



Research Paper

A Study to Assess the Development of Dissociative Identity Symptoms among School Going Children at Selected Schools, Puducherry.

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ABSTRACT

Dissociative identity disorder can onset at any age, although symptoms typically begin at ages 5–10. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), symptoms include "the presence of two or more distinct personality states" accompanied by the inability to recall personal information beyond what is expected through normal memory issues. Other DSM-5 symptoms include a loss of identity as related to individual distinct personality states, loss of one's subjective experience of the passage of time, and degradation of a sense of self and consciousness. In each individual, the clinical presentation varies and the level of functioning can change from severe impairment to minimal impairment.

Key words: statistical manual, inability, distinct personality, memory issue, subjective experience, degradation, impairment

I. INTRODUCTION

The symptoms of dissociative amnesia are subsumed under a diagnosis, and thus should not be diagnosed separately if criteria are met. Individuals with may experience distress from both the symptoms of (intrusive thoughts or emotions) and the consequences of the accompanying symptoms (dissociation rendering them unable to remember specific information).

NEED OF THE STUDY

DID is a severe form of dissociation, a mental process that produces a lack of connection in your thoughts, memories, feelings, actions, or sense of identity. The dissociative aspect is thought to be a coping mechanism -- you literally shut off or dissociate yourself from a situation or experience that's too violent, traumatic, or painful to assimilate with your conscious self. Dissociative identity disorder, previously called multiple personality disorder, is usually a reaction to trauma as a way to help a person avoid bad memories.

STATEMENT OF THE PROBLEM

A study to assess the development of dissociative identity symptoms among school going children at selected schools, Puducherry

OBJECTIVES OF THE STUDY

- To assess the development of dissociative identity symptoms among school going children
- To associate the development of dissociative identity symptoms among school going children

II. METHODOLOGY

The research approach used for this study was quantitative research approach. A descriptive research design was adopted for this present study. By using purposive sampling technique, 30 among school going children at selected schools, Pondicherry were selected for the present study. The period of data collection was two weeks. The tool consists of demographic data, standard questionnaire tool was used. The outcome of the study was evaluated by using descriptive and inferential statistics.

ORGANISATION OF THE DATA

Section A: Frequency and percentage wise distribution of demographic variables.

Section B: Frequency and percentage wise distribution of the development of dissociative identity symptoms

Section C: Mean and Standard deviation of the development of dissociative identity symptoms among school going children

Section D: Association on assess the development of dissociative identity symptoms among school going children at selected schools

Table 1: Frequency and percentage wise distribution of demographic variables
[N=30]

S.NO	DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE
1.	Age		
	a. 11-13 years	0	0
	b. 14 years	10	33.3
	c. 15 years	20	66.7
	d. 16-18 years	0	0
2.	Gender		
	a. male	17	56.7
	b. Female	13	43.3
3.	Religion		
	a) Hindu	29	96.7
	b) Muslim	1	3.33
	c) Christian	0	0
4.	Type of school		
	a) Government	0	0
	b) Private	30	100
	c) Other	0	0
5.	Types of family		
	d) Nuclear	18	60
	e) Joint	12	40
	f) Single	0	0
6.	Fathers occupation		

	a) Government employee	7	23.3
	b) Private employee	20	66.7
	c) Own business	3	10
	d) Others	0	0
7.	Fathers monthly income		
	a) 500-10000	3	10
	b) 11000-15000	20	66.7
	c) >15000	7	23.3
8.	Type of residence		
	a) Rural	12	40
	b) Urban	18	60
9	Socioeconomic status		
	a) Low class Socioeconomic status	0	0
	b) Middle class Socioeconomic status	30	100
	c) High class Socioeconomic status	0	0
10	Any lifestyle disease		
	a. yes	0	0
	b. no	30	100

Table 1: Shows the Frequency and Percentage wise Distribution development of dissociative identity symptoms

The study result shows that out of the People who were interviewed, Majority of the children 20(67%) were in the age group above 15 years. Most of the children 17(57%) were male. Most of the children father working as private employee 20(67%). Most of their father income is 11000-15000 20(67%). Majority of them from urban area 18(60%)... Majority of among 30 no one had any lifestyle disease. And all of them belong to middle class socioeconomic status

