

**DISSOCIATIVE  
SYMPTOMATOLOGY  
IN ADOLESCENT  
DIARIES OF  
INCEST VICTIMS**

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**ABSTRACT**

*Early diaries of two 29-year-old Dissociative Identity Disorder (DID) female patients, who were amnesic to childhood incest memories until the current treatment, were content-analyzed and compared with adolescent diaries of three women who had no known history of psychopathology or child abuse and with one adolescent diary written by a woman in treatment for a chronic Adjustment Disorder. Diaries were transcribed and coded by several raters for 77 items in six major categories: 1) thoughts and ideas; 2) positive daily experiences; 3) emotional pain; 4) cross genderrelationships; 5) other relationships; and 6) dissociation. Interrater reliability checks were performed on every tenth page. Diaries written by adult DID patients during their adolescence had no references to abuse but contained significantly more dissociative themes, and had significantly fewer references to cross-gender relationships, than controls. The overall mood and the number of entries describing positive daily experiences showed differences which were not found to be significant. We believe this could be accounted for by the buffering effect of the dissociative defense. Further controlled research is needed to substantiate these findings, but the accessibility and diagnostic potential of such diaries is worth exploring for early identification of child incest victims who are developing a dissociative disorder. Our data show that DID in our adult patients did not appear de novo during psychotherapy and corroborated the existence of dissociative symptoms years before the formal diagnosis was made.*

Very little is currently known about childhood and adolescent clinical antecedents of adult Dissociative Identity Disorder (DID). The purpose of this study is to determine whether diaries written by adolescent incest survivors can provide early clues to the potential development of dissociative symptoms.

Because DID is directly linked to childhood traumata and

does not develop in response to contemporary stimuli (Kluft, 1985a,b), one can safely assume that all patients diagnosed as suffering from DID in adulthood were also afflicted with dissociative symptomatology in the immediate years following their abuse, when they were still adolescents or young adults. Epidemiological data suggest that dissociative disorders are not uncommon in clinical and high-risk adolescent populations (Ross, 1991).

Current models of the development of DID suggest that children who report overwhelming experiences tend to enter into dissociative states as an attempt to modulate intense pain and affect. This later becomes a defense mechanism used by them to deal with lesser stresses. It is the frequent activation of this process that may damage developmental tasks related to the consolidation of the self, and may also alter the sense of continuity experienced by these children in functions of behavior and memory (Braun & Sachs, 1985). However, although the natural history and development of DID is now understood, they are rarely diagnosed in children and adolescents. When they are diagnosed in adults, those adults have been in the mental health care delivery system on average of 6.8 years (Putnam, Guroff, Silberman, Barban, & Post, 1986). It is therefore important to increase our ability to diagnose DID as early as possible.

Several factors contribute to the difficulties in early identification of DID in children and adolescents:

- 1) Child abuse, particularly child sexual abuse, occurs under conditions of isolation and forced secrecy. Indeed, the majority of the victims never tell about their ordeals during their childhood (Herman, 1981; Russell, 1983).
- 2) Children are taught helplessness regarding child abuse within the family. Children who are attacked by adult caregivers cannot run away or fight off their intruders. They, therefore, yield and try to hide psychologically.
- 3) On the rare occasions when children do disclose their plight, the disclosure is often delayed, conflicted, unconvincing, and sometimes retracted (Summit, 1983).

- 4) For most children, revealing sexual abuse is a process which occurs over time and only after the child has come to trust the ability of the interviewer to help (Sorenson & Snow, 1991).
- 5) There are often discrepancies between self-reports of children and adolescents and observer reports of the same symptoms. Thus the validity of the conventional diagnostic interview approach with younger patients is in question (Kazdin, French, Unis, & Esveldt-Dawson, 1983).
- 6) Many young survivors of abuse who present with dissociative symptomatology do not have elaborate alters. This is probably because the elaboration of complex identities as alters requires a well-developed personality and children have not lived long enough to acquire such well-developed personalities (Kluft, 1985a; Peterson, 1990).
- 7) There may be little apparent difference between dissociative symptomatology and age-appropriate behaviors in young survivors of abuse, further complicating the diagnostic process (Kluft, 1985b).
- 8) Many of the symptoms commonly presented by dissociating children and adolescents superficially appear to represent other psychiatric disorders, thus contributing to misdiagnosis (Hornstein & Tyson, 1991).
- 9) Some clinicians believe that DID is very rare or does not exist at all (Dell, 1988). These clinicians and others probably do not conduct a mental status examination including questions which can lead to a correct diagnosis.

However, despite the serious obstacles to early identification of child abuse and DID signs cited above, such early identification is crucial in two important ways. By identifying the symptoms during childhood and adolescence an end can be put to the abuse, and a chronic fragmentation of the personality can be prevented. Such fragmentation is much more difficult and costly to treat when carried into adulthood (Kluft, 1986). Past attempts to improve the identification of DID in youngsters have focused primarily on the construction and modification of checklists describing the signs and symptoms of DID in youth (Kluft, 1984; Putnam, 1981; Fagan & McMahon, 1984; Peterson, 1990; Steinberg, 1993; Tyson, 1992). These emerging clinical profiles, combined with systematic diagnosis (Hornstein, 1993) are currently the

main approaches to learning about the inner world of children and youth who may be suffering from abuse and/or dissociative symptoms.

