DISSOCIATION: ABSTRACTS

VOLUMES I - IV, 1988 - 1991

Vol. I (1), 4-23, 1988

The BASK Model of Dissociation

The BASK model conceptualizes the complex phenomenology of dissociation along with dimensions of Behavior, Affect, Sensation, and Knowledge. The process of dissociation itself, hypnosis, and the clinical mental disorders that constitute the dissociative disorders are described in terms of this model, and illustrated.

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Vol. I (1), 24-32, 1988

The Switch Process in Multiple Personality Disorder and Other State-Change Disorders

This paper explores the properties of states of consciousness as they are revealed by the process of state-change or switching. Drawing on examples of state of consciousness transitions in infants, altered states of consciousness, and psychiatric disorders, a number of common principles are derived. These include the observation that states of consciousness are discrete self-organizing patterns of behavior differing along axes of affect, access to memory, attention and cognition, regulatory physiology, and sense of self. State transitions are marked by non-linear changes in these variables. A developmental model is outlined and the implications for treatment and further research are discussed.

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Vol. I (1), 33-38, 1988

Psychodynamics and Dissociation: All that Switches is not Split

This paper contrasts the roles of splitting and dissociation in multiple personality disorder. It is proposed that dissociation is a unique defensive process that serves to protect the patient from the overwhelming effects of severe trauma and that multiple personality disorder need not call upon splitting as its central defensive process. Fantasies of restitution may be incorporated into the dissociative defense. Psychological, physiological, and behavioral models all are of use, making it likely that ultimately dissociation will be understood along multiple lines of study.

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Vol. I (1), 39-46, 1988

***DSM-III-R* Revisions in the Dissociative Disorders: An Exploration of their Derivation and Rationale**

The authors describe and explore changes in the dissociative disorders included in the new DSM-III-R. *The classification itself was redefined to minimize inadvertent areas of overlap with other classifications. Recent findings have necessitated substantial revisions of the criteria and text for multiple personality disorder. Ganser's Syndrome, listed as a factitious disorder in* DSM-III, *is reclassified on the basis of recent research as a dissociative disorder not otherwise specified. The examples for dissociative disorder not otherwise specified have been expanded to better accommodate recognized dissociative syndromes that do not fall within the four formally defined dissociative disorders. Several novel diagnostic entities and reclassifications were proposed that were reflected for* DSM-III-R *because there is insufficient supporting data at this point in time. These proposals identify issues that will require reconsideration for* DSM-IV.

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Vol. I (1), 47-53, 1988

Psychophysiologic Aspects of Multiple Personality Disorder: A Review

Multiple personality disorder has been associated with marked psychophysiologic alterations ever since careful clinical observations have been made on this perplexing disorder. Physical symptoms known to be associated with multiple personality include headaches, conversion symptoms, changes in voice, seizure-like activity, unexplained pain or insensitivity to pain, alterations in handedness or handwriting style, palpitations, alterations in respiration, gastrointesti-

nal disturbances including bulimia and anorexia, menstrual irregularities, sexual dysfunction, and dermatological conditions including unusual allergic responses and differential responses to medication. Early scientific studies on the galvanic skin response in multiple personality disorder were conducted by Prince in the early twentieth century. Since 1970 there has been a resurgence of interest in multiple personality disorder including sophisticated studies of physical symptoms, brain-wave activity, visual evoked potential, regional cerebral blood flow, visual refraction, muscle activity, cardiac and respiratory activity, galvanic skin response, and the switch process. In addition to describing these studies, the etiology of multiple personality disorder and future directions in research will be discussed.

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Vol. I (1), 54-60, 1988

Munchausen's Syndrome as a Dissociative Disorder

A patient is described who was diagnosed as having Munchausen's Syndrome and Munchausen's by Proxy as wells as Multiple Personality Disorder. Commonalities between Munchausen's and Multiple Personality Disorder include: multigenerational patterns, self-mutilating behaviors, multiple somatic symptoms, having been accused of lying, use of many different names, and fuguelike disappearances. Commonalities between Munchausen's and child abuse related behaviors include hospital peregrination and the production of inadequate explanations for inflicted injuries. The present case is one of a series of Munchausen's Syndrome case reports in which extreme abuse has been documented in the patient's childhood.

