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PREVIEW

SYMPTOMS OF DISSOCIATIVE DISORDER IN  
CHILDREN AND ADOLESCENTS

BY

JUDITH R. GOODMAN

A DOCTORAL PROJECT

SUBMITTED TO THE GRADUATE FACULTY

in Partial Fulfillment of the Requirements for the Degree of  
DOCTOR OF PSYCHOLOGY

New York, New York

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Children and Adolescents

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This project is dedicated in loving memory to  
my father, Julius Goodman and my niece, Stacy Joy  
Goodman. You have left me with an emptiness which can  
never be filled, a sorrow that will always remain.  
However, you have given me the strength and courage  
to always do just a little bit more than I think I can.  
This is for you.

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## ABSTRACT

The purpose of this study is to explore the development of dissociative disorders in childhood and adolescence. Dissociative disorders are a result of childhood trauma, and are characterized by the splitting of thoughts or feelings from behavior. This study examined behavioral, social, emotional and personality factors related to dissociation in children and adolescents in a residential treatment setting. This study explored whether traumatized children who dissociate, in contrast to those who do not dissociate, are more likely to have a history of sexual abuse, display more withdrawn, anxious and depressed behavior, evidence greater signs of poor peer relations, and reveal more depression and greater gender identity conflict.

Sixty one subjects were selected from the general population of boys residing at the Children's Village, a residential treatment center for emotionally disturbed boys. Two groups of boys, dissociatives and non-dissociatives, were identified based upon scores on the Child Dissociative Checklist (CDC) supplied by cottage staff. Trauma history, obtained from case records, was classified in terms of abandonment, neglect, physical abuse, sexual abuse and absence of trauma. The Achenbach Child Behavior Checklist (CBCL) was used to assess behavior problems; Sociograms were used to identify social problems; the Child Depression Inventory (CDI) was used to assess depression; and figure drawings were obtained from the two groups to assess gender identity conflict.

Results showed that boys in the dissociative group were almost 1 1/2 years younger than the comparison sample at time of admission. Results from an analysis of variance indicated a significantly greater number of boys in the dissociative group had a history of documented physical abuse. On the Achenbach Child Behavior Check List, the dissociative population was found to have significantly higher scores on attention problems, thought problems and withdrawn behavior. The internalizing scale, a composite of withdrawn, somatic complaints and anxiety/depression, was also significantly higher for the dissociative population. Controls, traumatized boys who do not dissociate, were rated significantly more positive in peer relations than the boys in the dissociative group. Significantly higher scores were received by the dissociative group in the areas of Anhedonia, Negative Interpersonal Relations, Negative Self-Esteem and the overall index on the Child Depression Inventory. The correlations between test instruments tapping similar content were weak and not statistically significant.

## CHAPTER 1

While interest in the phenomenon of multiple personality disorders and related dissociative disorders among adult clinical populations has grown, little is known about dissociative disorders in childhood and adolescence. Since multiple personality disorder seems to have a life course that originates in early childhood (Braun & Sachs, 1985; Kluft, 1984c; Putnam, Guroff, Silberman, Barban & Post, 1986), it is imperative that research focus more attention on the development of dissociative disorders in childhood and adolescence and the psychological sequelae that result. The aim of this study is to explore the behavioral, social, emotional and personality factors related to dissociation in childhood and adolescence.

According to Young (1990) dissociation can be viewed as occurring on a continuum. Initially it is an involuntary physical experience suffered during the initial episode of abuse or during a traumatic event. In the last stage, rather than being state dependent (i.e., triggered by situations resembling traumatic events) dissociation becomes the means to developing a sense of separate identities, along with profound disruptions in memory. These identities manifest themselves as the alter personalities that occur in multiple personality disorders.

According to Ross, Miller, Bjornson, Reagor, Fraser and Anderson (1991), dissociation is a strategy for coping with and surviving childhood traumas such as physical abuse, sexual abuse, and neglect. Dissociation can be an adaptive defense

mechanism. It appears to serve a number of highly protective functions in the face of intolerable pain, fear and horror by psychologically distancing the child from the situation, allowing the child to split off the traumatic memories and feelings. In essence, it allows the child to experience the situation as if it were happening to someone else. Dissociation can become maladaptive, however, when the trauma or abuse is more long-term and enduring. Here the child learns to rely more routinely on dissociation as protection from experiencing overwhelming anxiety until a pattern of response is set and dissociation becomes a fixed way of avoiding the pain. Nash (1993) reports that sexual trauma leads to repeated overuse of dissociation until it becomes an individual's primary defense.

Dissociation is frequently discussed in the trauma literature. Chu and Dill (1990), Sanders and Giolas (1991), Young (1990) and Nash, Hulsey, Sexton, Harralson and Lambert (1993) have linked the development of dissociative disorders specifically to abuse experiences. Young (1990) and Nash et al. (1993) have focused solely on sexual abuse while Sanders and Giolas' (1991) study examined physical abuse or punishment, psychological abuse, sexual abuse, neglect and negative home atmosphere. Nash et al. (1993) specifically defined sexual abuse as the occurrence of sexual contact involving at least genital manipulation. Young (1992) examined severe sexual abuse, defined as "oral, anal, or vaginal penetration; abuse that is violent, forceful or sadistic in nature; abuse that continues over many years; and intrafamilial abuse" (p. 89). Less severe sexual abuse is also included, however not specifically defined.