Difficulties in assessing and treating troubled adolescents are well documented in the literature (Blos, 1962; Freud, 1958; Schimmel, 1974). In an attempt to ally with the adolescents' observing ego, and to discover valuable information about their real concerns, Meeks (1970) advocated the therapeutic use of adolescent symbolic productions such as poetry, art, and stories. However, very little attention has been paid in the psychological literature to the phenomenon of adolescent diary-writing. Deutsch (1944) suggested that the primary developmental task of adolescence is to relinquish the emotional ties of the past and create new ones. Adolescents may form intensified relationships to abstractions such as ideas or books in an effort to substitute for the exclusive tie to the parent (Group for the Advancement of Psychiatry, 1968). Within such a context, a teenage diary can become a safe, private, all-accepting partner which, like a transitional object, is not only soothing but can also facilitate the passage into adulthood.

In 1927 Bernfeld examined the content of girls' diaries and concluded that such journals had minimal value for therapists because they seemed to represent little unconscious material. Blos (1962), on the other hand, thought that the diary did have a value as an object which could aid the adolescent's ego in its task of synthesis and mastery. Heuschen (1987) went further and suggested that examining diaries of youths could help to identify a need for therapy. Others have pointed out the therapeutic uses of various written forms for counselors in elementary schools (Brand, 1987) and in college (Murray, Lamnin, & Caruer, 1989). In addition, during the recent development of interest in multi-method, interpretive, personal-experience-based research, with use of both qualitative and quantitative techniques, journals have been cited as a method of creating field texts for content analysis (Connelly & Clandinin, 1990). In particular, children and adolescents often write journals of their thoughts, activities, and stories in attempts to make sense of their experiences (Clandinin & Connelly, 1994).

Using old diaries as time capsules uncontaminated by retrospective perspectives we sought to assess the level of spontaneously reported symptomatology in adolescents who were diagnosed later as DID. Kluft (1985b) suggested that multiple personality disorder patients from intact families usually are diagnosed at later ages because of ongoing suppression of alters, alters' passing for one another, and families' keeping their teenagers out of the mental health system. His impression was that naturally occurring adolescent multiple personality disorder is usually hard to diagnose. We hoped that a careful study of the diaries of undiagnosed adolescent incest victims could provide some insight into their phenomenology and provide some data that would help us better understand how such severe psychopathology had

gone undetected until adulthood. Incest commonly occurs in the context of intimacy. One of the resulting sequelae of incest is distrust, ambivalence, and even fear of interpersonal closeness. Indeed, sexual abuse survivors have been documented to report difficulties in forming and sustaining intimate relationships (Finkelhor, Hotaling, Lewis, & Smith, 1989). Several clinicians have noted serious difficulties in the sexual domain and a general distrust of persons of the opposite sex among people who were sexually abused as children (Courtois, 1979; Meiselman, 1978; Maltz, 1988). Another issue we strived to explore is the extent to which DID patients diagnosed in adulthood, engaged during their adolescence in mentations revolving around cross-gender intimacy and sexuality.

The purpose of this study is to determine whether it is possible to identify early signs of dissociation from the adolescent personal journals of persons who were later diagnosed as suffering from Dissociative Identity Disorders. We predicted that: 1) diaries of adolescent incest survivors would have more dissociative themes than diaries of other adolescents; 2) these diaries would present more difficulties concerning cross-gender relations; and 3) dissociative defenses may have buffered against the pain of incest, so that the general mood of the diaries written by dissociative incest survivors undetected until adulthood may not be more negative than the mood observed in control diaries.

## METHOD

As mentioned, the early subjective experiences of children who have been abused are rarely directly available to therapists from the child. However, since such experiences are essential in the rehabilitation process of childhood trauma survivors, it was decided to use the adolescent diaries that were offered by two DID patients in order to identify the concerns that they had expressed during their adolescence. Since norms are needed in order to interpret such data, diaries of other adolescents who did not develop dissociative symptoms were then solicited in order to compare the expression of concerns. In all, six adolescent journals were studied.

In order to minimize risks of possible confounding of the results, the content analysis was not conducted by the therapist (ES) of the patients in this study who had offered their early journals for investigation, but rather by the second author and her research assistants. ES participated only in the inter-rater reliability check described later on. The investigators in the actual content analysis were informed that diaries of people in therapy are involved in this study. They were also instructed to look, among other things, for dissociative symptomatology in all the investigated journals, including those of control subjects. During the content analysis it became readily evident that two sets of journals were replete with dissociative symptomatology. Under these cir-

cumstances, I (ES) felt it unnecessary to maintain the 'blind' condition and my colleagues' suspicions were confirmed.

One of the uses of content analysis is to identify the intentions and other characteristics of the message communicator (Weber, 1985). Therefore, the content analysis of these journals required the creation of an instrument which could reliably and systematically identify specific characteristics of the messages recorded (Holtsi, 1969), and yet would not violate the general tone of the message communicator (Denzin & Lincoln, 1994). Developing such an instrument required several pilot analyses. The steps taken were the following:

- 1) The diaries were first transcribed from script into type so that they could be more easily read by the two researchers and their assistants.
- 2) From a first reading of the two DID patients' diaries, the first author made some suggestions for categorization of themes that were expressed. An instrument was created which included a list of 37 numbered themes. Ruled pages were photocopied with columns for the following items: date of diary entry, the numbers of the themes appearing in that entry, the extent of the entry on that theme and the mood expressed in the entry about that theme. (Although several columns were originally included for marking the dramatic variations in script, and an elaborate code was developed which denoted a range from smooth and flowing cursive script to tiny, constricted print, it became too complex and was ultimately abandoned. We believe that the issue of changes in script may prove to be a further source of early identification which should be explored).
- 3) The instrument was then used to analyze the diaries of both a DID patient and a control subject. It was found that the instrument was too symptom-oriented and many themes in the control diary were not represented. As a result, more themes relating to normal experiences were added.
- 4) The final instrument included 77 items which were coded under the following six major categories:

### A. *Thoughts and Ideas*

This category included themes which were associated with abstract, political, philosophical, ethical, and religious ideas as well as thoughts about personal plans.

