

Dissociative Identity Disorder: Classroom Support

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### Abstract

Dissociative Identity Disorder (DID) can create many different barriers for a child in a classroom. This includes social, academic, psychological, and behavioral trials that can be overcome with the help of an educator. Looking at the diagnoses, causes, and symptoms of DID allows for the development of strategies and interventions that can be used in the classroom to benefit students with DID. Art therapy and music therapy are used by professional psychologists and can also be combined with curriculum in school to allow a student with DID to prosper. There are specific examples of art and music therapy strategies and interventions that can be used in the classroom.

In the classroom setting, teachers are expected to provide an equal and non-restricting learning environment to children of all backgrounds, learning styles, and diagnoses. This includes children with emotional/behavioral disorders. Dissociative Identity Disorder (DID), previously known as Multiple Personality Disorder, is an emotional/behavioral disorder that can be present in a classroom which means a teacher should know ages, causes, diagnoses, symptoms, and interventions for the disorder. DID can affect how children perform in school which is why it is important to discuss the most effective interventions for a student who is diagnosed.

DID is usually discussed in relation to complex traumatic stress disorders. The DSM-5 defines DID as “A disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior.” (American Psychiatric Association, 2013, 291). The most well-known defining characteristic of DID is the presence of two or more personality states in a person. Just because two or more personalities are present does not mean that an individual will realize this. The experiences that individuals who are diagnosed have involve different senses of self with their own memories, behaviors, and way of thinking (Hart, 2013). This is often because a person who has DID will disassociate themselves from the identity that has been or still is affected by trauma in their lives. Often when a person has split personalities, they are trying to survive from trauma or abuse but still hold on to certain characteristics they find comforting about the people that made them feel traumatized. (Hart, 2013). There are many studies on the connection between abuse and DID, which is why DID can affect people of all ages. At any time in someone’s life they can be affected by an abusive or traumatic situation. The cases that are presented and discussed focus on children that are of school age and diagnosed with DID. Children who are young and

experiencing abuse from a caregiver will still have attachments to this person which is when the split of identity happens. When a person is diagnosed with DID, it is important to remember that this will affect their social, academic, and behavioral success. In the classroom, the students will deal with struggles themselves which could ultimately lead to struggles as a whole class.

Most cases of children being diagnosed with DID occur after or during an abusive relationship with a caregiver. If a child has a history of being abused or having traumatic experiences with anyone in their lifetime and experiences any of the following symptoms, they may have DID. Children with DID participate in behaviors that result in self-destruction and can show signs of very serious distress throughout the day. Many of these children deal with suicidal thoughts and hospitalization or rehabilitation throughout their lives. Often, these children will forget everyday events, important personal information, or events associated with traumatic experiences (American Psychiatric Association, 2013). Blocking out certain parts of bad experiences may be the specific time where a child is taking on another personality. Students who are diagnosed with DID can feel separated from their body and mind. These children also spend period of times speaking about their experiences. When they do this, they act like they have no emotion towards the situation being spoken about. Most of the time, the person is using dissociation as a form of defense. It is important to remember that children have specific triggers based on different identities. Another symptom of DID is head voices. Head voices are known as the different personality or personalities that can take over thoughts. These voices speak to patients while they are experiencing a certain identity. Some children become very good at hiding their experiences with head voices because they believe everyone has them or they do not want others to know what is going on. Amnesia is another symptom of DID that can affect a student while they are in the classroom. According to the DSM-5, "Individuals with dissociative

identity disorder vary in their awareness and attitude toward their amnesias. It is common for these individuals to minimize their amnesic symptoms.” (American Psychiatric Association, 2013, 293). It is possible for a child to have a state of amnesia and not be aware during that time. Different actions could be taken with no recollection of what was done at all.

Looking at specific examples of diagnosed children interacting with therapists and learning about their backgrounds can allow educators to understand effective practices for children with DID. In a case study that Dr. Carolyn Hart writes about, she worked with a child named Daniel. Daniel is 10 years old and had experienced sexual abuse whenever he was younger. He is diagnosed with DID and he does not trust people due to past experiences. Dr. Hart’s time with Daniel proved that if someone is in distance of his personal space, it triggered his dissociative states. Daniel created a scenario during therapy where he used materials to hang a small doll. He vocalized that this doll represented someone he relates to much of his abuse. He swung the doll across the room and jumped back in fear when the doll came close to him. When he jumped, he accidentally fell into Dr. Hart and this invasion of personal space caused him to switch to a wolf-like persona. This specific case study shows that specific triggers allow patients to take on different identities which is valuable to know in the classroom. The way that a teacher sets up their classroom or interacts with their students could take away from the opportunity for a trigger to occur. The next case study has to do with Jordan, a six-year-old boy who experiences switches in self-states. This child would speak to Dr. Hart and stop mid-sentence whenever he was experiencing an identity switch. For example, if Jordan heard footsteps or a helicopter flying overhead, he immediately became vocally violent and stopped the activity he was doing with Dr. Hart. When Jordan became violent, his voice changed to a much deeper male voice. This case is important to look at because we see a triggering sound that makes Jordan switch identities. When

asked about the moment where he shows a different identity, Jordan does not acknowledge that it happened (Hart 2013). After looking at both of the case studies, it is obvious that educators must remember that children with DID can have many different triggers that often have some sort of relation to the traumatic experiences in their lives. Many children who experience dissociation block out certain memories during a specific identity.

