnects contemporary work with Janet's treatment of anaesthesias, motor disturbances and amnesia as related manifestations of hysteria (Janet, 1977 [1901]). The SDQ-20 later provided a dedicated empirical measure of somatoform dissociation encompassing sensory and motor phenomena (Nijenhuis, 2023; Nijenhuis et al., 1996). The present findings suggest that sensorimotor qualities were integral to how inner environments were lived: pressure was experienced as confinement, touch marked the approach of a figure and texture facilitated a shift toward a protective mode of action.

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This is closely aligned with Nijenhuis's enactive formulation, in which dissociative agents are conscious, embodied and goal-oriented subsystems within one whole organism–environment system. Each enacts its own phenomenal self, phenomenal world and self-as-part-of-that-world (Nijenhuis, 2017, 2023). From this perspective, the same room, sound or bodily sensation can afford different possibilities to different parts. A bounded space may permit one part to remain protected while leaving another excluded; touch may signal care from one perspective and intrusion from another. The current findings give idiographic form to this proposition by showing how perspective and possibility for action were organised together.

Temporality was similarly heterogeneous. Frozen child parts and suspended scenes are consistent with non-realisation, in which a trauma-related experience has not been sufficiently integrated as an event belonging to the person's past (Van der Hart & Piedfort-Marin, 2023). Accelerated or expanded time, however, should not automatically be read as traumatic reenactment. Nor can reports of changes occurring outside focal awareness establish that events literally unfolded continuously in an internal domain. The phenomenologically warranted conclusion is narrower: participants encountered different temporal organisations, including changes for which the ordinarily presenting perspective did not experience first-person continuity or authorship.

Architecture as regulation

Rooms, archives, dungeons, cocoons and frozen settings confirmed motifs dispersed across clinical case literature. A DID case described by Baker (2010), for example, involved a child part's trauma-linked basement scene introduced through drawings; other reports describe bounded or sequestered spaces such as safe rooms, cupboards, locked rooms, bubbles and vaults (Engle, 1997; Hanley, 2001; Kluft, 2012; Offringa & Goff, 1995). An OSDD-1 case in which safe-place imagery and imagery rescripting were introduced in schema therapy provides a useful contrast, illustrating how spatial settings may also be facilitated and elaborated in treatment (Barbieri et al., 2022). These are heterogeneous observations: some imagery was reported as already present, whereas some was elicited or elaborated through art, hypnosis, imagery or phase-oriented treatment (Krakauer, 2009). Their convergence therefore does not establish a universal internal architecture. It shows that spatial forms have repeatedly been used or experienced in severe dissociation to organise proximity to affect, memory and vulnerable self-states.

The present study advances this literature by clarifying function from the participant's perspective. Visual form mattered because it specified who could enter, know, approach, communicate or influence. The archive did not only represent memory; an archivist controlled access to it. A bridge did not only symbolise connection; it enabled limited passage while difference remained. The contrast between spaces participants encountered as imposed and spaces they deliberately developed in therapy also shows that inner-world architecture cannot be classified simply as either spontaneous symptom or intentional imagery. Within a single person, discovered, intrusive, negotiated and purposefully elaborated spaces could coexist.

Nijenhuis's (2017) description of boundaries between dissociative parts as semipermeable helps interpret this graded organisation. Participants did not describe completely sealed compartments: voices, affects, bodily sensations, intentions and fragments of knowledge crossed boundaries even when reciprocal access or coordinated control remained restricted. Şar's (2017) parallel-distinct structures add a complementary emphasis. Developmental traumatisation may reorganise mental life into enduring structures that operate side by side without being fully integrated in aim, content or process; the problem is not differentiation alone, but the loss of mutuality that undermines coherent identity and behavioural control. The participants' barriers and selective passageways gave lived, spatial form to degrees of contact and mutuality without reducing Şar's model to a literal opposition between an inner and an outer world.

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Awareness without authorship: Distributed agency

The most consequential finding was the separation of awareness from authorship. Participants sometimes knew that an event was occurring, observed its effects or attempted to negotiate with those involved, yet did not experience themselves as its initiator or as able to modify it. Awareness was therefore neither equivalent to access nor sufficient for control. Conversely, agency was not simply absent: protection, concealment, punishment, memory management or confrontation could be experienced as purposeful from the standpoint attributed to another part.

Nijenhuis's (2023) analysis offers a particularly precise account of this pattern. A patient considered as a whole may experience a sensorimotor dissociative phenomenon as beyond personal will and control, while another dissociative agent may be conscious of enacting it and of the goal it serves. Generalised to the present findings, the analytic question becomes not only whether agency was present, but where it was experienced as located within the person's dissociative organisation. A restriction imposed on one part could enact protection for another; immobilisation could coincide with a trauma-related defensive orientation; and an internal authority could regulate exposure while denying the focal perspective access. 'Distributed agency' names this organisation of lived control within one person. It does not imply that parts are ontologically independent persons, nor do participants' reports establish the causal autonomy of the figures described.

