MULTIPLE PERSONALITY DISORDER AND THE SOCIAL SYSTEMS: 185 CASES

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ABSTRACT

A survey of 185 individuals in treatment for multiple personality disorder regarding their involvement with the mental health and social service systems documents the high level of social resources these individuals use as a result of their post-traumatic symptomatology. The data point to the cost effectiveness of accurate diagnosis and effective treatment of multiple personality disorder.

INTRODUCTION

In the last fifteen years since the second edition of the *Comprehensive Textbook of Psychiatry* (Freedman, Kaplan, & Sadock, 1975) declared incest to occur in one person in a million in the general population, there has been growing knowledge about the high incidence of child sexual abuse in North America (Rush, 1980; Badgley, 1984; Finklehor, 1984; Russell, 1986). During the same time period, clinicians have become increasingly aware of the use of dissociation as a defence by a great many victims of severe child abuse (Putnam, 1985; Putnam, Guroff, Silberman, Barban, & Post, 1986), and there has been an exponential increase in suspected incidence of multiple personality disorder. In the 1950s, Chris Sizemore ("Eve" of *The Three Faces of Eve* [Thigpen & Cleckley, 1953]) was said to be the only case of multiple personality in the world. In the mid-1980s, Coons (1985, 1986) estimated that "a minimum of six thousand cases of multiple personality may be occurring nationwide." Recently, researchers conducting the first systematic incidence studies of dissociation and multiple personality disorder found that one in one hundred people in the general population endorse the symptoms of multiple personality disorder as defined by the *DSM III-R*, and in certain clinical populations such as incest survivors, substance abusers, and psychiatric inpatients, the incidence is much higher (Ross, 1991).

As increasing numbers of clinicians treat individuals with MPD, a large body of oral testimony has developed about the positive prognosis that a great many of these individuals have for complete cure, or at least substantial alleviation of their debilitating symptomatology, when they receive appropriate treatment. The literature documents many case studies and some preliminary outcome data (Kluft, 1986b) that confirm the widespread clinical impression that MPD is the most severe psychiatric condition with a highly positive prognosis if appropriate treatment is available, undertaken, and completed.

Individuals who suffer from multiple personality disorder usually exhibit a wide array of symptomatology that permeates their past and their present life. Suicidal depression, severe somatic complaints, amnesia, self-mutilation, passive-influence phenomena, fugue episodes, unstable personal relationships, sleep disturbances, nightmares, flashbacks, sexual difficulties, intense dysphoria, and dramatic swings in affect and behavior are among the many symptoms of this post-traumatic condition (Putnam, 1989; Ross, 1989b). Though some individuals with multiple personality disorder are consistently high-functioning (Kluft, 1986a), a more common pattern is inconsistent or consistently compromised personal, social, and professional competence. Their symptomatology leads many individuals with multiple personality disorder to seek help from the mental health system, and they usually share a long psychiatric history (average of 6.8 years) (Putnam, et al., 1986; Ross, 1989a; Rivera, 1991) of multiple diagnoses and non-responsiveness to the usual treatment for these diagnoses before they are eventually accurately diagnosed as suffering from multiple personality disorder.

There is also general agreement in the literature that the appropriate treatment for MPD is a regimen of intensive psychotherapy (Braun, 1986; Putnam, 1989; Ross, 1989a). The main work of the therapy is the strategic uncovering and reworking of the history of experiences of trauma. When the traumas (which are sequestered in disaggregate self-states called alter personalities [Kluft, 1988]) are remembered, abreacted, and cognitively reprocessed, the defensive dissociative barriers between the states are gradually eroded. The result is the development of a continuity of consciousness and new, non-dissociative coping skills. This positive outcome is referred to as personality unification, fusion or integration. The process involves commitment by the individual with multiple personality disorder to a rigorous and

often painful treatment which is almost always long-term, encompassing three to five years (Putnam, 1989) or more of therapy.

This increase of awareness about both the prevalence of child abuse and severe dissociative disorders, including multiple personality disorder, and the responsiveness of dissociative conditions to appropriate treatment, raise critical social policy issues. One of the most basic of these is the cost of treating this condition.

In a time of recession, as both the public and private sectors attempt to exercise fiscal restraint, how are the health care systems to respond to reports of a disorder that demands intensive and necessarily costly treatment? Though stories of individuals suffering from severe, debilitating, and often life-long symptomatology being completely healed, with the consequent increased level of psychological and social functioning, are heartening and sometimes inspiring, do we, as a society, have the resources to offer treatment to a wide cross-section of the population suffering from multiple personality disorder? Is treating MPD cost-effective?

A study, conducted by Education/Dissociation (a community education program funded by Health and Welfare Canada), offers data to address this important question. This study involved 185 individuals in treatment for multiple personality disorder with a variety of mental health and social service systems before they were accurately diagnosed and appropriately treated. The results of the study indicate that it is much more expensive *not* to treat individuals with multiple personality disorder effectively than it is to treat them.

METHODS

Seven hundred (700) questionnaires were distributed at a conference held in Toronto, Ontario, for professional training in treatment of multiple personality disorder and dissociation. They elicited information about the childhood abuse history of individuals in treatment for MPD and their past and present involvement with mental health and social services systems. In addition to a variety of workshops for the professional development of service providers, an educational forum for individuals suffering from multiple personality disorder was facilitated during the conference. Questionnaires were included in all conference packets, with instructions that they could be completed by practitioners treating individuals with multiple personality disorder or by individuals with MPD themselves.

