

EDUCATIONAL  
PROBLEMS IN  
PATIENTS WITH  
DISSOCIATIVE  
IDENTITY DISORDER

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## ABSTRACT

*Previous studies on patients with Dissociative Identity Disorder (DID) have provided only cursory descriptions of their educational performance. Ten adult outpatients with DID were interviewed to discover educational problems experienced from grade school through post-graduate school. A structured interview explored demographic data, academic achievement, conduct and behavioral problems, interactions with teachers and peers, dissociative symptoms, and physical health.*

*The majority of the subjects reported the experience of severe dissociative symptoms, usually on a daily basis, beginning by grade school, and dissociation was remembered as increasing in severity over time. Most reported behavioral or conduct problems. Nearly all reported significant problems with school performance. Although none were diagnosed with DID until after the 12th grade, the unrecognized DID may have been responsible for the recalled difficulties with their educational and social performance. The wide-ranging effects of DID strongly suggest the need for early recognition and appropriate treatment of those who suffer with this disorder.*

## INTRODUCTION

The teacher. . .wasn't Sybil's teacher... It wasn't her classroom.. Somehow she had gotten into this fifth-grade classroom. . She had to. . .get back to the third grade where she belonged. . .Then she began to notice the other children. . .They were the same children yet they were not the same.. .

They looked bigger. . .Sybil's eyes turned next to the page of the notebook open on her desk...the page made no sense to her. . .There were lots of notes, but she hadn't taken them. There was completed homework, which she hadn't done.. . However urgently she forced herself to minimize the meaning of all this, the more terrified she became. (Schreiber, 1993, pp. 100-101)

Such was a confusing day at school in the life of Sybil (Schreiber, 1973) , the most famous account of a woman with dissociative identity disorder or DID (formerly multiple personality disorder or MPD).

Children with DID have some similarities to adults with this condition (Kluft, 1991; Lowenstein, 1991; Putnam, Guroff, Silberman, Barban, & Post, 1986). Children with DID almost invariably present a bewildering array of dissociative, post-traumatic, depressive, and somatoform symptoms with an equally incredible admixture of behavioral and conduct disturbances (Dell & Eisenhower, 1990; Fagan & McMahon, 1984; Hornstein & Putnam, 1992; Kluft, 1984, 1990; Peterson, 1990, 1991; Putnam, 1990).

To facilitate diagnosis, investigators of DID in children have developed a number of childhood symptom checklists or dissociation scales (Fagan & McMahon, 1984; Kluft, 1984; Peterson, 1991; Putnam, Helmer, & Trickett, 1993; Reagor, Kasten, & Morelli, 1992). Dissociative symptoms of childhood DID include amnesia, time loss, trance-like behavior, hallucinated voices of other personality states, disavowed behaviors, passive influence phenomena, rapid age regression, marked changes in personality, use of more than one name, referring to the self in the third person, variations in abilities, inconsistent school performance, and hysterical conversion. Symptoms of depression, multiple somatic complaints, and post-traumatic stress disorder symptoms such as flashbacks, traumatic nightmares, avoidant behaviors, a vigorous startle response, and hypervigilance are also common. Conduct and behavioral problems also occur and include truancy, lying, sexual precocity, explosiveness, and disruptive or oppositional behavior. There is usually a history of childhood trauma, particularly child abuse, and dissociative symptoms are often reported in other first degree relatives.

Previous studies on patients with DID have provided only cursory descriptions of their educational performance. A computer search (using Medline, Psyclit, Silver Platter 3.1, and Cinahl data bases) of literature from 1966 to the present on school problems in patients with DID revealed not

one article devoted entirely to educational problems in DID. However, several papers touched briefly on this area. For example, McElroy (1992) and LaPorta (1992) described three individual case reports of school and behavioral problems in children with dissociative disorders. Specifically, LaPorta reported below grade level reading and language skills in a nine-year-old girl with DID and commented on the limited knowledge on how DID children present at different developmental stages.

Kluft (1984, 1990) was the first modern clinician to describe full blown DID in a series of children. Symptoms specifically relating to school problems included the inability to learn certain subjects, inability to remember lessons in school, unfamiliarity with certain subjects, decreasing grades or erratic academic school performance, and poor relationships with school peers and teachers.

