

**PSYCHOLOGICAL DETERMINANTS OF DISSOCIATIVE IDENTITY DISORDER
AMONG SECONDARY SCHOOL STUDENTS IN PORT HARCOURT
METROPOLIS, RIVERS STATE, NIGERIA**

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Abstract

The study investigated the psychological determinants of dissociative identity disorder among secondary school students in Port Harcourt metropolis. Stress, anxiety and depression constitute the psychological determinants examined in this study. Three objectives, three research questions and corresponding null hypotheses were tested at 0.05 alpha level. The correlational research design was adopted. The population of the study comprised all the 3913 SS2 Students in all public secondary schools in Port Harcourt. A simple random sampling technique was used to draw ten schools. A purposive sampling was then used to get 175 dissociative identity disorder identified students. Two non cognitive instruments were designed by the researchers titled Stress, Anxiety and Depression Scale (SADS) and Adolescent Dissociative Experience Scale (ADES) were used for data collection. The SADS and ADES contained 30 items for each with alternative responses of Always, Often, Sometimes and Never. Face and content validities of the instruments were ensured by experts in Educational Psychology, Guidance and Counselling. Cronbach alpha was used to establish the reliability coefficient of ADES which yielded the calculated indexes of 0.84 and 0.75, 0.82 and 0.69 for the subscales of stress, anxiety and depression respectively. The simple regression was used to answer the research question while T- test and simple regression were used to test the null hypothesis at 0.05 level of significance. It was found out that there is a significant relationship between stress, depression, anxiety and dissociative identity disorder among students in secondary schools in PortHarcourt metropolis. It was concluded that stress, anxiety and depression mismanagement bring about dissociative identity disorder, and so awareness on how to manage stress, anxiety and depression should be created by guidance counselors in schools.

Keywords: Stress, Anxiety, Depression and Dissociative Identity Disorder.

Introduction

A lot of students have trouble remembering certain events, beyond what would be explained by ordinary forgetfulness. This shows in their

academic proficiency which results into poor academic performance, such issue is known as Dissociative Identity Disorder. The disorder is characterized by at least

two or more distinct identities states, i.e. the core and alternate identities (American Psychological Association, 2013).

When alter dominates, the individual experiences amnesia i.e. A forgetfulness that is beyond ordinary forgetfulness. Many psychologists have stressed the root cause of the condition to severe trauma, childhood experiences, heredity factors, severe physical or sexual abuse as well as age related. Dissociative Disorder could be in four- forms: whereby an individual's personality is subdivided into two or more definite identity states. The personality disorder features when the alternative assumes preference in the person's life. It could also be in form of Amnesia i.e. unusual memory loss. And depersonalization which implies a feeling of being detached from one's own mental processes or body. More so, Dissociative fugue is another aspect of the disorder which is characterized by a sudden unexpected travel away from one's home and not being able to recall one's past or experience. The researchers want to therefore view some psychological constructs such as: stress, anxiety and depression as predictive determinants of dissociative identity disorder.

Cleveland (2017) is of the view that Dissociative Identity Disorder (DID)

involves disruptions or breakdown of memory, consciousness, or awareness, identity and/or perception of mental functions that normally work smoothly. A disruption in any or more of these functions can result in dissociative symptoms which could be mild or severe to an extent where they interfere with a person's general functioning, whether in personal life or at work, school and so on. A mild dissociative example could be when one says a lot of things which he cannot remember after sometime, while a severe dissociative is when a person cannot explain his identity (Cleveland, 2017).

The American Psychological Association (2013) categorized Dissociative Identity Disorder (DID) into four as follows:

- a. Dissociative Amnesia (Psychogenic Amnesia):** This is characterized by the inability to recall important personal information, usually of a traumatic or stressful nature, that is extensive to be explained by ordinary forgetfulness. For it to be typified as a dissociative amnesia, it must be extensive to be characterized as typical forgetfulness and cannot be due to organic disorder. Individuals suffering from Dissociative Amnesia are generally aware of their memory loss. The memory loss is usually reversible because the memory

difficulties are in retrievable process, not encoding process.

