

**DISSOCIATIVE  
IDENTITY DISORDER  
REVEALED THROUGH  
PLAY THERAPY:  
A CASE STUDY OF A  
FOUR-YEAR-OLD**

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#### **ABSTRACT**

*This case study illustrates how DIt) symptomatology emerged and was identified during a traditional course of play therapy with a four-year-old child. Considering the history and presenting symptoms of children with dissociative identities, play therapy offers hopeful strategies for identification and intervention.*

In the past ten years dissociation and the impact of trauma have been major concerns for mental health workers. As clinicians become more aware of the dissociative states of adult clients, their ability to discern dissociative states in children has increased.

The first case of childhood multiple personality disorder (MPD) was described in the literature by Despine in 1840 (Ellenberger, 1970). Although multiple personality disorder in children was not reported between 1840 and 1979 (Kluft, 1985), there is now greater recognition of this disorder in children (Elliott, 1982; Fagan & McMahon 1984, 1993; Kluft, 1984, 1985, 1986; Malenbaum & Russell, 1987; Weiss, Sutton, & Utecht, 1985).

This article presents a case study of a four-year-old female seen over a one-year period. Play therapy was the primary treatment modality. Through play therapy, it became possible for the therapist to enter and view the child's world. It offered a method for the therapist to observe and explore the child's behaviors, emotions, thoughts, and dissociative processes. In addition, it provided an environment that allowed

the child to work through her experiences in ways that best fit her needs. Kluft (1986) outlines the need to establish a therapeutic alliance, explore the child's history in an atmosphere of empathetic acceptance, and set up a space for the child to work through the trauma and do necessary grief work. For younger children, play therapy can provide the necessary conditions to meet those treatment goals.

#### **CASE STUDY**

A four-year-old female child, Leigh, was brought to therapy in December, 1991, presenting with nightmares, complaints of ear aches during sleep, and clinging behavior. When Leigh was first introduced by her stepmother, behind whom she was biding and peeking around at the therapist, she said, "No, my name is Melissa."

During the first session, Leigh was responsive to the therapist, and answered questions easily. When asked about her nightmares, she reported that she sometimes dreamed that her grandmother (the maternal grandmother) and she were in a grocery store and there were a lot of black spiders chasing them. She also reported that she had ear aches while she was asleep, but that her ear stopped hurting when she woke up. She asked the therapist to read her a story and sat close to the therapist as she read.

After the first session, a history was taken. When Leigh was two years old, her mother had placed her in the custody of her father. The day that Leigh's mother left, the father came home to find the mother packing and Leigh crying. While holding Leigh, he reported following his wife around the apartment trying to get her to talk to him about her decision. Continuing to hold Leigh, he followed the mother out to the car. He asked her what she was going to do about Leigh, and she responded that he could have her and that she was tired of "all of it." She drove off, leaving him standing in the road. The father also reported that when the divorce was final, permanent custody was awarded to him with full agreement from the mother. About two years later, the mother contacted him and asked if she could see Leigh every other weekend. The father felt that it was important for Leigh to get to know her mother, so he agreed to visitations. Shortly before this request, he had moved in with his current wife. After a few visits with the mother, he reported that Leigh

started having nightmares.

Leigh appeared to be very dependent on the father, and was also close to the stepmother, who had insisted that Leigh be brought to therapy. The father seemed very willing to continue to bring her. When asked about the use of the name Melissa, the parents reported that she had started calling herself Melissa about three weeks ago after a visit with her mother. The parents were questioned about whether Leigh had called herself any other name. They said she had not. It was decided that the child would come weekly for play therapy, and that the parents would keep the therapist posted for any further changes in names or occurrence of nightmares.