Fagan and McMahon (1984) combined observable behaviors noted in their dissociative disorder patients with symptoms found in published biographical and autobiographical accounts of the childhood of others with DID. From this database they developed the Behavioral Problem Checklist (BPC), a list of 20 behavioral signs to assist teachers and other professionals in identifying incipient DID in children. The behavioral signs most relevant to school performance included 1) forgetfulness, 2) inconsistent schoolwork, 3) perplexed school counselors, and 4) truancy.

Dell and Eisenhower (1990) reported that school and behavior problems were among the most common symptoms found in their interviews of adolescent DID patients. Seven of eleven adolescents had school problems, and six had behavioral problems. Using Fagan and McMahon's (1984) BPC, Dell and Eisenhower found that the most common behavior problem was extreme changeability in school performance, which affected all of their patients. Furthermore, nine adolescents perplexed teachers, counselors, principals, and therapists.

In their study of adolescents with dissociative disorders, Hornstein and Putnam (1992) found numerous affective, post-traumatic, conduct, and dissociative symptoms, which they believed strongly affected the children's school performance. Of the 44 adolescents with DID in their study, truancy was problematic for 38%. Forty percent were hyperactive, 50% had reading problems, and 56% had learning problems. Ninety-five percent had dramatic variations in skills, knowledge, and abilities and 98% were distractible and had difficulty concentrating.

Although their study was not limited to performance problems in school, Hornstein and Putnam hypothesized that the conduct problems identified might be expected to be manifested in school situations. Ninety-six percent of the adolescents were labeled oppositional, 84% were disruptive, 80% lost possessions, 95% had explosive tempers, 82% were aggressive, 68% had difficulties with fighting, and 93% denied behavior and were accused of lying.

Putnam (1990) noted that in situations demanding continuity of attention in dissociatively disordered adolescents, there were trance-like episodes leading to missed information and confusion. Pathologically dissociating children were

frequently thought to have "attentional problems" or were called "daydreamers." Putnam viewed the children's fluctuating abilities, shifting preferences, and inconsistent knowledge to be the result of the state-dependent memory retrieval in dissociative disorders. He theorized that inconsistent performance was often misinterpreted as "oppositional behavior." He further observed that adolescents with dissociative disorders have frequently received multiple diagnoses including attention deficit hyperactivity disorder, conduct disorder, and oppositional defiant disorder. Furthermore, such children were often diagnosed as having learning disabilities, even though close inspection of the educational testing data frequently revealed that evidence for a learning disability was inconclusive.

Coons (in press) confirmed earlier findings of Hornstein and Putnam, and Dell and Eisenhower, by showing that school and behavioral problems affected most children and adolescents with DID. Furthermore, Coon's study supported Hornstein and Putnam's contention that dissociative disorders increase in complexity from childhood to adulthood.

Vincent and Pickering (1988), and Kluft (1984), believe that children and adolescents with DID may have rapid responses to therapy, requiring only weeks to months for integration. This, together with their knowledge of the high morbidity associated with DID in adulthood, led them to suggest the need for further research to facilitate identification and screening of high risk groups of children to promote early diagnosis and treatment.

Although they did not examine an exclusively dissociative disordered population, Trickett, McBride-Chang, and Putnam (1994) examined the classroom performance and behavior of sexually abused females aged six to sixteen. These young women experienced a variety of behavioral problems including depression, aggression, and dissociation. All aspects of academic performance were negatively affected with the exception of grades. Likewise, Kendall-Tackett, Williams, and Finkelhor (1993) reviewed school and learning problems in sexually abused children. Although caution should be exercised in extrapolating from the findings of these studies with sexually abused children, one might speculate that sexually abused children might exhibit school and behavioral problems no matter what their psychiatric diagnosis.

Our retrospective study of adult patients with DID was to further document educational problems associated with this disorder. To our knowledge, it is the first to closely examine the educational performance of DID patients, from grade school through post-graduate school. Documentation of these educational problems may facilitate early recognition of DID by teachers and counselors. In doing so, this may serve to mitigate the effects of incipient or full-blown DID on the school performance and experience of affected children and adolescents.