## B. *Positive Daily Experiences*

The items coded under this heading related to scholastic, occupational, social, and recreational experiences.

## C. *Emotional Pain*

In this category, we included such themes as loneliness, insecurity, self-deprecation, despair, longing, anxiety and fears.

## D. *Cross-Gender Relationships*

(The diarists were all female). This included all references to interest or concern about boys/men, feelings or concern with regard to sex and marriage, romantic sentiments, courtship and flirtations.

## E. *Other Relationships*

Themes associated with relations to parents, siblings, relatives, friends, employers, teachers and counselors were included in this category, as well as comments on relationships among others.

## F. *Dissociation*

Themes scored under this category matched the SCID-D Dissociative Symptoms (Steinberg, 1993). They included diary entries that described amnesia, depersonalization, derealization, identity confusion, rapid mood swings and identity alteration. All the coded themes were also assessed for their reflected mood. Each entry, therefore, was additionally rated as either positive (happy, pleased, proud, tranquil, optimistic, excited, etc.), neutral (objective, descriptive, factual), or negative (angry, resentful, anxious, numb, or alienated).

- The final coding instrument was used for all six diaries included in the study. An inter-rater reliability check was conducted using every tenth page of the diaries. Reliability was tested for themes and for moods. While the second author analyzed the whole body of scripts, the first author was given an unmarked computer print-out of every tenth page, sampled from all the investigated diaries. This material was then independently analyzed with the final coding instrument. A research assistant proceeded to calculate the proportion of matching themes and moods among the total number of items compared. On the themes we found  $R = .73$  which was raised to  $R = .80$  when two themes

were removed. One of these themes (pure expression of affect) had been overlooked and rarely used by one reader but had been used frequently by the other. The other theme, regarding future plans, had been interpreted by one reader as relating to plans for the next day, and by the other as plans for the general future. The reliability on the moods had a higher correlation of  $R = .84$ .

## SUBJECTS

There were six women whose early diaries were content-analyzed. Three were patients, three were not. Two of the three patients were 29-year-old single Caucasian females who met DSM-IV criteria for DID and were in therapy with the first author, and the third was a single 25-year-old Ashkenazi Israeli woman who met the DSM-IV criteria for Adjustment Disorder with Mixed Anxiety and Depressed Mood-Chronic. The three other subjects were Caucasian females who were not patients and had no known history of psychopathology. At the time the diaries were solicited for research, two of the patients were struggling with dissociated memories of incest for which they were amnesic until the current treatment. One patient (A), a Canadian citizen working in Israel, had been uncovering ordeals that included frequent acts of fellatio and cunnilingus, as well as genital and anal penetrations by her father between the ages of four through seventeen. Thirty personality alters of A had been identified, 25 of whom were actively involved in therapy. The other patient (C) was an Australian citizen living in Israel, who was being treated for sequelae of repeated genital and digital penetration by her father between the ages of eight and nineteen. C presented with 23 active alters and 4 less salient ego-states. Both patients had previously been twice in long-term psychotherapy for unrelenting depressive symptomatology. The third patient (L) was a single 25-year-old Israeli woman who had never been in therapy before. She was being treated for the enduring consequences of a move her parents made from urban living to a small communal agricultural settlement (a kibbutz). L was nine years old when her family moved and she was never accepted into the ranks of the closely knit, xenophobic kibbutz-born youth.

The three other non-patient control subjects were acquaintances of the second author who had kept diaries as adolescents and were willing to offer them for study in our analysis. For those who are not in treatment, exposing the intimacies of an adolescent diary requires either an altruistic impulse or some feeling of distance. Two of the control subjects were older women who were sufficiently removed from their adolescent years to feel unthreatened, and the third was a passing acquaintance interested in contributing to knowledge in child abuse. One of the older women (E) had been a housewife most of her adult life. She had mar-

tied early, raised three children and was active in many volunteer organizations. Her husband was a successful professional and they live in comfortable circumstances. The second older woman (R) had married in her mid-twenties, had two children and worked in various secretarial positions over the years. She divorced her husband when the children were teenagers, and sought psychological help during the period of crisis. She then remarried, and when her second husband died she continued to live an independent life, working part-time and developing her own interests. Finally, the third subject (S) was a woman in her early thirties who was married, worked as an elementary school teacher, and was raising two young children. To the best of our judgement and based on the acquaintance of the second author with our control subjects, we regarded them as well functioning adults with no known history of sexual abuse or psychopathology.

## THE DIARIES

### *Format*

There was some variation in the format in which the six diaries were written. Both DID patients and the Adjustment Disorder patient wrote in lined blank notebooks which gave no restrictions as to dates or length of entry. They began each entry with the date and then wrote from half a page to twenty pages, recording their thoughts and experiences of the day. This is a format which provided them with maximum freedom to record when and how much they wanted while the notebook itself provided a boundary and a continuity. The two older women who were not patients (E, R) had kept diaries that were both more demanding and restrictive. They used commercially published diaries with the date and page number clearly printed on each page, and they persistently recorded the events of each day under the printed date. The third non-patient subject (S) kept a formatted journal when she was 13 years old, and then kept a loose collection of pages on which she wrote her thoughts very intermittently from age sixteen to twenty-one.