Age

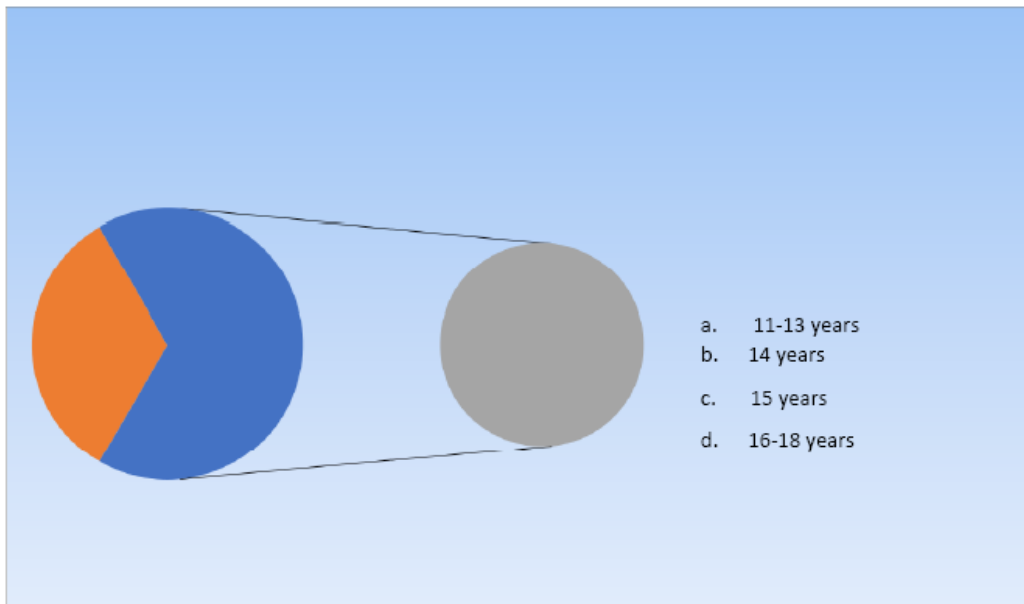


Fig: 2 Age in years in wise distribution of demographic variables of school going children

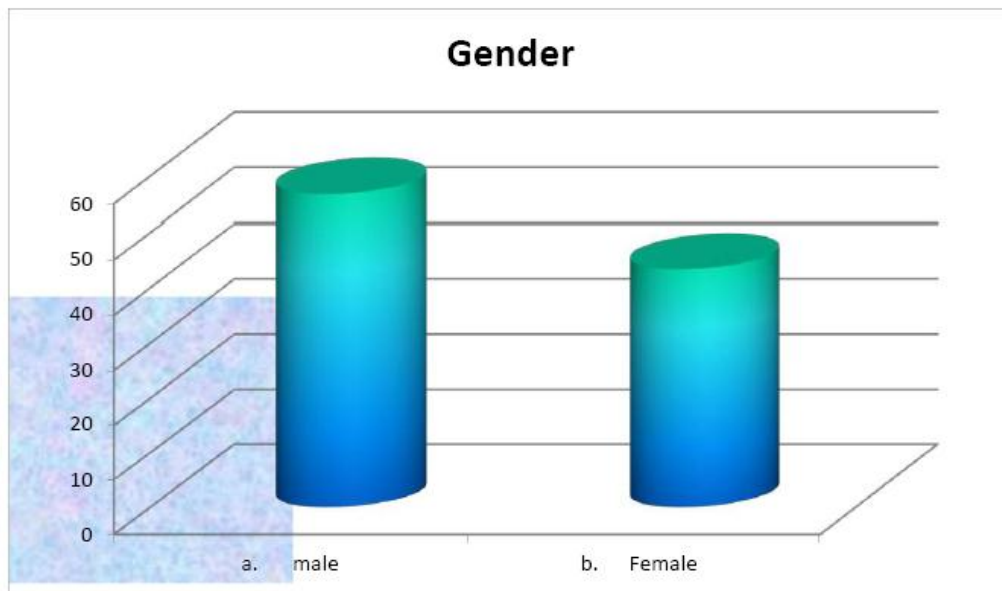


Fig: 3 gender status wise distribution of demographic variables of school going children