## METHODS

### Subjects

Subjects included eight women and two men with DID.

Their ages ranged from 22 to 50 years (mean age, 36.5 years). Four were single, two were married, and four were divorced. Six had children. Nine were Caucasian and one was African-American. Mean educational level was 12.8 years (range 10 to 21 years). Two were employed, two were in college, and the remainder were either unemployed or on disability.

### Procedures

All clinicians known to be treating patients with DID at Indiana University School of Medicine were approached by the first author (D.L.H). With their permission, seven outpatients from a state-supported public facility and six outpatients from a private, fee-for-service clinic were approached by her and asked to participate in a retrospective study delineating the effects of DID on school performance and behavior in childhood and adolescence. None were hospitalized at the time. Two DID patients refused to participate and one therapist refused to allow her patient to participate in the study.

Patients were interviewed using a structured interview developed specifically for this project by the authors. The interview consisted of seventy-one questions grouped into six categories, including questions on demographic data, academic achievement, personality/emotion, cognition, social issues, and medical/clinical issues. Each question was repeated for grade school, middle school, high school, college and post-graduate school, as applicable. The interviews generally lasted from 60 to 90 minutes each and were spread over one or two sessions. However, because of frequent dissociation, one patient took four sessions to complete the interview.

Current and previous psychiatric records were examined after the interviews were completed. School records, when obtainable, were additional sources of information, and served to confirm and enlarge the perspective on the behavior of the patients during their school years.

Informed consent was obtained from all patients. All patients met *DSM-III-R* (American Psychiatric Association, 1987) and *DSM-IV* (American Psychiatric Association, 1994) diagnostic criteria for MPD/DID. These patients had been originally diagnosed by either the second author (P.M.C.) (eight patients) and another senior clinician (two patients) who is experienced in the diagnosis of DID. Their current diagnostic status was confirmed by a chart review by the second author (P.M.C.).

## RESULTS

### *Dissociative Symptoms and Related Findings*

*Time Loss.* Four subjects remembered experiencing time loss beginning in grade school. Two experienced daily time loss in grade school and this number increased to five in high school. The time loss was experienced equally in school and extracurricular activities. The remainder of the subjects only became aware of time loss in adulthood.

Subject 5 said, "In high school, class would be over all of a sudden. I would have thoughts about it (class work),

and think I'd done it even though I couldn't remember doing it. At other times, I'd sit down to write a paper... and just start to type..and then it would be two hours later, and I'd be on the abstract! I never thought it was weird that my thoughts were so fuzzy."

*Amnesia.* Amnesia reportedly affected five subjects in grade school and by high school affected six subjects. The frequency of time loss increased from daily in three subjects in grade school to daily in six subjects in high school. Subject 6 said "I couldn't remember things a lot in first grade. Memory was weird. Sometimes I could remember everything, and at other times I could remember nothing."

*Fugue.* Fugue was experienced by only two subjects. In high school Subject 8 would find herself in the park, or in different parts of town, and was unaware of how she had arrived at these destinations. These fugues would last up to six hours. While in college, Subject 5 remembered talking with his therapist, and the next thing he remembered was being in another state with a gas receipt in his hand.

*Depersonalization.* Two patients reported depersonalization during school years. Throughout school, Subject 2 said, "I looked at myself in the *mirror* and what I saw did not look familiar." In grade school, Subject 8 felt "...like I was physically very different at times... At times I felt huge...at other times, so tiny!

*Derealization.* Derealization reportedly affected five subjects throughout school. The number of patients experiencing daily derealization ranged from one in grade school to three by high school. Subject 6 said, "School did not seem real... nothing seemed real, except me."

*Use of Different Names.* A total of five subjects reported the use of different names during high school. Subject 3 remembered changing the spelling of her name on papers, depending on how she felt that day.

*Inner Voices and Dialogues.* Five subjects heard inner voices or dialogues beginning in grade school. Subject 8 remembered hearing only a few voices in grade school, six voices in middle school, and twelve in high school. Subject 1 said, "I always had voices inside my head in high school. I thought it was my conscience."