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Vol. I (1), 61-66, 1988

Common Errors in the Treatment of Multiple Personality Disorder

Psychotherapists report widely different experiences in their attempts at treating multiple personality disorder (MPD) patients. Some have deepened their interests and developed full-time specialized practices with this clinical population. Others have declined to have any further contact with them at all, referring possible MPD patients to colleagues when they first suspect that this disorder may be present. Still others have decided against treating more than one or two MPD patients. These diverse decisions are examined with a focus upon the effects of therapist' uneven attention to the formal properties of the dyadic psychotherapeutic experiences as a possible influence upon their future work with MPD. Problems concerning the framework of psychotherapy and the countertransference conflicts which often move the therapist unconsciously and irrationally to alter the canons of psychotherapy in mutually detrimental ways appear to be crucial determinants.

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Vol. I (1), 67-72, 1988

The Management of Malevolent Ego States in Multiple Personality Disorder

"Malevolent" personalities create tremendous problems to both the patient and the therapist. The dangers of possible suicide, homicide and other acting-out by such angry states multiply the difficulties in achieving personality integration. Such entities originally developed to protect the individual. They represent a defense for the abused child who was confronted with a situation with which he could not cope. Suggestions by the therapist that the treatment goal is "fusion" constitute a threat to the existence of alter personalities, and mobilize their resistance. Ego-state theory holds that "dividing" lies on a continuum, ranging from normal, adaptive differentiation (as represented by different moods) to pathological dissociation (as represented by true multiple personality disorder). Between lie covert "ego-states" which are organizations of behavior and experience separated by semi-permeable boundaries. In this theory, treatment of Multiple Personality Disorder involves reducing the rigidity of the boundaries and moving them down the continuum until they become ego-states—such as are found in normal subjects under hypnosis. From this point of view malevolent alters need not to be threatened with non-existence, but are promised continued selfness and identity within a larger organizational framework. Such an approach lowers their resistance to treatment, and "integration" (which is not the same as "fusion") is more easily attained. The therapist becomes their "friend" rather than their "enemy."

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Vol. I (1), 73-76, 1988

Multiple Personality Disorder and Transference

The appreciation, interpretation, and management of transference constitutes a crucial dimension in the treatment of multiple personality disorder. The author offers remarks and observations based on a considerable body of direct clinical experience and consultations to colleagues. The most commonly encountered problematic transference in work with MPD, the hostile, erotic, and dependent, are illustrated and discussed.

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Vol. I (1), 77-83, 1988

Multiple Personality Disorder Misdiagnosed as Mental Retardation: A Case Report

A woman was diagnosed as mentally retarded when she was five years of age and spent the next 35 years so classified. She also was considered schizophrenic. Incongruities in her clinical presentation ultimately led to the suspicion that she suffered multiple personality disorder. It was found that she had retreated into an adaptation consistent with the superficial manifest appearance of mental retardation, and that the intrusion of her dissociative psychopathology was mistaken for schizophrenia. Correctly diagnosed and treated, she has made noteworthy gains. Selected issues relevant to the misdiagnosis of MPD are discussed.

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Vol. I (2), 2-15, 1988

Toward a Psychobiological Theory of Borderline Personality Disorder

This paper proposes a psychological model of the borderline conditions that explores the role of a hyperirritability that may either antedate parent-child interactions or stand apart from traditional developmental stages. It suggests that one pathway toward this hyperirritability is the traumatic effect of abuse, which may alter the neuroregulatory response system in ways that cannot be accounted for in purely developmental models. The therapeutic implications of this model are reviewed. The brain is placed between two orders of stimulation, those which proceed from the nerves of the external senses, and those which it receives from the nerves of the internal viscera....(once) Excitants...having acted with too great energy, and during too long a time, the brain...assumes a state of irritation; innervation becomes excessive, which appears by an augmentation of sensation and motion. F.J.V. Broussais, On Irritation & Insanity, tr.: T. Cooper, M.D. 1831, p. 233. So then, this exuberant activity of memory, its bizarre combinations of the imagination, reduce themselves, physiologically speaking, to an excessively lively and tenacious action—to an irritation of the intracranial nervous substance subserving the operations of the intellect...memory cannot be explained other than as a cerebral excitation, which renews itself even in the absence of the cause which had long ago provoked it. F.J.V. Broussais, 1828, pp. 447-8. (Tr. by the author). May not these melancholy departures from ordinary and healthy modes by thought, impulse and action constitute evidence..of undefeated, unperceived, unrecognized mental disease, in all probability arising from cerebral irritation...? F. Winslow, 1861 (p. 160).