Clinical literature anticipated aspects of this pattern. Andorfer's (1985) case formulation differentiated executive and destabiliser personalities and described their distinct roles in the functioning of the overall system and in treatment. Kluft (2006) subsequently observed that parts may remain active in an inner world without assuming executive control externally and that behaviour may be experienced as imposed through influences originating beyond the currently presenting part. Loewenstein and Brand's (2023) account of DID as a system of sometimes simultaneously active self-states likewise accommodates overlap, intrusion, interference and cooperation rather than an orderly series of complete switches. The current study extends these accounts by showing how uneven agency was lived spatially and relationally as permission, obstruction, hierarchy, forced movement, immobilisation or discovering that internal relationships had changed outside focal participation.

Comparison with maladaptive daydreaming (MD) sharpens the claim but also limits it. Somer et al. (2016) described MD as a created parallel reality associated with profound presence and insight into its self-generated origin. It could often be activated at will, yet a subgroup described a complete loss of control over compulsive fantasy. Vividness, immersion and even severe difficulty stopping an experience therefore cannot distinguish DID inner worlds from MD. A potentially more informative comparative dimension is attributed authorship: participants in the present study sometimes encountered events attributed to differentiated dissociative agents, including changes they had neither initiated nor witnessed, rather than experiencing an unfolding narrative as their own creation. This remains a hypothesis for direct comparison, not a diagnostic marker.

Nor is internally organised multiplicity unique to a clinical DID sample. In their constructivist grounded theory study of people identifying with multiplicity outside a clinical DID framework, Eve et al. (2025) reported communication between selves, a shared memory space and structures for navigating external life. Participants commonly framed multiplicity as compatible with functioning well and often did not report the amnesia or impairment associated with DID. Read alongside the present findings, this cautions against treating the mere presence of an inner space, internal figures or communication as pathological or DID-specific. Comparative research should instead examine configurations of amnesia, distress and functional impairment together with part-dependent access, perceived authorship and the negotiability of control. Clinical case literature also illustrates the possibility of co-occurring dissociative and psychotic phenomena and the need for careful differential assessment (Offringa & Goff, 1995). The present study did not assess psychosis comparatively or administer a dedicated measure of reality testing; no differential conclusion concerning psychotic phenomena can therefore be drawn from sensory richness or reduced control.

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Relational organisation and change

Participants' inner worlds also functioned as relational systems. Protectors, child parts, archivists, frightening figures and internal authorities did not merely occupy a common space; they warned, blamed, concealed, comforted, monitored and negotiated with one another. This supports Lester's (2022) proposal that inner worlds can be approached as social systems with histories, roles and local rules. The current analysis adds that these relationships were materially organised by the environment: who could meet at a table, observe through glass, remain isolated in a room or cross a bridge shaped the available forms of relationship.

The accounts also complicate any assumption that internal governance is uniformly oppressive or that therapeutic improvement requires the disappearance of differentiation. Participants described domination and blame, but also reunion, maternal care and negotiated contact. Relational change sometimes involved greater reciprocity while parts remained experientially distinct. This is consistent with phase-oriented priorities of safety, communication and cooperation (ISSTD, 2011). Within a whole-person formulation, improvement may therefore be understood as an expansion of mutual recognition and coordinated action (Loewenstein, 2020), without construing internal figures as separate people or requiring the immediate disappearance of experiential differentiation.

Development and plasticity: An open question

The interviews were not designed to reconstruct when inner worlds first emerged or how they developed. The present material therefore cannot support a developmental sequence from childhood imagination to a DID inner world. It does, however, reveal variation in participants' current relationship to internal environments: some places were encountered as already present or imposed, whereas others were deliberately created or modified, often in a therapeutic context. This suggests plasticity in at least some aspects of inner-world organisation, but it does not establish their origins.

Research on worldplay provides an important boundary on interpretation: elaborate imaginary worlds also occur outside clinical DID contexts, including in childhood play and in relation to later creative work (Root-Bernstein & Root-Bernstein, 2006). Somer et al. (2016) likewise showed that richly elaborated parallel realities can be self-generated, multisensory and compelling, while Eve et al. (2025) documented internal communication and shared organisational structures in multiplicity framed outside a clinical DID model. These adjacent literatures indicate that elaboration, persistence and internal sociality are not specific developmental signatures of DID. Longitudinal and repeated phenomenological studies should ask directly when particular spaces were first noticed, whether they were experienced as discovered or intentionally produced, how access and architecture changed over time and therapy and whether different parts give convergent accounts of that development.

Clinical implications

Inner-world descriptions may provide a clinical map of current dissociative organisation. Open, non-leading questions about sensation, time, distance, boundaries, passage, relationships and control may clarify where traumatic material is experienced as located, how contact is regulated and which perspectives can influence memory or bodily action. Questions concerning agency may be especially informative: Who can initiate or stop this event? Does awareness permit influence? Who controls entry, and what purpose might a restriction serve? Such inquiry should follow the patient's language rather than assign standard symbolic meanings to particular structures.