This difference in formats, although in itself an interesting observation, was not an impediment to our analysis. We regarded the different properties of the diaries, including their format, as meaningful choices the subjects had made and considered the different formats chosen as one of our findings. Since we decided to look at relative frequencies of diary entry themes rather than absolute frequencies, we felt that the unique profiles to be found would render themselves to legitimate comparisons.

### *Volume of Page Analysis*

With regard to the number of pages written and analyzed, there were significant differences. Most of the journals were transcribed into more readable type, and each of the DID patients wrote close to 200 printed pages of journal that were content analyzed. The Adjustment Disorder patient

submitted her four adolescent journals for analysis, each covering about thirty handwritten pages. One of the non-patient subjects contributed several journals with over 150 pages, 93 of which were transcribed and analyzed; the second contributed about 50 pages of journal, 38 of which were transcribed and analyzed, and the third contributed 17 pages, which were all transcribed and analyzed. Part of the difference in quantity lay in the restrictive format of the non-patient subjects' journals, which only allowed one page per day.

Another factor related to quantity was the length of time journal-writing continued. Both of the DID patients started writing diaries at age 13 and continued into the late twenties. The Adjustment Disorder patient kept a diary from age 17 to 21, and the non-patient subjects wrote over a less extensive period of years. For two of them, diary writing was a three-year episode, from age 15 through 17, and the third, as mentioned, kept one diary at age twelve and then wrote down her thoughts on loose-leaf paper between ages sixteen to twenty-one.

Although there was a difference in the volume of writing, there was adequacy in the number of data analyzed. Adequacy is attained when sufficient data have been collected so that saturation occurs and variation is both accounted for and understood (Lincoln & Denzin, 1994). With two of the non-patient diaries such saturation definitely occurred for both researchers.

Given all this, we felt that the material lent itself to the proposed content analysis and to the ensuing statistical evaluation of the data gathered.

### *The Language of Diary Analysis*

Although the study was carried out in Israel, all the journals except that of the Adjustment Disorder patient were written in English. Since the two DID patients were English-speaking, and had written their diaries in English, it was decided to increase the reliability of the analysis by attempting to maintain English as the language of content analysis for the controls, although this made it more difficult to find diaries for analysis. Thus the three non-patient subjects were also English-speaking and had kept diaries in English during their adolescence. However, the Adjustment Disorder patient who offered her diary for content analysis was a native Israeli and her diary was written in Hebrew. Since both researchers are fluent in English and Hebrew, this posed no problem.

## STATISTICAL ANALYSIS

Readers of behavioral research tend to favor results that have been obtained with larger numbers of subjects (Rosental & Gaito, 1963). However, it has been argued that confidence in social science research should depend solely on the level of statistical significance and not on sample size (Neale & Liebert, 1986). This is particularly relevant in this area of investigation where data are scarce. To the best of our knowl-

edge, no study targeting early adolescence diaries of adult DID patients was ever published. This could be partially clue to the fact that many of the adult DID patients we met who had kept personal journals during their adolescence claimed to have either lost or destroyed them. We posit that as long as the statistical analyses are valid, for any given significance level, all samples of any size have the same probability of type-I error. Moreover, we suggest that results obtained under such circumstances become more impressive because they require a larger treatment effect.

The data of this study were analyzed with a one-way multivariate analysis of variance (MANOVA) \_ This statistical procedure is valid with small n's provided that the dependent variables are normally distributed in the population and that the variances of the three groups are homogeneous (Siegel, 1988; Kirk, 1982). Our small samples do not permit a valid estimation of these two assumptions. The dependent variables were relative frequencies calculated from up to 1,000 content items per subject. We found no reason to believe that these measures would not be normally distributed like any other trait in nature.

To enhance confidence in the findings we wish to present in this paper, we decided to utilize two additional statistical tests that would not depend on the above mentioned assumptions. The first is the t -test for unequal variances, where the only underlying assumption is that the variables are normally and independently distributed within each group (Freund, Little, & Spector, 1986; SAS, 1988; Steel & Torrie, 1980). The second test is the randomization test for two independent samples (Siegel, 1988). This test determines that without assuming normal distributions or homogeneity of variance in the populations, the maximum probability of significance available with our sample size would be

$$\frac{N!}{n! (N-n)!}$$

where N = the total number of subjects in study across all groups, and n l = the number of DID subjects.

## RESULTS

We found it intriguing that the DID patients were able to keep diaries during their adolescence even as the incestuous relationships were continuing. It is interesting to note that no mention whatsoever was made of father-daughter sexuality in either of the diaries. When asked whether they had felt concern about the diaries being discovered, both DID patients claimed that they had never felt such concern. The diaries, which did not reveal incest, were felt to be safe. This is precisely the reason why the keeping of diaries may be more prevalent than would have been anticipated, and that it is worthwhile exploring their accessibility as a potential diagnostic source.

We had predicted that the adolescent diaries of the DID patients would have more dissociative themes than those of the controls, that the DID patient diaries would present more difficulties with cross-gender relations, and that the general mood of the DID patients would not be more negative than the mood found in the control diaries because the dissociative defenses may be effective in buffering against the pain of incest.