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Vol. I (2), 16-23, 1988

The BASK Model of Dissociation: Clinical Applications

This article is a continuation of the BASK Model of Dissociation: Part I, which discussed the phenomena and theory of dissociation. It uses the previously described BASK Model (Behavior, Affect, Sensation, Knowledge levels within a time continuum) and applies it to treatment. Since treatment is a dynamic concept and knowledge is a static term, BASK is changed to BATS, wherein the active term "thought" is substituted for "knowledge." The interrelationship of the various dimensions of the BATS model is demonstrated and described. The BASK format is used to describe how a behavior, affect, thought and/or sensation clue is used to track down and synthesize the BASK/BATS components in psychotherapy through work with different personalities and/or fragments. A main thesis is that congruence of the BASK/BATS level across the space/time continuum is required for healthy functioning. It is hoped from this discussion that the reader will get a sufficient understanding of the practical use of the BASK model and that he/she might apply it to her/his school and practice of psychotherapy.

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Vol. I (2), 24-26, 1988

Determining Prognosis in the Treatment of Multiple Personality Disorder

Determining the prognosis of a multiple personality disorder (MPD) patient has received little systematic attention in the literature. Drawing on clinical experience, the author offers sixteen questions that he finds useful in gauging whether or not an MPD patient is likely to have a good or poor prognosis for a relatively straightforward psychotherapy and constructive outcome. In the author's experience, patients who have less favorable prognosis in terms of these questions generally will have difficult and prolonged therapies, and are more likely to interrupt treatment, reach a stalemate in treatment, or fare poorly.

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Vol. I (2), 27-33, 1988

Diagnosis of Covert and Subtle Forms of Multiple Personality Disorder

There are different forms of multiple personality disorder (MPD) that vary on a dissociative continuum from subtle forms in which the alters are not very distinct or elaborated and often influence each other without assuming full control, to patients with fully developed MPD, whose alters are distinct, elaborated, assume full control, and emerge overtly. Most MPD patients present convertly, and some patients with covert presentations will later show overt classic symptoms,

while those with subtle forms will often remain mild and subdued. Most MPD patients hide or disguise their condition, while their alters express their thoughts and feelings through subtle dissociative signs that occur when the alters influence each other, partly emerge, and subtly shift. These signs consist of frequent, sometimes sudden, fluctuations in affects, thoughts and behaviors, transferences, developmental levels, and pyschiatric symptoms, and marked discrepancies in memories, viewpoint, and attitudes, which may indicate the possible presence of alters and of MPD or Dissociative Disorder Not Otherwise Specified: variants of MPD. The case of subtle form of MPD is presented which illustrates some of the subtle signs of dissociation and other dissociative symptoms often seen in these patients.

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Vol. I (2), 34-38, 1988

Some Aspects of Resistance in the Treatment of Multiple Personality Disorder

Therapists who treat patients with Multiple Personality Disorder (MPD) commonly experience discomfort and frustration. This paper contends that the most significant cause of therapist discomfort is the particular resistances encountered in the treatment of MPD. In MPD, etiologic childhood traumatic experiences are defensively repressed and dissociated. In addition, the normal ability to engage in trusting interpersonal relationships is disrupted. Thus, a psychotherapy which requires the retrieval of past traumas in the context of an interpersonal therapeutic relationship is tremendously threatening to the patient with MPD. In the normal course of the psychotherapy of MPD, intense resistances are encountered at every stage. This paper outlines the nature of resistance in the treatment of patients with MPD, presents a number of clinical examples, and discusses the importance of understanding and working with resistance as an intrinsic part of the treatment.