- b. Dissociative Fugue (Psychogenic Fugue):** This is characterized by a sudden, unexpected travel away from home or one's customary place of work accompanied by the inability to recall one's past and confusion about personal identity or assumption of a new identity. Individual suffering from Dissociative Fugue appear normal to others; that is, their psychopathology is not obvious. They are not aware of their memory loss or amnesia.
- c. Depersonalization Disorder:** It is characterized by a persistent or recurrent feeling of being detached from one's own mental processes or body. Individuals suffering from Depersonalization Disorder relate feelings as if they are watching their lives from outside of their bodies, similar to watching of movies. Depersonalization Disorder may occur as a result of substance abuse and schizophrenia.
- d. The fourth category** of Dissociative Identity Disorder (DID) is characterized by the presence of two identity disorder states that recurrently take control over a person's behaviour accompanied by the inability to recall important information.

There abound relevant theories espoused by some experts which give good explanations and clear understanding of the psychological concept of Dissociative Identity Disorder (DID), also known as Multiple Identity Disorder (MID). One of such theories is the psychoanalytical theory propounded by Sigmund Freud (1856 - 1939). The theory states that the childhood events influence the mental functioning of adults. His theory is basically a clinical method for treating psychopathology, a category under which the case of Dissociative Identity Disorder (DID) belong. For instance, a child under the negative and direct influence of stress, depression and anxiety is likely to have dissociative identity disorder which can limit or distort his personality functions and development into a mentally balanced adult. The theory believes that people with psychopathological cases such as Dissociative Identity Disorder (DID) can be cured by making conscious their unconscious thoughts and motivations, thus gaining insight. In support of the above theory is the psychoanalytical social theory by Karen Horney (1885 – 1952). It is built on the assumption that social and cultural conditions, especially childhood experiences, are largely responsible for shaping personality. Thus, people who do not have their needs for love and affection satisfied during childhood develop basic

hatred towards their parents and, as a consequence, suffer from basic anxiety. Horney theorized that people combat basic anxiety by adopting one of the three fundamental styles of relating to others, that is, (a) moving toward people, (b) moving against people and (c) moving away from people. Most normal people use any of these modes of relating to people but neurotics are compelled to rigidly rely on only one (Mangold, 2017).

Dissociative Identity Disorder can be generated through negative stress, depression and anxiety. Ekechukwu (2016) opined that stress can be seen as a psychological and physical strain or tension generated by physical, emotional, social, economic or occupational circumstances, events or experiences that are difficult to manage or endure. Furthermore, Campbell (2006) defines stress as the adverse reaction people have to excessive pressure or other types of demands placed on them. Stress occurs when an individual is confronted by a situation that they perceive as overwhelming and cannot cope up with. Ongori and Awino (2007), opines that, when certain events take place (stressor) an individual becomes disorganized, disoriented and therefore less able to cope.

Nair (2004) noted that stress may be understood as a state of tension experienced by individuals facing extraordinary demands, constraints or opportunities. The pressures of modern life, coupled with the demands of a job, can lead to emotional imbalances that are collectively labeled 'Stress'. However, stress is not always unpleasant. Stress is the spice of life and the absence of stress makes life dull, monotonous and spiritless. While no definition of stress has been universally accepted, three common classes of definition are as follows: one is a stimulus, an environmental event, usually a threat, that affects the body in complex ways; in this interpretation, stress is referred to as 'stressor', one that evokes complex reactions of the various systems of the body. McGuigan (1999) relayed the second definition of stress as a bodily reaction to stressors. Consequently, complex interaction of systems of the body can result in deleterious consequences to those systems and organs to the point of a person becoming 'stressed out'; and serious illness can follow. This class is usually seen as the nonspecific response of the body demand. The demands can be positive ones (Eustress) or negative ones (Distress). The third type is an interactive one has between environmental events (stressors) and bodily reactions such that stressors affect systems of the body. From

this viewpoint, stress is perceived as any action or situation that places special physical and psychological demands upon a person; anything that can unbalance his individual equilibrium. One irrefutable fact about stress is that it belongs to everyone, to businessmen and professors, to mother and children, to factory workers.

Cleveland (2017) noted that the effect of stress on secondary school students include lack of motivation or focus, sadness, anxiety on the mood. On the body, it could cause headache, muscle tension, chest pain, change in sex drive, stomach upset, and sleep problems, among others. On behaviour, the effect of stress could lead to overeating, social withdrawal, angry outburst, drug use or alcohol abuse, etc. Stress, if left unchecked, can contribute to many health problems such as high blood pressure, heart disease, obesity and diabetes.