*Different Personality States.* Seven subjects reported different personality states throughout school. Two experienced this daily in grade school compared to seven by high school. Subject 10 was aware of two alter personality states in grade school and by high school this had increased to twelve personality states. Subject 7 said, "In high school I evidently showed up after school and signed up for ROTC. Another time, I evidently sneaked out my bedroom window, and showed up at school in a miniskirt!" Subject 2 said, "In math, I couldn't understand how I could do the work, but not understand. I just looked at the problem in math...my mind was out of

it...yet I would turn the work in and do well."

*Personal Awareness of DID.* None were aware of nor received a formal diagnosis of DID during grades one through twelve. However, four of the ten adults reported a personal awareness of DID symptomatology while in grades 1-12. Subject 4 said, "I didn't know I had MPD, but as early as preschool, I knew there was something wrong, and from the first grade on, I thought I was crazy." Subject 6 said, "I wasn't aware of MPD, but I knew there were different parts and different names. I thought everybody was like that!"

Subject 7 said, "In high school, I knew there was something going on. I saw different handwriting, heard voices, and was called by different names, but I didn't know about MPD." Subject 8 wasn't aware of the DID, but remembered losing time and watching an alter while in grade school. In middle school, she was aware of different names and of different parts being in charge, and, by high school, she was aware of "inner arguments."

*Family History of DID.* None of the subjects had family members with known DID. Of the subjects with siblings, three had school problems similar to theirs. One subject's sibling quit school because of the disruptive home life. Another subject's 10-year-old sibling was in a program for the emotionally-handicapped and had "daydreaming" episodes. A third subject's 12-year-old sibling suffered from "instantaneous mood swings."

Although none of the 10 subjects had children with diagnosed DID, three had children with symptoms suspicious of a dissociative disorder. Two appeared "tranced-out" at times in school and the third had memory difficulties. One subject said of her son, "Teachers said he had a learning disability, that he was stupid." He, like mother, would dissociate during tests.

*Classmates/Teachers Awareness of Dissociation.* Two subjects reported that teachers and classmates might have been aware of their dissociation. Subject 7 thought teachers might have known something was amiss because she remembered one interested teacher who talked to her and knew of the abuse, but felt that she was faking her dissociation. She also said, "My classmates were aware of my spacing out and acting weird. They said I acted like I was in a fog, dazed, or on drugs. They weren't really close enough to be aware of what was going on, though, because I wouldn't let them in. I was too afraid they would find out my secrets." Subject 6 said, "My teachers knew my writing was different, especially my English teacher." Her peers were frustrated because she frequently could not remember the subject about which they were talking.

*Use of Imaginary Playmates.* Four subjects remembered having imaginary playmates in grade school. Three of them remember the imaginary playmates taking over executive control of their behavior. Subject 1 said, "I had an imaginary playmate, a girl my age. We played outside together. Her name was one of the names of an alter personality."

Subject 10 said, "We had fun. We'd play with dolls. That playmate turned out to be one of my alter personalities."

*Effect of DID Treatment on School Performance.* None of the subjects were treated for DID during grades one through twelve. Of the three who were treated for DID in college or graduate school, two experienced deterioration in their ability to function in a higher academic setting. With the diagnosis and initiation of therapy for DID, Subject 1 remembered past abuse, and experienced worsening derealization, depression, and impaired concentration. Unable to attend classes regularly due to five hospitalizations, she was forced to withdraw from post-graduate school. Subject 5 said, "With diagnosis and treatment, the system broke down, and I got really sick. School was hell... I had no emotional control. I'd be hysterically upset over the Waltons and then be violently angry three minutes later. For a while, I wished I'd never gotten into therapy. I would have been done with school by now."

## *School Performance and Behavioral Problems*

*Academic Performance.* Three of ten subjects reported that they had graduated from high school, and all three attended college. One high school dropout obtained a GED. Five subjects repeated a grade, three in grade school, one in middle school, and one in high school. The number making the honor roll increased from three in grade school to six in high school.