As can be seen in Tables One, Two and Three which follow, all three hypotheses were confirmed. The diaries of the incest survivors display significantly more dissociative signs than those of the control in all five dissociative themes. In addition, the DID diaries showed more avoidance of cross-gender relation issues than our control diaries. Table One shows that while A made a few references to boys, C almost completely refrained from the subject. The control adolescent diaries were full of references to flirting, courting, and the intricacies of teenage romance, but the two DID patients, particularly after age 16, made minimal reference to these issues, and, when they were mentioned, it was consistently accompanied by fear or aversion. Finally, although the impact of the pain experienced by the two DID patients as adolescents felt palpably more intense to the readers, the quantitative analysis revealed that the three sets of diaries were not significantly different as far as Positive Experiences and Emotional Pain were concerned, presumably owing to the buffering effect of the dissociative defenses. Nevertheless, a closer examination of the data presented in Table One reveals that the early diaries of our DID patient A displayed the highest proportion of Emotional Pain themes among all subjects. Subject A seemed to differ from C in another affective parameter. She presented with less than half the proportion of Positive Experiences in her early journals than C did.

In order to avoid chance significant outcomes as a result of multiple statistical comparisons, we used the formula  $ctpc =$

$$| - \frac{N}{Y} | - cxFI-V$$

(where  $ctilV$  was .05) and derived a conservative significance level of .0085 for each single comparison.

A multivariate analysis of variance as shown in Table Two revealed that three diary categories were unequally represented in our subject groups: Thoughts and ideas, Cross-gender relations and Dissociation. For post-hoc analyses of the results in Table Two, we used Tukey's studentized Range Test.

"Table Three describes those comparisons that were found significant at the .0085 level, and the results are in line with our three research hypotheses. More dissociative themes were presented by the DID patients, they avoided cross-gender relations issues *more*, and the three sets of diaries were not significantly different as far as Positive Experiences and Emotional Pain were concerned, owing to the possible buffering effect of the dissociative defenses.

TABLE 1  
Relative Frequencies of Diary Content Categories by Subject

| Category                   | DID Patients |       | Control Patient |       | Control Non-Patients |       |
|----------------------------|--------------|-------|-----------------|-------|----------------------|-------|
|                            | C            | A     | L               | E     | R                    | S     |
| Thoughts & Ideas           | 23.39        | 19.37 | 43.07           | 13.25 | 9.64                 | 8.10  |
| Positive Experiences       | 23.48        | 10.14 | 3.75            | 19.87 | 39.23                | 34.92 |
| Emotional Pain             | 10.14        | 20.37 | 13.46           | 11.92 | 2.85                 | 1.40  |
| Cross-gender Relationships | 0.66         | 3.80  | 25.20           | 23.84 | 21.34                | 24.58 |
| Other Relationships        | 15.06        | 18.43 | 9.46            | 23.84 | 25.27                | 29.61 |
| Dissociation               | 27.27        | 27.64 | 5.06            | 7.28  | 1.67                 | 1.40  |

TABLE 2  
Means, Standard Deviation and Multivariate Analysis of Variance for Relative Frequencies of  
Diary Content Categories by Subject Group

| Category                   | DID Patients |      | Control Patient |      | Control Non-patients |       | F(2,3) |
|----------------------------|--------------|------|-----------------|------|----------------------|-------|--------|
|                            | Mean         | S.D. | Mean            | S.D. | Mean                 | S.D.  |        |
| Thoughts & Ideas           | 21.50        | 2.67 | 43.07           |      | 10.33                | 2.64  | 58.03* |
| Positive Experiences       | 16.81        | 9.43 | 3.75            |      | 31.34                | 10.17 | 3.29   |
| Emotional Pain             | 15.25        | 7.24 | 13.46           |      | 5.39                 | 5.70  | 1.67   |
| Cross-gender relationships | 2.23         | 2.22 | 25.20           |      | 23.25                | 1.70  | 86.76* |
| Other relationships        | 16.74        | 2.38 | 9.46            |      | 26.24                | 3.00  | 15.72  |
| Dissociation               | 27.46        | 0.26 | 5.06            |      | 3.45                 | 3.32  | 50.43* |

\*p<.0085

Although the difference between the two DID patients and the four controls was significant for each of the dissociative symptoms studied, some symptoms were often referred to, others seldom. For instance, both amnesia (representing a specific and significant block of time that has passed but that cannot be accounted for by memory- Steinberg, 1993) and a fear of mirrors (related to identity confusion) were

referred to only once or twice by the DID patients, but were never mentioned at all or even alluded to by the other four diarists. Each of these references is somewhat startling and does not require quantitative repetition for significance. DID patient A, in a statement that includes elements of Identity Alteration (objective behavior indicating the assumption of different identities) wrote "As I've written before, sometimes

I look around and feel like - This is where I am? This is red I see in that apple, the wind is moving that piece of paper. It is like the child in me pokes her head out, with big eyes and sees where she is. She gets scared too because its like, how did I get here, in this chair, in this night, in these shoes. What am I doing here?" (A-age 22). "I'm frightened a bit (because I lost track of time) but not a lot. I'm concerned. Other times when I've suspended time for myself I haven't actually lost track of it" (C-age 16).

We also found that a problem with mirrors, which is related to identity alteration and the assumption of different identities, was also absolutely unique to the diaries of the two DID patients, and was never referred to in the other diaries. "Sitting in the hair dresser, facing the mirror, with my glasses off. My face is like a sculptor's mask. My eyes and mouth indentation not yet articulated. Only two purple smudges to depict where the eyes will be and pale pink worm-like lines for lips. The nose an indistinct blob, such as a child would put on a clay model. The whole very pale, framed by a soft brown blur. I am uncreated" (C-age 20). "Looking in mirrors is becoming hard to do. Last year at least I had no room mates so I could cover all the mirrors and didn't have to see myself. With whose eyes would I see myself?" (A-age 19).