The American Psychological Association (2013) noted that anxiety is a general term for several disorders that cause nervousness, fear, apprehension and worrying. Anxiety affects how one feels behave and it causes symptoms like increased blood pressure, palpitation, nervousness, sweating etc. it is important to note that anxiety is just a normal psychological disposition that seems

harmless but graduate from the normal situation to other psychological disorder like DID. Anxiety is the subjectively unpleasant feelings of dread over anticipated events such as the feeling of imminent death. Anxiety is not the same as fear, which is a response to a real or perceived immediate threat, whereas anxiety is the expectation of the future threat. According to Bouras and Holt (2007), anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Baker (2003) observed that people facing anxiety may withdraw from situations which have provoked anxiety in the past. According to Testa, Giannuzzi, Sollazzo, Petrongolo, Bernadini and Daini (2013), there are various types of anxiety. Existential anxiety can occur when a person faces anger, and existential crisis or nihilistic feelings. People can also face mathematical anxiety, somatic anxiety, stage fright, or test anxiety. Social anxiety and stranger anxiety are caused when people are apprehensive around strangers or other people in general.

The Diagnostic and statistical manual of mental Disorder 6th edition (2013) defined

depression as a state of low mood and aversion to activity that can affect a person's thoughts, behavior, tendencies, feelings and sense of well-being. A depressed mood is normal temporary reaction to life events such as loss of loved one etc. but it could degenerate to major depressive disorder leading to Dissociative Identity Disorder based on the length of time the situation last.

Depression may result in withdrawal from social contact, loss of sleep and poor appetite. The depressed person has a negative view of himself/herself, the world and future. Such students see themselves as inadequate, deserted and worthless. These feelings may be transient and go away without requiring seeing a doctor. In bad cases, the depressed person might lose interest in living and contemplate suicide. According to Healthy place cited in Cleveland (2017), many people with Dissociative Identity Disorder (DID) experience symptoms of depression. Sometimes, the depressive symptoms are substantial enough to result in an additional diagnosis of a depressive disorder. In either case, depressive symptoms can have a significant impact on those with DID, and can make living with DID a little more complex.

A study by Cleveland (2017) revealed that the ratio of girls to boys that suffers from

Dissociative Identity Disorder (DID) is 10:1. This means that more girls suffer from DID compared to boys. More so, a study by Nagatu (2015) also revealed that more girls than boys are mostly at risk of sexual abuse, while boys have a significant higher prevalence of childhood physical abuse than girls. According to Cleveland (2017), the case of Dissociative Identity Disorder (DID) has been discovered to occur more in children below the age of nine. Cases of child abuse, especially among female now abound. In many places, emotional and physical trauma can be found among young children. We hear of child rape, some parents also force their children to early marriage, put undue pressure on their children at early age to do different errands to make money. Some children are completely abandoned in their family houses. Though they may live with their parents or guardians, but the concern and care are not there.

In an empirical study conducted by Lilienfeld and LLynn (2014), it was discovered that the typical patient who is diagnosed with Dissociative Identity Disorder (DID) is a woman, about age 30. A review of the patient's history revealed dissociative symptoms at age 5 to 10, with emergence of alters at the age of 6. By this time they are adults, DID patients report up to 16 alters (adolescents report about

24). Most of these fade as treatment commences.

Gilling (2016)'s study revealed that most cases of Dissociative Identity Disorder (DID) are as a result of exposure to situations of extreme ambivalence and abuse during early childhood coupled with a patterned form of denial which makes the child believes the event to be happening to another person. Severe child abuses, a disorganized attachment style, absence of social and family support, among others, are likely to result in DID. Hence, the urge to dissociate appears to be linked greatly to a pathogenic family structure and attachment disorder acquired early in the life of the child as to the original temperament or genetics (Gilling, 2016).