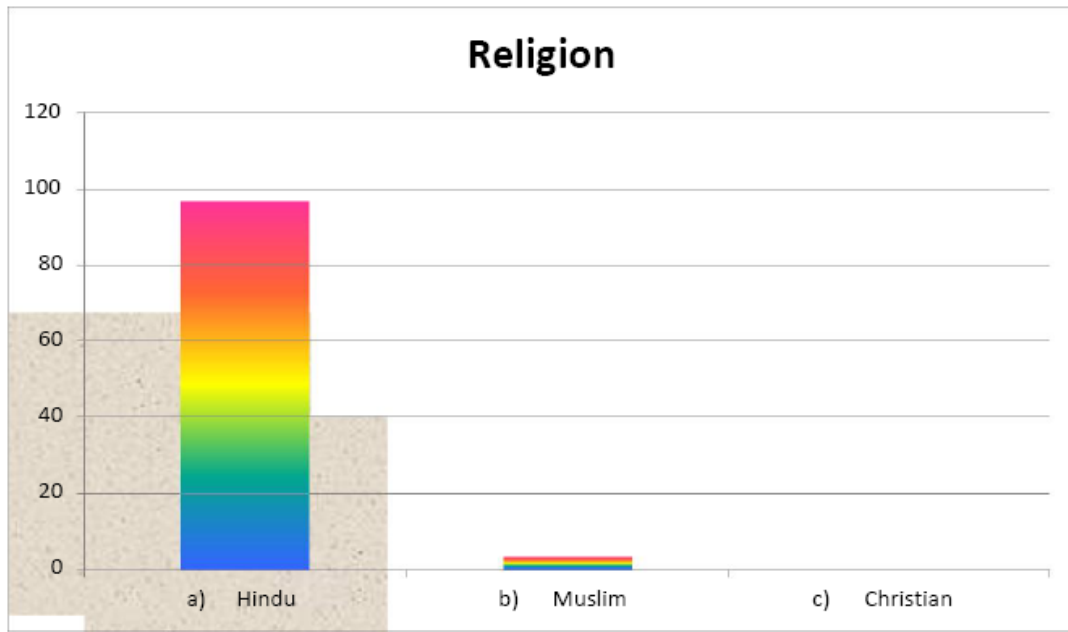


Fig: 4 religion wise distribution of demographic variables of school going children

TABLE – II: Frequency and percentage wise distribution of the development of dissociative identity symptoms [N= 30]

SCORING INTERPRETATION	FREQUENCY	PERCENTAGE
Low level symptoms	25	84
high level symptoms	5	6

Table II: Shows that Frequency and percentage wise distribution of the development of dissociative identity symptoms

Out of 30 samples, 25(84%) of them have Low level symptoms, 5(6%) of them have high level symptoms

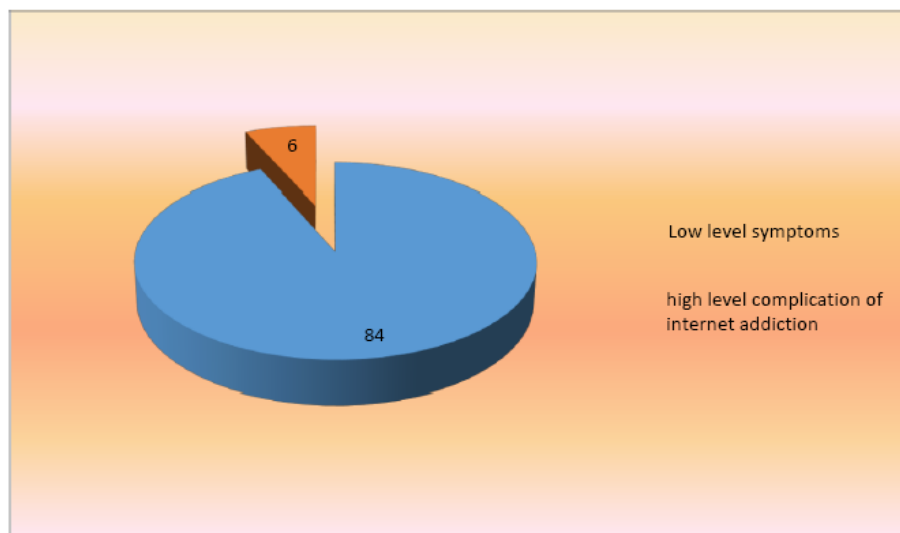


TABLE –III: Mean and Standard deviation of the development of dissociative identity symptoms among school going children [N = 30]

MEAN	STANDARD DEVIATION
5.36	4.99

Table III: Shows that area wise Mean and Standard deviation of the development of dissociative identity symptoms among school going children

The findings reveal that mean (5.36) and standard deviation (5.99) of development of dissociative identity symptoms among school going children