Those dissociative symptoms which were more often referred to were the following:

- a. *Numbness and depersonalization:* Depersonalization was defined by Steinberg (1993) as detachment from one's self, a sense of being an outside observer of one's self. This theme was expressed very frequently in the DID diaries. "Most times I sit and think about how I want to act instead of feeling naturally angry or naturally happy. It's almost like I'm a mechanical machine" (C-age 13). "I felt rather strange. I didn't feel very sad or like crying although I should have. Sometimes I felt like laughing because it was a real drama and everyone was walking around with such solemn faces. It seemed as though I was outside it all, watching a play which was supposed to be serious but which at times seemed a little ridiculous" (C-age 14, at grandparent's funeral). "I do honestly believe that the reason I can't properly involve myself in things is because my feelings are disengaged" (C-age 19). "This afternoon I let my mind wander in and out of depression or rather emptiness. Because it is not depression, it is deadness" (A-age 19). "Even as I cry there is nothing inside of me... I am still empty, more empty" (A-age 19). "Woke up this morning felt dead" (A-age 20). "I feel like I am dying. My body feels as if it is dying. I feel absolute disconnection with my heart, it may as well not be

TABLE 3  
Statistically Significant Comparisons of Mean Relative Frequencies of Diary Content Categories

| Category               | Significant Comparisons                  |
|------------------------|--|
| Thoughts and Ideas     | Control 1 with Control 2                 |
| Cross-gender relations | DID with Control 1<br>DID with Control 2 |
| Dissociation           | DID with Control 1<br>DID with Control 2 |

there" (A-age 20). "I don't feel anything" (A-age 19). "Why can't I feel?" (A-age 19).

- b. *Derealization:* which refers to the sense that one's surroundings are unreal, strange, or unfamiliar (Steinberg, 1993), was somewhat less frequent, and was occasionally referred to by the controls. DID references included: "It was nice to feel exhausted, like there was a thin veil between me and the rest of the world" (A-age 20). "The cloud that comes between oneself and the world" (A-age 19). One of the non-patient controls wrote at age 15: "Everything seems so dark and unclear - I can't see tomorrow nor yesterday - Today is an illusion" (E-age 15).
- c. *Identity confusion:* refers to the subjective feeling of uncertainty, puzzlement or conflict regarding one's own identity (Steinberg, 1993). The two non-patient controls felt such confusion as teenagers, and these feelings were reflected in their diaries. "I wish I could find myself. I'm very queer" (S-age 15). "Everything is closing - every door shuts - everyone turns their head - no one sees, hears. Am I here? Where am I? You have to understand that E can cry and E can laugh, - E is here and - she's no where. She's only an illusion - help her be real" (E-age 17).

The DID patients expressed identity confusion more often. "It is so hard to know what part of me is me and which is the L that the world sees me as" (A-age 19). "And I can't give him the whole picture of me because I'm too scared



TABLE 4  
Means, Standard Deviations and Analysis of Variance of Diary Mood Scores  
by Subject Group

| Group                    | M      | SD   | F    | df | p     |
|--------------------------|--------|------|------|----|-------|
| DID                      | - 0.48 | 0.10 |      |    |       |
| Control 1 (patient)      | - 0.34 |      |      |    |       |
| Control 2 (non-patients) | - 0.01 | 0.19 | 5.69 | 2  | 0.095 |

and angry to see entirely clearly myself. But he makes me lose my sense of self so easily" (C-age 21) . "My whole self concept is based on what I think other people think of me, physically, emotionally and spiritually" (A-age 24). "I am nothing inside. It is like an empty Easter egg shell - all pretty and painted but inside there is nothing. The shell only defines or makes a boundary for empty space, a hole " (A-age 19).

- d. *Identity alteration*: refers to objective behavior indicating the assumption of different identities. Neither of the DID patients wrote clearly about the assumption of different identities when they were adolescents, and it seemed clear that they were not conscious of their existence. However, there are scattered hints at their existence, whereas the four controls never recorded such hints. "There is still this world and the little girl and her fear inside of me. And there is this third person: the intelligent analytical one writing this journal entry. This third me functions in the outside world and wants to make a success of life. The little girl cries out that she can't cope and I crash " (C-age 22). A related process that we observed in early DID diaries was an ability to compartmentalize consciousness: "As soon as the possibility comes I forget what is happening and the crisis retreats into the attic of my mind, only to come, ranting out at my lonely moments" (A-age 22).
- e. *Rapid or inexplicable mood changes*: is an associated feature of DID, although it is also associated with adolescence and its moodiness. The two DID patients referred frequently to these

rapid mood changes, but they were also referred to occasionally by the controls. Our impression was that such swings were referred to in the diaries of the DID patients a significantly greater number of times.

The controls wrote: "Did I have the blues today! And how. The funny part is, I had no reason for it " (R-age 16). "I was over at Adele's because I was blue and became quite cheerful and wisecracking" (Rage 17). "I feel very restless ... I feel like laughing or crying or being happy and I want to sleep and write and talk and talk and oh this is getting faster and faster I think I'm going nuts " (S-age 16).