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Vol. I (2), 39-42, 1988

Multiple Personality Disorder Patients with A Prior Diagnosis of Schizophrenia

The authors collected a series of 236 cases of multiple personality disorder patients reported to them by 203 clinicians throughout North America. The series included 81 patients who had received a past diagnosis of schizophrenia and 96 who had not. The patients with a past diagnosis of schizophrenia were more self-destructive and spent more time in the mental health system prior to diagnosis. During this period they received more other psychiatric diagnosis and treatments. They had more Scheiderian first-rank symptoms but did not have more auditory hallucinations.

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Vol. I (2), 43-47, 1988

The Core Self: A Developmental Perspective on the Dissociative Disorders

Multiple Personality Disorder and the Dissociative Disorders are characterized by the subjective experiences of extreme fragmentation, disorganization, and disintergration. While our current system of classifications identifies these specifically. Recent findings from developmental psychology and infant research provide observational data which describe stages of self development. The careful focus in this work on defining and describing the domains of self experience provides a useful framework for studying Dissociative Disorders.

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Vol. I (2), 48-51, 1988

A Case of Concurrent Multiple Personality Disorder and Transsexualism

A transsexual patient suffered a coexisting multiple personality disorder that was not diagnosed until after the completion of sexual reassignment surgery. This report reviews this patient's history and experiences in psychotherapy. It is important to consider the possibility that the patient who presents with the features of a gender identity disorder may have a concomitant dissociative disorder. It is highly questionable whether a patient with both types of disorder should receive sexual reassignment surgery until the dissociative disorder has been treated to a successful resolution.

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Vol. I (3), 3-12, 1988

Open Trial of Clonazepam in the Treatment of Posttraumatic Stress Symptoms in Multiple Personality Disorder

Few consistently helpful psychopharmacological interventions have been described in the treatment of multiple personality disorder. We report a successful open trial of clonazepam for posttraumatic stress symptoms in a group of patients with multiple personality disorder. Patients reported notable, sustained improvement in sleep, nightmares, flashbacks, panic attacks and other posttraumatic stress disorder symptoms while undergoing clonazepam treatment. The authors discuss the limitations of the current study and suggest a phenomenological framework for pharmacological interventions in

multiple personality disorder.

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Vol. I (3), 13-20, 1988

Observations on Fantasy in the Formation of Multiple Personality Disorder

This paper presents observations on fantasy as it participates in the formation of multiple personality disorder. It focuses on the function of restitution in the fantasy life of children during the development of the disorder. It is proposed that one pathway to the development of multiple personality disorder utilizes repressed early childhood fantasies of mastery over trauma and that these early fantasies form a psychological structure which is amalgamated with dissociative defenses to evolve the clinical picture of multiple personality disorder.

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Vol. I (3), 21-22, 1988

The Dissociative Experiences Scale: A Replication Study

The authors administered the Dissociative Experiences Scale to medical student controls and patients with multiple personality disorder, schizophrenia, panic disorder, and chemical dependency. Patients with MPD scored significantly higher than the other clinical groups and the medical student controls.

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Vol. I (3), 23-29, 1988

On Giving Consultations To Therapists Treating Multiple Personality Disorder: Fifteen Years' Experience – Part I (Diagnosis and Treatment)

This paper reviews the author's experience in serving as a consultant to several hundred colleagues working with patients suffering multiple personality disorder (MPD) over the 15 year period 1973-1988. It discusses general trends in the types of patients with regard to whom consultations were sought and in the types of issues raised, and notes recurrent issues that appear to trouble large numbers of consultees. It also reviews the patient-generated consultation request, which reflects both increased consumerism and the avidity with which MPD patients seek information about their condition. Part I offers a general orientation, outlines the methods of the study, and describes consultations regarding diagnostic and treatment issues. Part II explores consultations regarding the "surround" of treatment, forensic matters, the use of hypnosis, and consultations initiated by patients; it concludes with a brief discussion. In general, the author's experience indicated that the publication of DSM-III-R *in 1980 and the publication of four special journal issues in 1984 were watershed events, and marked notable shifts in the nature of many of the consultation requests that he received.*

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Vol. I (3), 30-35, 1988

On Giving Consultations To Therapists Treating Multiple Personality Disorder: Fifteen Years' Experience – Part II (The "Surround" of Treatment, Forensics, Hypnosis, Patient-Iniatiated Requests)

This paper reviews the author's experience in serving as a consultant to several hundred colleagues working with patients suffering multiple personality disorder (MPD) over the 15 year period 1973-1988.