One subject said, "Smart...dumb...I was punished for both. If I made low grades, I was ridiculed and tormented. If I made high grades, I was punished worse. Yet there was always the thrill of doing well. To avoid punishment, I erased the right answers to make them wrong." Subject 4 said, "Life was easier when we acted retarded. I came home from school with an A in a class that my sister got a B in. My mother chased me through the house with a knife. I escaped, and never did that again. When people said good things about my work, mother got angry. I was afraid to take my report card home."

*Difficulty with Courses, Tasks, Skills, and Concentration.* Six subjects remembered having difficulty with certain courses, tasks, skills or concentration in grade school compared with eight in high school. Subject 8 had difficulty with English grammar skills throughout her academic career. "The basic information was gone," she said. "It felt like I had missed something!" Science and problem-solving was difficult for Subject 4. "I didn't understand what I was supposed to do. Comprehending the instructions was difficult. I was afraid of doing things wrong. I didn't trust my own thoughts. I'd ask others and they'd call me "dummy, retardo, or stupid." I didn't understand even if I did ask the teacher." Although Subject 5 was diagnosed with a learning disability, he wonders in retrospect, if it was attributable to his DID. Subject 7 had difficulty with concentration in middle and high school, which she attributed to being tired from having to stay up late in preparation to get her father off to work and her

brothers and sisters ready for school.

*School Attendance.* Five subjects reported missing more than two weeks of school per year. Subject 4's mother would not allow her to go to school and remembers hearing, from underneath the bed in the attic, the truant officer banging on the door. She could not remember the first, fourth, or sixth grades. Two were truant because they were either intoxicated with alcohol or drugs. Subject 9 frequently did not want to go to school, often feeling physically sick and nervous. She was reportedly ashamed to attend school and have her classmates see the bruises from her frequent beatings.

*Difficulties with Teachers.* Seven subjects recalled difficulties with teachers in grade school and this decreased to five in high school. Subject 4 said, "In middle school, it got exciting to cause trouble. I began to love the excitement. I blew bubbles, threw spit balls, and would have to sit in the hall."

*Counselor Services Sought.* At their request, three subjects sought school counseling in grade school and this increased to seven by high school. Subject 3 wanted to see a counselor at age 15, but her custodial grandmother denied permission. Subject 4 said, "I sneaked away to a counselor in my high school when I was 15, and told him about the attic... and that I wanted to kill myself and my mother. He said I was ridiculous and lived in a fantasy world. He essentially called me a liar. I didn't go for help again for many years." Subject 8 reported her abuse by her father to a counselor in high school, but was not believed.

*Conduct or Behavioral Problems.* Five subjects recalled conduct or behavioral problems throughout school. One subject remembered detentions in grade school and middle school, but by high school, five reported detentions. Subject 3 served detention for playing "hooky" and running away in the seventh grade. Subject 5 was the class clown in grade school and received detention for unexplained absences in high school. Subject 6 missed school because her mother required her to baby-sit for her brother. Subject 8 received two to three detentions per year in middle school for emotional volatility.

Discipline for misconduct was remembered as problematic for six of ten subjects in grade school and middle school. In high school three of ten remembered misconduct. Two grade school students were disciplined for misconduct on a daily basis and were either suspended or expelled. Subject 6 fought with peers, went to the principal's office three times a week, and was eventually expelled from the fourth grade. One subject was suspended from high school for three days for alcohol intoxication.

*Difficulty with Peers.* Five subjects felt ridiculed and shunned by peers, but socialization was remembered as problematic for everyone. Subject 10 believed he was unpopular because he was effeminate and was ridiculed almost on a daily basis throughout school. Subject 11 felt rejected and ridiculed.

Three mothers sent their children to school looking so

different from the other children that they were ridiculed. One was made to dress in old torn clothing. Another was forced to wear dresses below the knee and was not allowed to wear pants. Still another had bizarre hairdos styled by her mother.

Subjects 2 and 4 did not know how to relate to others, were shunned, and felt like outsiders. Subject 6 said, "The others seemed weird to me and I to them. It was obvious to others that I was different. My unpredictability and the different personalities were a real problem." Subject 8 said, "The other kids never knew from minute to minute who I was. I was emotionally volatile. I didn't feel like I fit in... I always felt older, as if I knew things they didn't... I felt isolated and unpopular."