The DID patients wrote: "I am starting to have real mood swings, I can't hide them " (A-age 19). "My ups are always tested with downs" (A age 20) . "I was feeling like an autistic, trapped, who hits himself over and over and over. That was what last night was like... Less than half an hour before that I was praying and meditating and feeling very peaceful" (A age 21) . "I am tired of being a pendulum swinging between imaginary extremes" (C-age 17). "Being on a high point of enjoyment I know it is only a matter of time before I crash in a heap of misery " (Gage 17).

To assess the mood level of the journals, we assigned the score +1 to any positive mood entry, 0 to any neutral moods, and -1 to the negative moods.

Although the number of positive experiences referred to was not significantly different between the groups, the adolescent diaries of the two women who later became DID psychotherapy patients were, indeed, more negative in mood than the control diaries, as can be seen in Table Four.

However, despite the fact that a feeling of heavy gloom and despair did seem to permeate their diaries, when the entries were quantified and coded, the trend did not meet the required significance level.

In order to increase our confidence in the significance of these findings, we also examined the data with a t-test for unequal variances. This test can only compare two groups. We therefore compared the DID group with the two control groups combined. The two relevant diary categories revealed the following differences: Cross-gender Relationships [ $t(1, 6) = 12.05, p < .03$ ], and Dissociation [ $t(3, 1) = -16.54, p < .0004$ ]. These results lead us to the same conclusions as those drawn by the MANOVA presented earlier in this chapter.

We also analyzed the data with the randomization test for two independent samples. Using the combinatorics formula presented before we found:

$$1 / \binom{n' + n_2 * n_1}{n_1} = 1 / 1115 = .0009$$

This ( $p = .0009$ ) is the probability that the two extreme scores of the six subjects would belong to the DID subjects under the null hypothesis, with regard to the categories Cross-gender Relationships and Dissociation. Thus, without any conditional presumptions at all we can still obtain a 93% confidence in the generalization of the results of this study. We believe that our conclusions are important for practical diagnostic use because they rely not only on group means but also on the differences in each subject's scores.

## DISCUSSION

The purpose of this paper is to determine whether the diaries written by adolescent incest survivors can provide early clues to the potential development of dissociative symptoms. We believe that the victim's capacity to compartmentalize the narrative memory of the abuse, demonstrated in this study by the absence of any reference to father-daughter incest, enabled them to feel safe about keeping the diaries. It would thus be conceivable that diary-writing by victims of child sexual abuse is possible or even prevalent. Since there are many factors which contribute to the difficulties in early identification of DID in children and adolescents (isolation and secrecy; learned helplessness; delayed, confused, and ambiguous disclosure; and misdiagnoses), and since delayed diagnosis makes treatment and rehabilitation far more difficult, it would certainly be helpful if adolescent diaries written by incest survivors could provide early clues to the development of dissociative symptoms. We posit that it is worthwhile exploring their accessibility and their value as a potential diagnostic source.

The first finding that struck us when we first examined the materials was the different formats the patients in this study had used for their adolescent diaries compared with

formats chosen by our non-patient controls. While the controls had written in commercially published diaries that were more restrictive, the patients had preferred blank notebooks. The latter format might have been better suited for these troubled youngsters in that it provided them with the necessary freedom to use as much space as they needed for their expressive writing on any given date.

Reading the adolescent diaries of the two patients who had been diagnosed for DID when they were in their late twenties was not a pleasant experience. Although there was an almost forced cheerfulness during the early adolescent years (age 13 to 15), from age 16 on a cloud of anxiety, despair, helplessness, and a terror of "emptiness" and detachment settle heavily on each page. One of the early DID journals (A) contained reference to serious eating or sleeping disturbances, an ongoing threat of suicide and many acts of self-mutilation.

The diary of the control patient was also quite negative in tone, as demonstrated in Table Four. The patient, however, wrote openly about her loneliness, jealousy, and her longings for romantic love (a theme that was almost totally absent from the DID diaries). That is, although the roots of her current distress are reflected in the mood of her early diary, very much as was the case with the DID diaries, L, our control patient, could explicitly write about the issues that troubled her. A and C, our incest survivors, could not even allude to these issues.

Reading the diaries of the three non-patient controls was, by comparison, a delight. Although there were certainly moments of anxiety and sadness, the key issues were around school achievements, vying for status among friends and an ongoing, perpetual theme of courting, flirting, and love. During their mid-adolescent years (from age 15 to 17), all three non-patient controls spent enormous amounts of time and energy on attempting to attract as many boyfriends as possible, and two of the three controls were in love with two or three young men at the same time.

None of this "love positioning" took place with the three patients (DIDs and control). L, our control patient, seemed never to be fully satisfied with her boyfriends, and was constantly yearning for a more satisfying intimacy with a boy/man. When the DID patients mentioned it at all, contact with the opposite sex was presented as a source of deep despair and anxiety from age 16 on. Unfortunately, this cloud of despair and the general tone of the diaries are hard to quantify, and, although our hypotheses have been largely affirmed, it is not at all clear that the qualitative differences between the journals of the DID patients and the controls has been adequately captured within the methodology that has been chosen. The decision to quantify the content analysis of the diaries was made because it seemed important to provide credible, objective information about the utilization of teenage journals as a potential source of early identification of dissociative symptomatology. An excellent case can

also be made for further qualitative analysis of the data, and it seems clear that such analysis would prove fruitful and would help to identify further early dissociative clues.