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Vol. I (3), 36-40, 1988

A Reexamination of Freud's Basic Concepts From Studies of Multiple Personality Disorder

Freud derived his fundamental concepts, which became the basis for his metapsychology, primarily from his early experiences with hysteria. These basic concepts included the unconscious, repression, resistance, the Oedipus complex and psychosexual development. Later speculations were predicated upon these postulates. It is contended that these concepts were faulted by both his failure to accept Breuer's observations on self-hypnotic (hypnoid) states and by his creation of a fantasy theory of sexual molestation.

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Vol. I (3), 41-46, 1988

The Development of Symptoms of Multiple Personality Disorder in a Child of Three

The development of multiple personality disorder (MPD) in a three year old girl is described. She had been followed since the age of 14 months. The subject of a custody dispute, she suffered from multi-

ple on-going traumas, which caused a dissociative state to develop. The traumata were separation from the primary love object, physical and sexual abuse, and deliberate attempts by her genetic family of origin to erase her recall of her early history. The development of her MPD is documented on videotapes that begin before an alter personality is fully developed and continue to the time when the alter personality is clearly separate. Finally, they show the treatment phase during which integration occurred. This is probably the earliest documented case of MPD and it gives credence to patients' retrospective reports of the use of this adaptive strategy at such an early age. This case may also indicate that more attention needs to be paid to the impact of ongoing traumas and the development of acute disorders as a means of minimizing post-traumatic damage.

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Vol. I (4), 5-10, 1988

Thoughts on the Cognitive Perceptual Substrates of Multiple Personality Disorder

Although MPD patients typically present to treatment with affective symptoms, trauma-related information is originally encoded in the patients' perceptions and mediated by their cognitions. This paper will describe the dysfunctional assumptive and perceptual categories that form the building blocks of MPD patients' distorted experiences. Perceptual shifting techniques and cognitive reframing will consequently be the recommended interventions prior to therapeutic abreactive work.

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Vol. I (4), 11-16, 1988

Defining A Syndrome of Severe Symptoms in Survivors of Severe Incestuous Abuse

Severe symptoms are described in 10 women treated in a group for adult incest victims who had been psychiatrically hospitalized at least once. All these patients suffered at least 7 of the following 11 severe symptoms: dissociative symptoms, borderline personality disorder, legal involvements either with family court or other law enforcement systems, substance abuse, subsequent rapes, physical abuse by sexual partners, multiple suicide attempts, affective disorder, multiple psychiatric hospitalizations, somatization disorder, and eating disorder. All met criteria for post-traumatic stress disorder. Their child abuse histories were extreme.

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Vol. I (4), 17-23, 1988

A Comparison Study of Dissociative Symptoms in Patients with Complex Partial Seizures, Multiple Personality Disorder, and Posttraumatic Stress Disorder

Depersonalization and dissociative symptoms have been widely reported in chronic seizure disorder patients, especially those with temporal lobe involvement and complex partial seizures (CPS). It has been theorized that development of multiple personality disorder (MPD) may be related to temporal lobe pathology. We administered the Dissociative Experiences Scale (DES) to 12 male patients with severe chronic epilepsy, primarily of the complex partial type. Patients had had epilepsy from one to thirty years. Most were being evaluated for intractable seizures occurring several times per week. DES data on the epileptic patients were compared with DES data on 9 male MPD patients and 39 male PTSD patients. MPD and PTSD patients were significantly different from CPS patients on median DES scores and all DES sub-scale scores. MPD and PTSD patients were far more similar on the DES, although MPD patients had a significantly higher score on the dissociation/psychogenic amnesia sub-scale of the DES. The authors conclude that there is little data to support a relationship between MPD, dissociation, and epilepsy.

