

# Dissociation as depicted in the traumatic event drawings of child sexual abuse survivors: A preliminary study

Galit Amir, M.A.<sup>a</sup>, Rachel Lev-Wiesel, Ph.D.<sup>b,\*</sup>

<sup>a</sup> CSA Survivors Center in Beer Sheva, Israel

<sup>b</sup> School of Social Work, University of Haifa, Haifa 31905, Hacarmel, Israel

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## Abstract

The proposed study aims to investigate whether dissociation-defined as a disturbance or alteration of the usually integrated functions of identity, memory or conscious [American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: American Psychiatric Association.] – can be depicted within drawings of the “traumatic event” drawn by survivors of childhood sexual abuse.

Twenty-seven drawings, drawn by childhood sexual abuse survivors were collected from therapists after clients signed informed consent forms. Following the completion of drawing the “traumatic event”, the Self Report version of the Peritraumatic Dissociative Experiences Questionnaire (PDEQ; [Marmar, C. R., Weiss, D. S., & Metzler, T. J. (1997). The Peritraumatic Dissociative Experiences Questionnaire. In J. P. Wilson, & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD*. (pp. 412–428). New York, NY: The Guilford Press.]) was administered.

Drawings were analyzed by two practitioners according to the five dissociative symptom categories [Steinberg, M. (1997). Assessing posttraumatic dissociation with the structured clinical interview For DSM-IV dissociative disorders. In J. P. Wilson, & T. M. Keane (Eds.), *Assessing Psychological Trauma and PTSD*. (pp. 429–448). New York, NY: The Guilford Press.]: amnesia, depersonalization, derealization, identity confusion and identity alteration. Indicators were selected upon face validity and previous studies, including a preliminary study conducted by the author.

Correlation analysis between indicators and PDEQ score was conducted. In addition analysis of variance to compare survivors who were still minors and adult survivors was conducted.

Findings revealed that a significant correlation between indicators of derealization in drawings and PDEQ scores exists, in the adult group only. In addition, minors scored significantly higher on the PDEQ than adults. However, comparison between drawings of adults with drawings of minors indicated that adults scored significantly higher on the dissociative symptoms of identity confusion and identity alteration than minors.

Findings may indicate that traumatic event drawings have a potential for being developed for diagnostic, therapeutic and forensic purposes. Suggestions for further research are offered.

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Clinical experience and studies indicate the usefulness of drawings for diagnostic and therapeutic purposes for individuals who suffer from posttraumatic response or dissociative disorders (Silberg, 1998) associated with child abuse (Lev-Wiesel, 2004; Malchiodi, 1990). According to Furth (1988), Gillespie (1994), and Lev-Wiesel (1999,

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\* Corresponding author. Tel.: +972 4 6732627; fax: +972 4 6734627.

E-mail address: rlev@univ.haifa.ac.il (R. Lev-Wiesel).

2004), the drawn figure or symbol usually reflects the drawer's inner knowledge and deep acquaintance with the self.

One of the difficulties that legal professionals (e.g., police investigators, child investigators) and helping professionals (therapists, medical staff, etc.) are faced with is the difficulty or sometimes apparent inability of survivors to verbally describe their traumatic experiences. Milchman (2003) suggested that drawing might encourage verbalization relating to the trauma and the traumatic event of victims.

Recently, a study conducted by Lev-Wiesel and Liraz (2006) examined the extent to which the use of drawing prior to narrative description increases the richness of the narrative given by children who are exposed to a succession of negative life events. Findings revealed that narratives of children who were asked to draw prior to verbally describing events were more detailed and more emotionally revealing than those of children who were asked only to verbally narrate. In contrast, expressions of resistance and splitting were more apparent in the children who were only requested to narrate.

Since dissociation – defined as a disturbance or alteration of the usually integrated functions of identity, memory or awareness (APA, 1994) – is difficult to diagnose (Duffy, 2002; Weber, 2001) and was found to have tremendous impact on sexual abuse survivors' lives and testimonies (Brand, 2001; Talbot, Talbot, & Tu, 2004), it is important to develop tools through which dissociation activated during a traumatic event may be expressed. Therefore, the current study is an attempt to identify dissociative indicators in sexual abuse survivors' drawings of the traumatic event.

### **Childhood sexual abuse (CSA) and dissociation**

Childhood sexual abuse is defined as a sexual act between an adult and a child, in which the child is utilized for the sexual satisfaction of the aggressor (Briere, 1992). Reviews of numerous studies examining the long-term sequelae of CSA (e.g., Breslau, 2002; Kaysen, Resick & Wise, 2003; Neumann, Houskamp, Pollock, & Briere, 1996; Ruggiero et al., 2004) list numerous psychological, behavioral, and social difficulties in adults that include depression, psychological distress, poor self-esteem (Freshwater, Leach & Aldridge, 2001; Johnson, 2004), substance abuse, suicide attempts (Dube et al., 2001; Plant, Miller, & Plant, 2004; Schumm, Hobfoll, & Keogh, 2004), severe posttraumatic stress symptomatology (Petrak & Campbell, 1999), psychopathology disorders (MacMillan, Fleming, & Streiner, 2001; Owens & Chard, 2003), self-destructive behavior (Merrill, Thomsen, & Sinclair, 2001), and dissociative disorders (Fleming, Mullen, Sibthorpe, & Bammer, 1999; Simpson & Miller, 2002). Van Den Bosch, Verheul and Van Den Brink (2003) found that the prevalence of dissociative experiences and posttraumatic stress disorder among those with history of CSA were high compared to survivors of other forms of trauma.

According to Silberg (1998), in order to detach themselves during a traumatic event children tend to dissociate, a phenomenon that allows the child to survive and retain a relatively normal, functioning self (Krystal et al., 2000; Midgley, 2002). Dissociation refers to a mental process that produces a lack of connection in the person's thoughts, memories, feelings, actions, or sense of self. During the dissociation process, certain information is not associated with other information as it would normally be (Lev-Wiesel, 2004; Zomer & Zomer, 1997). Dissociative mechanisms are those that allow a person to temporarily escape from pain and suffering (Silberg, 1998). Putnam (1993) lists the defensive functions of the dissociative mechanisms, which include creating automatic behaviors, responding to overwhelmed stimuli, escaping from life stressors and despair, compartmentalizing catastrophic events, cathartic relief from certain feelings, avoiding and relieving pain, and, altering the sense of self so that the traumatic event is experienced as if "it never happened to me." As a defense mechanism, dissociation seems to protect against immediate experiences, yet it results in a fragmentation of the self (Shengold, 1989).

### **Trauma organized system—avoidance of describing the event**

Bentovim (2002) suggested that the relationship between a perpetrator-parent and a sexually abused child is a "trauma organized system"—through minimalization, silencing and victim blaming, dissociative mechanisms are developed, thereby decreasing the victimized child's ability to verbally describe the experience. The pressure not to see, not to hear and not to speak prevents the processing of the experiences, leading to unhealthy dissociative coping strategies such as identification with the aggressor, identification with the other parent's passivity or silent collaboration, or identification with the victimized self. This might be strengthened by the victim's attempt to avoid thinking about the

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