#### *Somatic Complaints*

Half of the subjects had experienced good health, but the other half had experienced a variety of health problems. Subject 4 described herself as "... puny, thin and pale. My mother had me on diet pills in middle school and high school, saying I was then one less mouth to feed. I cried because I was so hungry. From the second grade through my sophomore year of high school, she gave me sleeping pills so I would sleep and not escape." Subject 3 felt sick all the time. She said, "I was nauseated, and my stomach always hurt. I always felt like I needed to go to the doctor." Subject 4 said, "They took me to the doctor at five and again at eight, when I quit talking. They saw the injuries and would whisper, but didn't do anything. In middle school, Subject 9 had trichotillomania, anorexia nervosa, frequent hyperventilation episodes, foot pain, stomach aches, tremors, and a multitude of other physical complaints. In high school, she remembers she had hives and hyperventilation episodes. Subject 10 was anorexic by middle school.

#### *School Records*

School records were available for six subjects. The high school graduation rank was correctly remembered in the only three cases verifiable by school records. Grade average was correctly remembered by all six cases verifiable by school records. Absences per year were correctly remembered in two of the three cases verifiable with school records. One of the few school records containing any teacher's written comments of behavior described the student as having "below average seriousness of purpose, industry, initiative, influence on others, responsibility, and emotional stability." School records were not requested for two subjects. One of the two, who had gone to 14 different schools, was so overwhelmed by the thought of trying to remember school names and addresses that she refused to try. The other subject preferred that her school system not connect her name with psychiatric research. For two students, their school records, although requested, could not be located by school personnel.

#### *Psychological Testing*

Psychological testing had been performed on only two subjects. One was tested in the first and eighth grades and believed to have a learning disability. The results of the Wide

TABLE 1  
Dissociative Symptoms of Dissociative Identity Disorder Experienced During School Years

Symptom	Research Study			
	Hobbs & Coons (N=10)	Dell & Eisenhower (N=11)	Kluft (N=8)	Hornstein & Putnam (N=44)
Personality Changes	7/10	9/11	8/8	44/44
Amnesia	6/10	9/11	7/7	44/44
Time Loss	5/10			42/44
Inner Voices	5/10	9/11	8/8	42/44
Use of Different Names	5/10	6/11		
Derealization	5/10			
Family History of Dissociation	5/10	8/11	4/8	
Dissociated Imaginary Playmate	3/10			
Fugue	2/10			
Depersonalization	2/10			
Family History of DID	0/10	4/11		
Trance-like States			8/8	42/44

Range Achievement Test evidenced scores suggestive of being two grade-levels behind in spelling and arithmetic. The Wechsler Intelligence Scale for Children-Revised showed a full scale IQ of 113, but this was thought to be an underestimate. The Bender-Gestalt Visual-Motor Integration Test revealed deficiencies in visual perception and motor integration. Screening for specific language disabilities revealed inconsistent receiving and processing of information, and specific deficits in perceptual, integrative and expressive skills. A comparison of Iowa tests taken in grades four through six, revealed dramatic changes in national percentile rank from year to year.

The second subject was tested after her DID was diagnosed. Because of frequent dissociation, there were lengthy pauses during the testing. She was found to have average intellectual abilities on the Wechsler Adult Intelligence Scale and average adult-level basic academic skills. Variations in the quality and maturity of her written ideas were thought to reflect the effects of her frequently changing ego states.

**DISCUSSION**

There were a number of methodological problems with this study. The study population was too small to permit statistical analysis. This study also lacks an appropriately matched control group of normal individuals for comparison of var-

ious findings. In addition, the study population may be biased because both clinics are part of a large metropolitan tertiary treatment center. Referred patients may have been more symptomatic and have had more educational problems than is characteristic of DID populations. It may be that certain DID patients do not manifest such symptoms. Therefore, results of this study should be interpreted with caution.

The structured interview used in this study is not a standardized instrument, nor has it been used by other researchers. The interview required subjects to answer the same question for several school levels/time periods. Shifting from one time period to another with every question proved difficult for most subjects.