Statement of the Problem

Dissociative identity Disorder (DID) is assuming a new dimension among secondary school students all over the world especially as more cases of childhood abuse are being reported. It is a case that seems silent but eating deep into the fabric of the society. As a result of the painful abuse children face in the society, (physical, sexual and emotional), their body system tend to react gradually in different ways. Some of these traumatized students possess dual or more personalities

in one body and the effects are shown in their academic performance. DID negatively affects students' general academic performances because it leads to memory loss, which implies that students cannot remember part or the whole of their past. Some experience fluctuating levels of functionality of the body from highly effective to being disturbed/disabled, some of them have severe headaches while others experience depersonalization, derealization, depression which may later transform to psychiatric cases. These conditions have adverse effects on the family, school, society and the nation at large. Looking at the negative consequences of DID, the researchers are concerned and decided to find out whether stress, anxiety and depression are predictive determinants of Dissociative identity disorder among secondary school students in Port Harcourt Metropolis, Rivers State.

Aim and Objectives of the Study

The aim of the study is to establish the predictive determinants of some selected psychological variables on dissociative identity disorder among secondary school students in Port Harcourt Metropolis, Rivers State. Specifically, the study intends to;

1. Determine the extent stress predicts dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.
2. Determine the extent depression predicts dissociative identity disorder among secondary school students in Port Harcourt Metropolis of River State.
3. Find out the extent anxiety predicts dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Research Questions

The following research questions were answered to guide the study.

1. To what extent does stress predict dissociative identity disorder among students in secondary school in Port Harcourt Metropolis of Rivers State?
2. To what extent does depression predict dissociative identity disorder among students in secondary school in Port Harcourt Metropolis of Rivers State?
3. To what extent does anxiety predict dissociative identity disorder among students in secondary school in Port Harcourt Metropolis of Rivers State?

Hypotheses

The following null hypotheses were tested at 0.05 alpha levels:

1. There is no significant relationship between stress and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.
2. There is no significant relationship between depression and dissociative identity disorder among secondary school students in Port-Harcourt Metropolis of Rivers State.
3. There is no significant relationship between anxiety and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Methodology

The correlational research design was adopted. The population of the study comprised all the 3913 SS2 students in public secondary schools in Port Harcourt Metropolis of Rivers State. A simple random sampling technique was used to draw 10 schools and a purposive sampling technique was used to get a sample size of 175 students. Two non-cognitive instruments were designed by the researchers titled “Stress, Anxiety and Depression Scale (SADS) and “Adolescent Dissociative Experience Scale” (ADES) were used for data collection. The SADS contained 30 items while ADES contained 30 items likewise with alternative responses of Always, Often,

Sometimes and Never. Face and content validities of the instruments were ensured by three experts in Department of Educational Psychology, Guidance and Counselling, University of Port Harcourt. Cronbach alpha reliability estimate was used to establish the reliability coefficient

of SADS; 0.75, 0.82 and 0.69 respectively on each sub-scales and ADES, 0.84. The simple regression was used to answer the research questions while t-test associated with the simple regression was used to test the null hypotheses at 0.05 level of significance.

Results

Research Question One: To what extent does stress predicts dissociative identity disorder among students in secondary schools in Port Harcourt Metropolis of Rivers State?

Hypothesis One: There is no significant relationship between stress and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Table 1: Simple regression analysis showing whether or not there is a relationship between stress and dissociative identity disorder among secondary school students

R	R ²	Adj R ²	Std Error
0.248	0.061	0.056	9.85

ANOVA

	Sum of Sq	Df	Mean sq	F	α	Sig.	Result
Regression	1103.761	1	1103.761				Significant
Residual	16893.125	174	97.087	11.369	0.05	0.001	(Reject Ho)
Total	17996.886	175					

From the analysis in table 1, it is seen that stress predicts about 0.248 (R) of dissociative identity disorder among students. The R² value was 0.061, adjusted R² is 0.056 while standard error is 9.85. From the R² value, it is seen that stress predicts about 6.1% of dissociative identity disorder among secondary school

students. Calculated F = 203.77 while sig – value is 0.001. Hence, since sig (p = 0.001 < 0.05) is less than 0.05 alpha the null hypothesis was rejected meaning that there is significant relationship between stress and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Research Question Two: To what extent does depression predicts dissociative identity disorder among students in secondary school in Port Harcourt Metropolis?