One hundred and eighty-five (185) questionnaires were returned with complete data. Seventy-five (75) individuals in treatment for multiple personality disorder attended the educational forum; 72% (n=54) returned completed questionnaires. Of the 625 professionals registered for the conference, 282 indicated on their registration forms that they had seen, assessed or treated an individual with MPD in a professional setting. Forty-seven (47%) percent (n=131) of the registrants who were aware of having had professional contact with an individual suffering from MPD returned completed questionnaires. Some of these professionals had client contact that was minimal and therefore were clearly not privy to the detailed information that would enable them to fill out the questionnaire. Therefore the exact return rate for qualified professional recipients cannot be determined. Professionals in the following disciplines returned completed questionnaires: social workers (35%); psychologists (22%); and medical doctors—mainly psychiatrists (21%). The remaining 22% represented a variety of disciplines, including nurses and pastoral counselors.

There were no significant differences in any area between the data from therapists about their clients and the data from individuals with multiple personallity disorder about their own histories, an interesting finding in itself.

FINDINGS

Ninety-two percent were female (average age 33.5 years); 8% were male (average age 28 years). Eighty-nine percent experienced physical abuse in childhood; 98% sexual abuse; most experienced both physical and sexual abuse.

Thirty-six percent disclosed their abuse in childhood. Disclosures were made to parents (48% of the 36%), child welfare agencies (38%), police (18%), a teacher (15%), a friend/neighbor (12%), pastor (9%), doctor (6%). In 77% of the cases in which abuse was disclosed, no protective action was taken, and the most common reactions were (1) being called a liar, (2) being beaten, and (3) being disbelieved. Eighteen percent of the children who disclosed abuse were removed from their homes. In one case, the abuser was jailed, and in another case, the abuse stopped although both the victim and the abuser remained at home together.

Of the entire sample (185), 19% were involved with the child welfare system as children, and 15% as adults regarding their own children. Fifty-seven percent of the entire sample had problems with drug abuse. Of those who abused drugs, 33% reported abusing both prescription and illegal drugs. Twenty-eight percent used prescription drugs only, and 39% illegal drugs only. Fifty percent of the sample abused alcohol. Twelve percent had a criminal record. Fifty-five percent had been on social assistance due to their inability to work consistently because of their dissociative symptomatology.

Eleven percent had never been in treatment before receiving the diagnosis of multiple personality disorder. The involvement of the remaining 89% with the mental health system was extensive, with an average of 6.8 years of psychiatric intervention before the diagnosis of multiple personality disorder and the commencement of effective treatment. Seventy-three percent had received diagnoses that they were able to list for the study. They received an average of three diagnoses each, and a total of forty-six different diagnoses were reported altogether, most frequently, Depression (46%), Borderline Personality Disorder (37%), and Schizophrenia (33%). They were hospitalized for psychiatric symptoms an average of four times each (see Table 1).

DISCUSSION

Two studies, one completed at the Royal Ottawa Hospital

(Fraser & Raines, 1990), and the other at St. Boniface Hospital in Winnipeg (Ross & Dua, in press) documented the lifetime psychiatric health care costs for two small cohorts of patients eventually treated for multiple personality disorder. Their findings are most relevant in connection with the high use of social resources documented in this survey. Both studies found that millions of dollars had been spent by the mental health systems on ineffective and counterproductive treatment and hospital care before diagnosis. Both studies also found that while, in some cases, the treatment costs increased for a time after the commencement of intensive psychotherapy for MPD, a significant cost saving was effected in a very short time, and those who completed treatment left the mental health system for the first time in their lives (Fraser & Raines, 1990; Ross & Dua, in press).

These two studies documented the psychiatric health care costs of undiagnosed, untreated multiple personality disorder. Add to these the cost of drug and alcohol abuse treatment, social assistance payments to individuals unable to work consistently prior to the completion of appropriate treatment, child welfare and legal justice costs documented by the Education/Dissociation study "Multiple Personality and the Social Systems," and it becomes clear just how expensive it is to allow thousands of individuals with histories of prolonged childhood abuse and severe dissociative symptomatology to go undiagnosed and untreated.

These are only the financial costs, the tax dollars squandered. The personal suffering and the waste of human potential that is represented by each individual who remains untreated for many years because mental health and social service personnel are not trained to recognize their problem is incalculable. There is no doubt that both psychotherapeutic treatment for individuals with multiple personality disorder and training for professionals in the health, mental health, social service and education systems so that they can recognize and treat severe dissociative disorders are exceptionally cost-effective.

In summary, individuals who suffer from MPD as a result of a childhood history of trauma use high levels of social resources as a result of their posttraumatic symptomatology. Though providing them with effective treatment is expensive, it is a great deal less costly than continuing to allow them to remain undiagnosed and untreated and paying for all of the social supports and services that they must utilize as a direct outcome of their condition. ■

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TABLE 1
Involvement in Social Systems

Social Assistance/Welfare	55%
Child Welfare	
• As child	19%
• As adult	15%
Criminal Record	12%
Mental Health System	
• Drug Abuse	57%
• Alcohol Abuse	50%
• Previous Psychiatric Treatment	89%

Additional findings:
Average of Four Psychiatric Hospitalizations Each
Average of 6.8 Years in Treatment Before Accurate Diagnosis
Average of Three Previous Diagnoses Each
Most Common Diagnoses: Depression
Borderline Personality Disorder
Schizophrenia

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