We thought some of our non-significant results were of equal interest. For much of the time they wrote the diaries, both A and C were living with the perpetrators who had subjected them to the most intrusive forms of sexual abuse. Nevertheless, their diaries did not contain fewer entries than the controls relating to such positive daily experiences as scholastic, social or recreational events. A closer look at Tables One and Two reveal a slight trend for DID diaries to include even more positive experiences than the control patient's diary (not more than the non-patient controls). While this observation is far from conclusive, we would not be surprised if further research into this matter confirmed such a trend. Patients who are non-dissociative may be less able to shield themselves from their distress and from painful memories, and would not tend to enjoy positive daily experiences or seek them out.

Nevertheless, a clue to the pain DID patients may be harboring behind dissociative walls during adolescence is manifest in Tables One and Four. Patient A seemed to have produced a considerable number of emotionally painful entries and a relative paucity of Positive Experience entries. In terms of mean mood scores, the patients' diaries (DID and control) seemed far more negative than the non-patient controls. This, however, is a straightforward result that was not at the focus of this study. Although the ANOVA did not yield a significant result when the three groups of diaries were compared, a rank-ordered arrangement of the means tentatively identifies the early DID patient diaries as the most morbid in mood, and the early non-patient control diaries as almost perfectly balanced in mood.

An outcome that we did not predict relates to the abundance of journal entries in our control patient's diaries that we categorized as thoughts and ideas. While Dissociation was the category most frequently entered by our DID patients (about 28% of all entries), and Positive Experience the most frequent category in the non-patient control diaries (about 31%), it was the Thought and Ideas category that was most used in the diaries of the control patient (43%). She generally began her entries with a "Dear Diary" salutation, and then proceeded to express her situation and ways to enhance her social status. Concerns about weight gain and dieting were often noted. The impression was that she used the diary as a friend she could talk to and as a buffer for her social isolation. The DID patients not only used the diary as a friend, but also reported in their entries about their disturbing dissociative symptomatology. In sharp contrast, 81% of all non-patient control diary entries dealt with relationships and positive daily experiences.

By the time the first draft of this paper was completed, DID patient A had integrated, terminated her three-year-long treatment, and returned to Canada. C, the Australian patient,

was then in her fourth year of her psychotherapy. While considerable abreactive uncovering work had been accomplished in C's therapy, a powerful group of resistive alters maintained an indifferent and skeptical distance from the unfolding agony. These alters prevented the host personality from acknowledging her own incestual history, let alone the magnitude of the internally imprinted tragedy. This impediment to the reowning of the patient's trauma begun to crumble after C had read this paper. She reported that the study conducted on her early diaries with what was appreciated as "scientific methods" provided her with powerful, denial-breaking evidence that she was not "making it all up." She regarded the abundance of dissociative symptomatology in her early journals as corroborative evidence, which, indeed, was ultimately accepted by her other skeptical personality alters. A few weeks later, C's alters began their integration process. This patient's response to the evidence of dissociative symptoms in her early journals justifies further exploration of the potential use of such data in the treatment of DID patients.

This study has two major limitations that call for considerable caution in the interpretation of results. The foremost limitation is the small number of subjects. We are fairly convinced of the authenticity of the trend we saw in the early DID diaries as compared with the non-patient controls. However, there is certainly a need for further evidence that our findings, particularly the wealth of Dissociation entries, are unique to incest victims who later develop DID and that they can serve as unequivocal markers when identified. To achieve this goal, more early journals of patients suffering from other disorders must be assessed and content-analyzed. As with any psychodiagnostic tool, validation and norms data could then be more readily determined.

The second limitation relates to both subject and investigator bias. Numerous adult patients and non-patients were approached in an attempt to recruit adolescent diaries. Many who were approached denied keeping such a diary, others claimed they were lost or destroyed, and a few flatly refused to submit their early diaries for study. Our sample, therefore, was clearly not a random one. In addition, the diaries were not subjected to a completely blind analysis because although the author-therapist did not take part in the actual content analysis, he had been involved in the design, the statistical analysis, and the writing of this paper. Though we were extremely careful to achieve an optimal match between diary entries and our categories, and despite the satisfactory inter-rater reliability, a possible investigator bias can not be ruled out which could potentially enhance some of the group effect in the direction of our research hypothesis. Future research should definitely attempt to correct these flaws.

We believe, however, that our study does not lend support to Bernfeld's (1927) conclusion that the observations of girls' diaries have minimal value for therapists, and is in

line with Blos (1962) and Heuschen (1987) who regard the adolescent diary as a valuable object that serves both as an expressive, projective tool as well as an aid for ego synthesis and mastery. We further suggest that the results presented here tentatively affirm the use of these journals as a potential source of early diagnosis of dissociative symptoms. Unfortunately, not all incest survivors keep diaries, and not all those who keep diaries are willing to share them with therapists, but we believe that we have made a case for including an analysis of such diaries in appropriate diagnostic situations whenever possible. We also believe that at a time in which trauma clinicians are still challenged to defend the authenticity of newly diagnosed dissociative symptomatology, our findings along with those presented by Swica, Lewis & Lewis (1996) document that DID does not spring de novo in adults during psychotherapy. Loftus (1993) had expressed concerns about the authenticity of some dissociative phenomena because many of the dissociative symptoms are currently in the public domain of knowledge as a result of active dissemination. Leavitt and Labatt (1996) have cautioned that because some publicity shows an absolute bias in favor of early abuse-related symptomatology, it is unwise to rely on known clinical patterns that can be adopted by troubled adults in crisis. Our findings also establish that dissociative symptomatology first diagnosed in our DID patients in the early 1990's was not a result of therapist fashionable diagnostic bias but was present in these patients 10-15 years earlier, when there was very little publicity on the subject. ■

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