Hypothesis Two: There is no significant relationship between depression and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Table 2: Simple regression analysis showing whether or not there is a relationship between depression and dissociative identity disorder among secondary school students

R	R²	Adj R²	Std Error				
0.204	0.042	0.036	9.96				
ANOVA							
	Sum of Sq	Df	Mean sq	F	α	Sig.	Result
Regression	751.587	1	751.587				Significant
Residual	17245.299	174	99.111	7.58	0.05	0.007	(Reject Ho)
Total	17996.886	175					

From the analysis in table 2, calculated $R = 0.204$, $R^2 = 0.042$, adjusted $R^2 = 0.036$ while standard error = 9.96, from the R^2 value, it is seen that anxiety predicts about 4.2% of students dissociative disorders. The analysis also reveals calculated F of 7.58 while sig value was 0.007. Hence,

since sig ($p = 0.007 < 0.05$) is less than 0.05 alpha, the null hypothesis is rejected meaning that there is a significant relationship between depression and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Research Question Three: To what extent does anxiety predicts dissociative identity disorder among students in secondary schools in Port Harcourt Metropolis of Rivers State?

Hypothesis Three: There is no significant relationship between anxiety and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Table 3: Simple regression analysis showing whether or not there is a relationship between anxiety and dissociative identity disorder among secondary school students

R	R²	Adj R²	Std Error
0.319	0.102	0.097	9.64

ANOVA

	Sum of Sq	Df	Mean sq	F	α	Sig.	Result
Regression	1830.069	1	1830.067				Significant
Residual	16166.820	174	92.913	19.697	0.05	0.000	(Reject Ho)
Total	17996.886	175					

Table 3 shows that calculated $R = 0.319$, $R^2 = 0.102$, adjusted $R^2 = 0.097$ while the standard error was 9.64. From the R^2 value, it is seen that anxiety predicts about 10.2 % of students' dissociative identity disorder. Calculated F also shows 19.697 while the sig value is 0.000. From the value, since sig ($p = 0.000 < 0.05$) is less than 0.05 alpha the null hypothesis is rejected meaning that there is a significant relationship between anxiety and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

8.0 Discussion

Stress and dissociative identity disorder

It was revealed that stress has a significant relationship between stress and dissociative identity disorder among secondary school students in Port-Harcourt Metropolis. This is connected with the record of Amadi, Ahamefule, Ogadinma and Jude (2015) who noted that the joint influences of the independent variables which included stress were found to be significantly related to students' identity problems. This implies the fact that stress is overwhelming and full of pressures on individuals (Campbell, 2006)

Depression and Dissociative Identity Disorder

It was found out that depression has a significant relationship between depression and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State. This result may come because of the negative experience depression has on students performance. Most students when under depression feel worthless, become irrational, forgetful and totally distracted which buttress the findings of Ogadinma, Ahamefule Amadi that depression has a significant influence on dissociative identity disorders among secondary school students.

Anxiety and Dissociative Identity Disorder

It was revealed that there exists a significant relationship between depression and dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State. This is connected with the findings of Lauer, Black and Keen (1993) reported the findings that psychological state like anxiety in individuals can influence personality problems of adolescents.

Conclusion

It was concluded that stress, anxiety and depression mismanagement bring about dissociative identity disorder which is prevalent among secondary school students. Therefore, stress, anxiety and

depression can significantly predict dissociative identity disorder among secondary school students in Port Harcourt Metropolis of Rivers State.

Recommendations

1. Students who have stress, anxiety and depression disorder should be offered counseling help so that it does not degenerate to dissociative identity disorder.
2. Parents, teachers and significant others should limit the level of engaging the student to reduce stress.
3. Counselor should liaise with school authorities and organize workshop for the P.T.A. creating awareness on stress, anxiety and depression management to reduce dissociative identity disorder.

Contributions to Knowledge

This study contributed to knowledge in the following ways:

1. The study has established that students with cases of stress, depression and anxiety are likely to suffer from Dissociative Identity Disorder (DID).
2. To the best of the researchers' knowledge, no study has been advanced to show how psychological factors predict Dissociative Identity Disorder (DID) among secondary

school students in Port Harcourt Metropolis of Rivers State.

3. The study serves as a precursor to understanding the interplay between psychological variables (stress, depression and anxiety) and Dissociative Identity Disorder (DID).

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