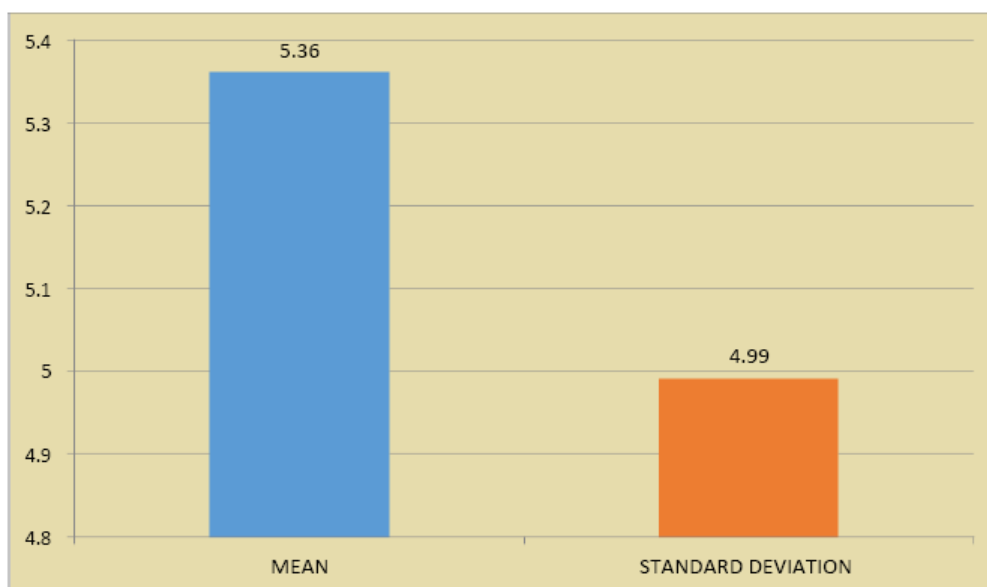


TABLE – IV: Association on assess the development of dissociative identity symptoms among school going children at selected schools [N = 30]

S.NO	DEMOGRAPHIC DATA	Low level symptoms		High level symptoms		χ ²
		N	%	N	%	
1.	Age					χ ² =.286 Df=1 P=.5930
a.	11-13 years	0	0	0	0	
b.	14 years	18	60	3	10	
c.	15 years	7	23.3	2	6.67	
d.	16-18 years	0	0	0	0	

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2. Gender						
a.	male	13	43.3	4	13.3	X ² =1.330 Df=1 P=.2487
b.	Female	12	40	1	3.33	
3. Religion						X ² =30**
a)	Hindu	25	83.3	0	0	Df=1 P=.000
b)	Muslim	0	0	5	16.7	
c)	Christian	0	0	0	0	
4. Type of school						X ² =10.714**
a)	Government	0	0	2	6.67	Df=1 P=.0011
b)	Private	25	83.3	3	10	
c)	Other	0	0	0	0	
5. Types of family						X ² =1
a)	Nuclear	16	53.3	2	6.67	Df=1 P=.3173
b)	Joint	9	30	3	10	
c)	Single	0	0	0	0	
6. Fathers occupation						X ² =3
a)	Government employee	7	23.3	0	0	Df=2 P=.2231
b)	Private employee	15	50	5	16.7	
c)	Own business	3	10	0	0	
d)	Others		0		0	
7. Fathers monthly income e						X ² =3
a)	500-10000	3	10	0	0	Df=2 P=.2231
b)	11000-15000	15	50	5	16.7	
c)	>15000	7	23.3	0	0	
8. Type of residence						X ² =1
a)	Rural	9	30	3	10	Df=1 P=.3173
b)	Rural	16	53.3	2	6.67	
9. Socioeconomic status						
a)	Low class Socioeconomic	0	0	0	0	X ² =1

	status					Constant
	b) Middle class Socioeconomic status	25	83.3	5	16.7	Constant
	c) High class Socioeconomic status	0	0	0	0	
10	Any lifestyle disease					
	a. yes	0	0	0	0	Constant
	b. no	25	83.3	5	16.7	

**-p<0.05, significant and **-p<0.001, highly significant*

Table IV: Shows that Association on assess the development of dissociative identity symptoms among school going children at selected schools with their selected demographic variables.

The chi square reveals that it is statistically association with religion and type of school to p<0.001 significance other are non-significance

III. RESULTS

The study result shows that out of the People who were interviewed, Majority of the children 20(67%) were in the age group above 15 years. Most of the children 17(57%) were male. Most of the children father working as private employee 20(67%). Most of their father income is 11,000-15,000 20(67%). Majority of them from urban area 18(60%). Majority of among 30 no one had any lifestyle disease. And all of them belongs to middle class socioeconomic status out of 30 samples, 25(84%) of them have Low level symptoms, 5(6%) of them have high level symptoms the findings reveal that mean (5.36) and standard deviation (5.99) of development of dissociative identity symptoms among school going children

IV. RECOMMENDATIONS

The study can be replicated with larger samples for better generalization.
The study can be implemented at the various states of India.

V. CONCLUSION

The present study to assess the development of dissociative identity symptoms among school going children at selected schools, Puducherry. The study finding concluded that significant association between dissociative identity symptoms among school going children Bharatha Devi high schools.

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