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Vol. I (4), 24-32, 1988

Ten Traps for Therapists in the Treatment of Trauma Survivors

Patients who have survived trauma, particularly those who have experienced early childhood abuse, stand out in the clinical experience of many therapists as being among the most difficult patients to treat. These patients have particular patterns of relatedness, along with intense neediness and dependency which make them superb testers of the abilities of their therapists. They often push therapists to examine the rationales and limits of their therapeutic abilities, and frequently force therapists to examine their own personal issues and ethical beliefs. A conceptual framework for understanding treatment traps is presented, along with ten traps which these patients present, consciously or unconsciously, in the course of treatment. Included are traps around trust, distance, boundaries, limits, responsibility, control, denial, projection, idealization, and motivation. These are certainly not the only traps which occur in the course of treatment, but they highlight the experience of treatment and difficulties which are encountered between the therapist and the patient. This paper is intended to be clinical in orientation to help prepare and support therapists in their work.

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Vol. I (4), 33-40, 1988

Art, Interpretation and Multiple Personality Disorder

This paper explores both projective and spontaneous drawings of school children and compares them to drawings of multiple personality disorder (MPD) patients. Results of many scholarly studies indicate that children typically follow predictable stages in their artistic growth with one stage or set of drawing behaviors building upon the preceding stages. It will be shown that MPD patients function artistically at different stages of creative growth, thus precluding artistic growth to flow smoothly, gradually, and predictably as it does in non-MPD individuals. The discontinuity in representative stages in the artwork of MPD patients will be addressed.

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Vol. I (4), 41-46, 1988

The Differential Diagnosis of Multiple Personality Disorder from Borderline Personality Disorder

Considerable controversy surrounds the relationship between multiple personality disorder (MPD) and borderline personality disorder (BPD). Some authors argue that MPD is a variant of BPD, and most agree that the differential diagnosis of the two is often very difficult. In this article data are presented from a study comparing historical, demographic and psychological testing variables between the two groups. No statistically significant differences were found between the two groups on these variables. However, certain trends emerged which may serve as a catalyst for further research. The relationship between the disorders may be complex; clinicians may need to use more sophisticated research techniques and develop more sensitive diagnostic criteria before it is understood.

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The Phenomenology and Treatment of Extremely Complex Multiple Personality Disorder

Contemporary reports indicated that the average number of personalities in recently reported patients with multiple personality disorder (MPD) is larger than that reported in the older literature. A minority of these recent patients demonstrate extreme complexity. A group of 26 patients with 26 or more personalities and under observation for a minimum of three years was studied. Their presentations, the reasons that appeared to underlie their complexity, and their courses of treatment are reviewed. Findings indicate that this group of patients is diverse, with some proving readily treatable, and others proving quite refractory. Observations that appear constructive for the treatment of such patients are offered. The concept of personality is discussed and an alternative description is explored. The usefulness of the paradigms and metaphors of splitting and division as heuristics for the understanding of MPD is challenged, and a paradigm/metaphor of redoubling and reconfiguration is offered for further study.

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Vol. II (1), 3-16, 1989

A Reader's Guide to Pierre Janet On Dissociation: A Neglected Intellectual Heritage

A century ago there occurred a peak of interest in dissociation and the dissociative disorders, then labeled hysteria. The most important scientific and clinical investigator of this subject was Pierre Janet (1859-1947), whose early body of work is reviewed here. The evolution of his dissociation theory and its major principles are traced throughout his writings. Janet's introduction of the term "subconscious" and his concept of the existence of consciousness outside of personal awareness are explained. The viability and relevance of dissociation as the underlying phenomenon in a wide range of disorders is presented. It is proposed that Janet's theory and methodology of psychological analysis and dynamic psychotherapy are cogent and relevant for today's students and practitioners.

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Vol. II (1), 17-23, 1989

Childhood Stress and Dissociation in a College Population

Two studies are reported demonstrating that individual differences in dissociation in college students are positively related to differences in self-reported stressful or traumatic experiences in youth. In Study I differences in the degree of stress or unpredictable physical violence experienced in childhood or early adolescence were shown to be related to scores on the Dissociative Experiences Scale (DES). Study II replicated these relationships and extended them to another dissociation measure, the Bliss scale. Study II also demonstrated that both dissociation measures correlate positively with reported physical and psychological abuse. These findings for a nonclinical population are discussed in relation to the etiology of dissociation in clinical groups.