The inner world may also provide resources for graded contact. Nijenhuis (2017, p. 346) describes the use of patient-controlled 'filters' to titrate how much bodily sensation, emotion, thought or memory is shared between parts. Distance, meeting places or filters may therefore support tolerable approach

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without abruptly dismantling protection. A refusal of access, such as the withheld permission described here, may communicate a concern requiring exploration rather than an obstacle to be overruled (Kluft, 2006). Any such practice should be collaborative, paced by safety and connected to increased coordination and engagement with present external life.

Clinical use also requires restraint. Therapists should not prescribe a standard inner architecture, infer a fixed meaning from a basement or locked room or encourage parts to become more elaborated or autonomous. Some spaces may predate treatment; others may be named, developed or transformed through imagery and mapping practices. Their clinical value lies not in proving literal internal separateness, but in whether working with them increases safety, mutuality, realisation and the whole person's capacity for action (ISSTD, 2011; Nijenhuis, 2017).

Limitations and future directions

The study was intentionally idiographic and was not designed for statistical generalisation. Inner-world experience was an inclusion criterion; accordingly, the findings cannot estimate how common such experiences are among people with DID and may characterise a subgroup whose internal environments are particularly accessible, elaborate or readily verbalised.

All participants reported that their DID diagnoses had been made by psychiatrists who had completed specialist training in adult psychiatry in Türkiye. For participants recruited through clinical referral, the referring psychiatrists also verbally confirmed the pre-existing diagnoses as part of the referral process. However, diagnostic records were not reviewed, and the research team did not independently administer a structured dissociative-disorders interview such as the SCID-D or DDIS. The dissociation-specific expertise of the diagnosing psychiatrists and the methods used in the original assessments were not independently established. These features limit diagnostic standardisation across the sample without negating the clinical basis of eligibility.

All participants had previous psychotherapy experience. Treatment may have influenced how internal experiences were named, mapped, visualised or organised, particularly meeting places, rooms and communication structures. Recruitment also included social-media routes, but participants' motivations for taking part and their exposure to DID-related clinical, community or online narratives were not systematically assessed. These influences do not invalidate the experiences or meanings reported; they limit claims that every structure arose spontaneously or independently of social and therapeutic learning.

Finally, the cross-sectional interviews did not directly examine the emergence and developmental course of inner worlds. Future longitudinal research should investigate their onset, stability and plasticity; distinguish places experienced as spontaneously encountered from those intentionally created or therapeutically elaborated; and examine whether changes in boundaries, access and agency accompany changes in safety and functioning. Direct comparative studies should assess authorship, initiation, controllability, part-dependent access, amnesia and functional impact across DID, MD, non-clinical multiplicity and other immersive internal phenomena. Questions involving psychosis require dedicated comparison groups and assessment rather than inference from vividness or autonomy alone.

CONCLUSION

Inner worlds in DID were experienced as embodied, spatially and temporally organised, relationally populated environments that regulated containment, access and communication. Their architectures confirmed motifs found in clinical literature, while the present idiographic analysis showed how those features cohered as conditions for knowing, relating and acting. The central contribution was the separation between awareness and authorship: participants could witness an internal event

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without experiencing themselves as able to initiate, stop or alter it. This does not make limited control unique to DID, establish the independent personhood of parts or provide a differential marker against fantasy or psychosis. It identifies the distribution of perceived agency within one whole person as a central phenomenological dimension for future comparative research and careful clinical inquiry.

AUTHOR CONTRIBUTIONS

Ahmet Faruk Ergun: Conceptualization; methodology; investigation; project administration; formal analysis; data curation; writing – original draft; writing – review and editing. **Medaim Yanık:** Conceptualization; methodology; resources; supervision; writing – review and editing.

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CONFLICT OF INTEREST STATEMENT

The authors declare no competing interests.

DATA AVAILABILITY STATEMENT

Due to the highly sensitive, clinically detailed and potentially identifiable nature of the interview transcripts, the data are not publicly available. Participants did not consent to public sharing of full transcripts. De-identified excerpts relevant to the analysis are presented in the manuscript.

ETHICS STATEMENT

Ethical approval for this study was obtained from the Ibn Haldun University Scientific Research and Publication Ethics Committee (Decision No: 2025/08–13; Approval Date: 15 August 2025). All procedures were conducted in accordance with the ethical standards of the institutional research committee and the principles of the Declaration of Helsinki.

CONSENT TO PARTICIPATE

Participants received detailed information about the study and provided written informed consent before participation. They were informed of their right to withdraw at any time without consequence. Particular care was taken to protect confidentiality, anonymity and psychological safety.

USE OF AI-ASSISTED TOOLS

The authors used AI-assisted tools to assist with language editing and improve clarity of presentation. All suggested changes were critically reviewed and verified by the authors, who take full responsibility for the final manuscript.

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