Frequent moves have caused some subjects in this study to attend as many as fourteen different schools. The large number of schools, and the relatively brief time spent at some schools made obtaining school records difficult, as some patients had difficulty remembering the names and locations of their schools. Furthermore, the movement of subjects from school to school may have compromised the ability of teachers to recognize possible changes in their students' behavior. The frequent change of schools in some subjects may have added to the adverse effect on behavior caused by their DID.

Without complete school records, psychological testing, corroborating interviews with teachers, classmates, and par-

TABLE 2  
Learning and Behavior Problems in Patients with Dissociative Identity Disorder

Problem	Research Study			
	Hobbs & Coons (N=10)	Dell & Eisenhower (N=11)	Kluft (N=8)	Hornstein & Putnam (N=44)
Lonely	10/10	4/11		
School Problems	10/10	7/11		44/44
Changeable School Work	9/10	11/11	8/8	
Concentration Difficulties	9/10			43/44
Perplexes Professionals	9/10	9/11		
Difficulty with Teachers	8/10			
Seen by School Counselor	8/10			
Difficulties with Peers	5/10			
Behavior Problem	5/10	8/11		
Truancy	5/10	5/11		16/44
Distractible				43/44
Variations in Skills		6/11		41/44
Knowledge Variation				41/44
Reading Problems				22/44
Hyperactive				17/44

ents, etc., it is difficult to assess the reliability of patients' perceptions, impressions and memories. Because amnesia is part of DID, basing the study on the subjects' memories is problematic. Noteworthy, however, is that the subjects' memories of grade averages (for 6/6 subjects), class rank (for 3/3 subjects), and attendance (for 2/3 subjects) was highly accurate when compared with the actual school records that were available. In addition, answers to questions might vary depending upon which alter is present. Several patients had difficulty knowing the correct answer to give to some questions because of hearing conflicting answers coming from co-conscious alters. Future studies might access information across several alters. Future studies should include a consistent battery of neuropsychological and vocational testing on each subject in order to allow a better assessment of past and present school performance and achievement.

Switching between personalities slowed and complicated the interviews. Recently-switched alters were sometimes confused or unable to remember questions. Occasionally alters were too regressed to continue the interview. With one subject, whenever a noise was heard outside the interview room, or whenever the interviewer's pager sounded, a

child-like alter would emerge and fearfully think that her abuser was coming after her. This interrupted her interview until a sense of safety could be re-established.

Despite the methodological problems with this study, the results are consistent with and further verify earlier studies. Table 1 compares the dissociative symptoms reportedly experienced by the adult subjects with DID in childhood and adolescence in this study with those reported in studies by Dell and Eisenhower (1990), Kluft (1984, 1990), and Hornstein and Putnam (1992).

Table 2 compares the learning and behavior problems reportedly experienced by the adult subjects with DID in childhood and adolescence in this study with these same studies. Consistent with the conclusions of Vincent and Pickering (1988), DID appeared to have begun by grade school in each subject in this study. Consistent with the findings of Putnam, Helmer, and Trickett (1993), although grade performance was unaffected and even improved, behavioral and conduct problems worsened as individuals advanced to higher grades.

Subjects in this study recalled most of the behavioral signs found in Fagan and McMahan's (1984) Behavioral

Problem Checklist. Subjects in this study also reported many of the dissociative and behavioral problems found in DID by Kluft (1984, 1990), Dell and Eisenhower (1990), and Hornstein and Putnam (1992). Since the proportions of symptoms and behaviors recalled by the adults with DID in this study were lower in nearly every instance when compared with the children and adolescents in the other studies, it is highly probable that the subjects were underestimating, or even forgetting, their symptomatology in childhood and adolescence.

## SUMMARY

Adult outpatients with DID were interviewed to obtain their subjective recollections of educational problems experienced from grade school through post-graduate school. Although DID was not recognized in childhood, most subjects recalled a wide range of dissociative symptoms, behavioral and conduct disturbances, school attendance problems, socialization problems, cognitive difficulties, performance problems, and somatoform symptoms that affected their education experience throughout their academic careers. The significant and pervasive educational problems associated with untreated DID substantiate the need to educate teachers, counselors, and principals to recognize signs of DID and refer students for evaluation and treatment. ■

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