In the next session, Leigh again presented herself as Melissa and requested the therapist call her "Melissa." She was outgoing and very talkative. She talked about her week and the things she had done. She had visited her mother that weekend, but when questioned about the visit and her mother, she refused to respond in any way. Even neutral questions such as "what is your mother's name?" or "what is the color of your mother's hair?" would not elicit a response. However she would talk about the other people who lived with her mother, such as the mother's boyfriend and his nine-year-old son. She said the nine-year-old son played with her, and she seemed to like the child. She also seemed to be fond of the mother's boyfriend.

On the third visit, the parents came to the session without Leigh. They reported that Leigh's mother had refused to bring the child back from a visit over the holidays. The father and stepmother had told the mother that they were supposed to bring Leigh to therapy, but the mother still refused to return Leigh. It was at this time the father told the mother that he was bringing the child to therapy. The father reported her being angry and questioning why Leigh was coming to therapy.

The therapist did not see Leigh for another week. When she returned, Leigh came into the room hiding behind her father and refusing to look at the therapist. Her father attempted to leave the play room, but Leigh became very upset and frightened. Leigh told the therapist that she didn't want to be there and that she hated the therapist. Leigh said the "wall" had told her that the therapist was bad. When asked where the "wall" was the child responded, "In my bedroom at home." When asked what home, the child said, "Where my father lives." The therapist said, "It sounds like the wall tells you things that you need to know." Leigh did not respond and glared at the therapist. Then she got off the couch and began to strike out physically at the therapist. The therapist would say, "I'm not for hitting," but Leigh would continue this behavior repetitively.

Leigh often refused to respond to statements. She would sometimes respond to questions, but when Leigh was resisting being in therapy, she would strike out at the therapist when anything was said to her.

In the next few sessions, Leigh would spend the first part of the session hiding behind the parent who had brought her to therapy. The therapist would take this time to talk with the parent and Leigh would peer around the parent at the therapist. She would then come out from hiding and be angry and aggressive towards the therapist. Once the parents left the room, she spent a good deal of time getting water and placing sand in a small cup. She would then demand that the therapist drink the water with sand. When the therapist refused, Leigh would drink the water and tell the therapist, "See it won't hurt you." The therapist would then say, "It sounds like you have to eat things that you don't like." Leigh would glare and say, "Shut up."

In one session, the father left Leigh early in the session before she had stopped the hiding behavior. She lay on the couch with her face hidden and began to suck her thumb. The therapist asked, "How old are you?" She said, "Two." She lay there for a short while, and then jumped up and began attacking the therapist.

At one session, Leigh built a mountain out of sand and placed a paper cross on top of the mountain. She then asked the therapist to get behind pillows. The therapist observed Leigh walking the figures to the top of the mountain. The therapist asks, "What's happening now?" Leigh said, "They're wetting. Shut up."

The behavior that Leigh would present was not predictable. It did not seem to depend on whether she had spent the weekend at her mother's or with her stepmother and father. She continued to refuse to answer questions or respond to statements. About three months after Leigh started coming to therapy, she developed a pattern of taking pillows and building a wall in the corner of the room toward the end of the session. Repeatedly, she would hide behind the pillows. The therapist would stand on a chair and ask "Where is Leigh?" Leigh would then begin to snore, and the therapist would say, "She must be here somewhere, I hear her snoring." At which time Leigh would jump out from behind the pillows, and the therapist would have to jump off the chair saying "There she is!"

After about a month of repeating the pillow ritual in most sessions, Leigh jumped out and said, "I want to do something bad. I want to pull your pants down." The therapist said, "It is not all right for anyone to pull my pants down, and it is not all right for someone to pull your pants down. I wonder if someone is pulling your pants down?" Leigh continued to repeat the "I want to pull your pants down." And the therapist continued to repeat her statement. Finally, Leigh said, "Yes, my babysitter pulls my pants down, tells me to go to the bathroom and then take my nap." She hesitated a moment and began to repeat her statement. After a while the therapist said, "I wonder if someone asks you to pull their pants down?" Leigh said, "Yes." "Who asks you to pull their pants down?" Leigh said, "The wall." "And when the wall asks you to pull their pants down, what happens next?" "He goes

to the bathroom." The therapist asked, "Who is he?" Leigh turned and began to play in the sand box - mostly just moving the sand around.