Reports of child abuse, in general, and sexual abuse, in particular, have

increased markedly, yet research in this area still remains quite difficult due to the secrecy and shame that surrounds sexual abuse (McElroy, 1992; Peterson, 1991; Ratican, 1992). In particular, underreporting of the incidence and prevalence of sexually abused boys has led to a paucity of information about the effects of sexual abuse on boys. It appears that abused boys are not coming to the public's attention to the same extent as sexually abused girls. Many factors seem to contribute to the greater reluctance on the part of boys to disclose this information. Finkelhor (1986), Nasjleti (1980) and Peake (1990) describe boys as usually enculturated into an ethos where self-reliance, independence and sexual prowess are valued, while showing hurt or homosexuality are denigrated. It is believed that fear of being seen as homosexual contributes significantly to non-disclosure. Watkins and Bentovim (1992) believe that "boys perceive their selection for abuse as a sign of their homosexuality, a feeling which is intensified if they did not resist, and compounded by any sexual arousal which occurred" (p.217). Societal pressures to avoid implications of homosexuality or vulnerability make it less likely that males would disclose. Given this premise, it seems essential that mental health professionals be able to identify symptomatology associated with sexual abuse and maltreatment in males. In particular, it would be useful to know the symptoms associated with dissociation in childhood.

For the most part, the literature has focused on the association between sexual trauma and the use of dissociation. Research exploring the effect on behavior (Inderbitzen-Pisaruk, Shawchuck & Hoier, 1992; Reyome, 1993) found that abused children had a higher incidence of reduced confidence, aggressive behavior, difficulty



with friendships, and poor social performance. Sexually abused children were found to be lower in self esteem and had a significantly greater number of behavioral problems in the clinical range on the Achenbach Child Behavior Checklist. Although the impact on social relations has been minimally explored in the literature, relational disturbances are noted. Kaufman & Wohl (1992), Rotter (1980) and Haskett and Kistner (1991) found that abused children appeared more withdrawn. They initiated fewer positive interactions with peers and exhibited a higher proportion of negative behavior, particularly aggression, than nonabused comparison children. Overall, peers viewed abused children as less well liked.

Research exploring the emotional component of dissociation reports a greater degree of depression, lower self esteem, and a greater sense of hopelessness in abused compared to non-abused subjects. Previous research has also explored how drawings are used to project trauma, wishes and internal conflict. Some researchers (e.g., Hibbard, Roghmann & Hoekelman, 1987; Sturmer & Rothbaum, 1980) find that drawings by sexually abused children focus on relevant genital body parts while other research (e.g., Hibbard & Hartman, 1990; Hjorth & Harway, 1981) finds that drawings of abused adolescents are indicative of poor body image with signs of insecurity, inadequacy and withdrawal.

The aim of this study is to replicate previous findings that link trauma (particularly, sexual abuse) to dissociation in childhood and to examine the behavioral, social, emotional and personality factors related to dissociation in childhood and adolescence. Since dissociation in childhood is not well explored in the literature, a

detailed study about childhood dissociation and its concurrent symptomatology is warranted. Given the alarmingly high numbers involved in child abuse as indicated by the incidence of at least 160,000 cases per year (National Center for Child Abuse and Neglect 1988; U.S. Advisory Board on Child Abuse and Neglect 1990 in Putnam & Trickett, 1993) as well as the resources devoted to understanding, treating and preventing abuse, mental health professionals and school personnel should be made aware of characteristics that may be suggestive of dissociation. The intent of this study to examine a wide array of indices so as to present a more comprehensive picture of dissociative disorder in childhood than has been available previously.

Since dissociation has been linked to childhood trauma history, this study examines whether dissociation occurs more frequently with a particular type of trauma history (i.e., sexual abuse) than to physical abuse, neglect or abandonment. This study explores the subtle behavioral problems evidenced by young children who dissociate, enabling clinicians to recognize these symptoms and intervene at their earliest stage. In particular, it explores problems including attention, thought problems, delinquency, and aggression to discover whether there are apparent differences between a dissociative and non-dissociative population.

This study also looks at peer relations. There is little research to date on peer relations and dissociative disorders and the impact of dissociation on one's ability to develop and maintain healthy peer relations. Does the ability to distance oneself from traumatizing events impact one's ability to establish and maintain friendships? Do children who dissociate tend to withdraw and isolate themselves more than children

who don't dissociate?

This study also explores the relationship between dissociation and depression in childhood. The literature has frequently reported greater levels of depression and dysphoria in sexually abused children. However, does this also apply to children with dissociative symptoms? Is it the case that the majority of children who dissociate would in fact also report a higher level of depression? If dissociation is used to distance themselves from the pain and horror, would they in fact manifest symptoms of depression to any greater degree than a non-dissociative population?

The effect of abuse resulting in dissociation has profound effects on the child's personality and sense of self. Projective drawings provide invaluable material into conscious and unconscious dynamics. Are sexual abuse indicators more prevalent among the dissociative population in comparison to the non-dissociative population?

The following five research hypotheses were tested using information gathered from a population of traumatized boys in a residential treatment center:

- 1) Traumatized boys who dissociate are more likely to have a history of abuse rather than neglect compared to non-dissociative traumatized boys.
- 2) Traumatized boys who dissociate will display more behavior problems than non-dissociative traumatized boys.
- 3) Traumatized boys who dissociate will evidence greater signs of poor peer relations than a comparison group of similarly traumatized children.