After looking at the definition of DID, causes, symptoms, and case studies, it is crucial to discuss strategies that benefit students with DID in the classroom. Before looking into specific interventions, educators should study different everyday strategies that are recommended medically and could increase emotional, behavioral, and academic success in the classroom. Support often used in therapy for children with DID that can be used in school is the strategy of utilizing the child's strengths. Because children who switch self-identities do so often, educators should focus on the resilience and abilities that the children have (Ducharme 2017). Switching in and out of identities can cause someone to not have a full sense or awareness of the capabilities and strengths they have as a person. It is important for educators to zone in on those strengths and build upon them. Another strategy that would be useful in the classroom is taking away or minimizing the chance of overwhelming the child or reminding them on past traumatic experiences (Ducharme 2017). While teaching whole group or one on one with the student, do not bring up situations, words, objects, etc. that will remind the child of their negative experiences. By avoiding these triggers, the student will experience less dissociative states. Educators can also treat every personality that a student with DID has with the same respect. Paying specific negative or positive attention to one personality and not the other can result in bad relationships being formed between a teacher and a student. Teachers should also remind students of responsibility and create a structured classroom with a similar schedule each day.

Elaine L. Ducharme writes “Because clients with a history of complex trauma and particularly those with DID may have problems with being on time, missing appointments, and needing support between session, psychotherapists may need to develop increased tolerance for some of these behaviors.” (Ducharme, 2017, 155). By providing a student with a schedule, many unexpected situations can be avoided.

Along with strategies, interventions are another tool used to help students with DID feel more comfortable in the classroom and can even be used outside of the classroom. Two major focuses for interventions are art and music therapy which can be incorporated into curriculum by using differentiation or with specific intervention strategies. Art making is an effective practice because it allows students to communicate through making images if they can’t find the words to explain what they are feeling. Emotions and feelings connected to each identity can be described through art instead of vocalized if this makes the child uncomfortable (Sagan, 2019). An example of art therapy that is used in the classroom for children with DID is painting while experiencing different identities. Painting can allow a person to become more in touch with their identities and eventually allow different identities to work together (Sagan, 2019). A person who experiences amnesia during a switch of state can see how they were feeling or what they were doing by creating a painting during this time. Instead of the state being completely blank for the person, creating a painting shows that an object was made during that time. It also teaches the person about who they are during the time of them being dissociative. Some very specific examples of art therapy interventions used in the classroom are ‘Wise Mind Books’, ‘Save it For Later Boxes’, ‘Distress Tolerance Baskets’, ‘Strength Medallions’, and ‘Mindfulness Through Watercolor’ (Drass, 2015). Drass explains that ‘Wise Mind Books’ are accordion style books that serve as a collage. These books allow students to ask themselves who they present to the

world and what stories they have to tell. Drass writes, “They are specifically told that they do not need to glue anything down at first, which can help them let go of any expectations and tendencies toward perfectionism that may occur.” (Drass, 2015, 170). Not gluing anything down may help children with DID focus on what they can control about their identity. A ‘Save It For Later Box’ is a box that Drass introduces where students place objects in that remind them of a memory that they are working on sorting through. The box is decorated on both the inside and outside. On the outside, the child will choose designs that show their personal strengths. The box serves as a representation of how the child deals with dissociating identities. ‘Distress Tolerance Baskets’ are a coiling skill learned that can eventually create a basket. Creating the basket helps students deal with frustrations and acts in the same way as painting for children with DID does. Drass describes ‘Strength Medallions’ as “...the creation of a personal symbol of strength, which can be made from clay, plaster, or even recycled material such as cardboard...” (Drass, 2015, 171). A strength medallion is a reminder of the resilience that the child has in their life and can be comforting and empowering. This medallion can help a student when they are triggered by reminding them to ground themselves. One more art therapeutic intervention that can be used is ‘Mindfulness Through Watercolor’. This intervention allows students to work with watercolors which blend with one another as they are painted. Students are told to focus on the paint on the paper and how each color affects one another (Drass, 2015). This helps make a healthy connection to what students experience when they dissociate from their identity. Another type of intervention that can be used is music therapy, as mentioned above. Music therapy aids in a person’s self esteem and connection with their identity. Lawendowski explains how music therapy can allow students to work on perception of themselves by writing, “Participation in music therapy offers opportunities for the participants to engage in identity work – to define,



develop, or reflect on their understanding of themselves, and to cultivate new expressions of self-identity.” (Lawendowski, 2017, 1). This explanation shows that music therapy is beneficial for children with DID to have an understanding of their personality states. Some specific music therapy interventions that can be used are actively listening to music, song writing, musical improvisations, and analyzing compositions listened to or sung by the student. One of the most effective interventions is allowing a student to create a song. A child basing a song off of their personal experiences and being able to write it down can create a focus on their current personality state and boost self-esteem (Lawendowski 2017). Because music has its own structure, it can bring structure to a person’s life which is often what children with DID believe is missing in their lives. Just like art making, creating music or simply being around music allows the child to express themselves in different ways and learn more about themselves.

Overall, it is important to understand where a child diagnosed with DID comes from. Knowing a child’s past and current environments they have been exposed to will allow a teacher to understand their triggers. Many of these children come from abusive pasts, have been involved in traumatic situations or experiences, or have struggled with coming to terms with having DID. After looking at the definition, causes, symptoms, and interventions, it is clear that teaching a child with DID will be challenging but rewarding. Children with DID struggle with coming to terms with personality states. As long as educators treat every state with respect, eliminate the opportunity for a student to be triggered, and implement the strategies and interventions mentioned, the student will be successful and work towards being comfortable and dealing with different states. Ultimately, this will lead to a positive behavioral, social, and academic experience for the child.

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