At this point a report was made to the Department of Family and Children Services. The therapist asked the mother to come in *for a* consultation. The therapist reported to the mother what had occurred in the previous therapy session, and she asked the mother if she had any idea about what might be going on. The mother reported that the nine-year-old son of her boyfriend often played with Leigh in a locked room and refused to let the adults in. The mother said she didn't like it, but she couldn't do anything about it. The boyfriend reported that Leigh sometimes called herself "Melissa," but that they were trying to get her to stop doing that. Whenever she called herself Melissa, they would offer her a reward with the stipulation that she stop calling herself Melissa.

Leigh was interviewed by a case worker, and it was decided that she would not go to her mother's for visitations for a while in hopes that the therapist could find out more about potential abuse. Leigh presented for several sessions, very withdrawn and sad. She would tell the therapist that she was bad, and that everything was her fault. It was the impression of the therapist that suspending visitation rights of the mother had caused a more chaotic family system, with her father and mother arguing a great deal over the telephone. The case went to court, and the judge decided to resume visitation rights for the mother.

At this point, Leigh had been coming to therapy for about six months. Her erratic behavior continued with the therapist not knowing how she would present in therapy. Sometime she would come into the session angry and aggressive, or passive and withdrawn, or happy and playful.

In a session about seven months into therapy, Leigh's behavior was very aggressive. She pulled the shoe off the therapist's foot and lunged at the therapist with the heel. The shoe cut the therapist. At this point Leigh ran out of the play room. She returned shortly with her stepmother. She sat in her stepmother's lap with her eyes lowered. Shortly she sat up and said, "Will you read to me?" As the session was ending, she looked at the therapist and asked how she had gotten her hand hurt. The therapist said she had been hit with a shoe, and asked Leigh did she remember that. Leigh said, "No." The therapist said, "Do you know who might have done this?" Leigh said, "Yes." The therapist said, "Was it you?" "No." The therapist said, "Who was it?" and Leigh said, "You know." "Where is she?" Leigh said, "She is in the car."

In another session, Leigh was very aggressive, and toward the end of the session, the therapist asked about Melissa. Leigh glared at the therapist and said, "She's dead, and you killed her." The therapist said, "I wouldn't have wanted to hurt Melissa." Leigh then struck out at the therapist.

Leigh was a particularly challenging case, and although therapy continued with Leigh for almost one year, thera-

peutic goals were difficult to define and difficult to reach. In early November, Leigh's father experienced extreme depression and was hospitalized. During the hospitalization, he was diagnosed with multiple personality disorder (now dissociative identity disorder). As the therapist and family struggled with the behavior of the father, therapy with Leigh was stopped. The therapist then lost contact with the family.

## CONCLUSION

Therapy with Leigh could not be considered successful, however play therapy provided the mechanism for recognizing the dissociative identities. It is the opinion of the therapist that Leigh presented at least four identities in the course of therapy. Certainly, Melissa could be seen as a rather passive identity, with Leigh presenting mostly as aggressive and angry. The identity who played behind the pillows seemed somewhat different from either Melissa or Leigh. The part of her that played behind the pillow presented the sexual abuse in that process of play. And the identity who so often came in at the beginning of each session was obviously very young and was probably, just as Leigh had reported, around two years old.

A unique aspect of Leigh's dissociative features and presentation is the father's eventual diagnosis of dissociative identity disorder. Certainly this feature supports Kluff's (1986) etiological factor of a biological capacity to dissociate and may also be a learned method of intrapsychic organization or a learned response to traumatization.

The authors contend that Leigh's experience is not a unique one in a population of children who are being abused. There is very little data on the prevalence of dissociation in children and how dissociative states change through developmental stages. However, with the use of play therapy, more disclosure and identification of dissociative processes in children may be possible, as in the case with Leigh. ■

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