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Vol. II (1), 24-31, 1989

Linking the Psychological and the Social: Feminism, Poststructuralism and Multiple Personality

In the past ten years incest and child abuse have been brought into public awareness as social problems. During the same time period there has been a significant increase in knowledge and understanding about the phenomenon of multiple personality. However, though multiple personality is almost invariably an outcome of severe childhood abuse, it has been thus far seen almost entirely in a psychological light, as a personal problem for suffering individuals. This article explores the issue of multiple personality from a feminist perspective, using basic concepts of poststructuralism to elucidate this viewpoint. Examining the social and political aspects of the issue of multiple personality expands our capacity to address the problem in the broadest possible way and to look at questions of prevention as well as assessment and treatment.

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Vol. II (1), 32-38, 1989

Integrating Research on Dissociation and Hypnotizability: Are There Two Pathways to Hypnotizability?

Attention to the relationship between hypnotizability and dissociation has been limited to date. A few studies have examined instances of dissociation in the context of hypnosis. Only recently have researchers begun to ask questions about the relationship between an individual's hypnotizability and his or her tendency to dissociate on a day-to-day basis. A review of the literature and recent research in this area invites reconsideration of J. Hilgard's theory of two developmental pathways to hypnotizability. The parallel question is also raised of whether the different pathways result in the experience of qualitively different hypnotic states.

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Vol. II (1), 39-44, 1989

Satanism: Similarities Between Patient Accounts and Pre-Inquisition Historical Sources

Today patients who describe to a therapist fragmentary flashback-like scenes of participation in satanic rituals face the same credibility problems that twenty years ago would have confronted a patient who was recounting scenes of sadistic incestuous abuse. Some clinicians have only one conceptual framework within which to place such material; they hear it as delusional. This paper presents another set of descriptions of satanic rituals: those drawn by historians from pre-Inquisition primary sources. The aim is to assist clinicians in considering as one possibility that such a patient is describing fragmented or partially dissociated memories of actual events. As early as the fourth century elements of a satanic mass were well described: 1) a ritual table or altar; 2) ritual orgiastic sex; 3) reversals of the Catholic mass; 4) ritual use of excretions; 5) infant or child sacrifice and cannibalism often around initiation and often involving use of a knife, and ritual use of; 6) animals; 7) fire or candles; and 8) chanting. Extending the historical search from 400 to 1200 A.D. yields only a few new elements: 9) ritual use of drugs, and 10) of the circle, and 11) ritual dismemberment of corpses. Two clinical accounts of satanic rituals are compared with historical accounts. Ideally, the possibility that a patient had experienced actual involvement in some bizarre and abusive ritual would be one of many possible viewpoints explored in the therapeutic unravelling of such material.

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Vol. II (1), 45-51, 1989

Multiple Personality Disorder: Phenomenology of Selected Variables in Comparison to Major Depression

Various findings from a retrospective survey of 355 multiple personality disorder (MPD) patients and 235 major depression patients, who served as a comparison group, are discussed. The survey was completed by 448 independent clinicians, 142 of whom contributed information on both an MPD and a major depression patient. The study confirms recent findings in the literature that MPD is not a rare disorder, its sufferers include a preponderance of females, and it is highly correlated with childhood trauma, especially sexual and physical abuse. In addition, the study indicates that clinicians who diagnose MPD perceive clinical phenomena in a manner similar to those clinicians who have not yet made this diagnosis.

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Vol. II (2), 52-56, 1989

Multiple Personality Disorder with Human and Non-Human Subpersonality Components

Clinical data are presented on a Native American patient diagnosed with multiple personality disorder. Eleven subpersonalities were found to contain four human and seven non-human components. Findings indicated child abuse was at the core of the developmental process. However, once alter components manifested themselves, cultural factors reinforced and maintained the process. Evaluation of hpynotic susceptibility indicated all subpersonalities were highly hypnotizable. Analysis of visual acuity on two occasions, separated by 30 days, indicated significant differences among a number of the alters, i.e., 20/15 to 20/50. Test/retest scores indicated the visual acuity scores were highly realiable. Evaluation of neurosensory memory on two occasions, separated by 30 days, indicated significant differ-

ences in visual, auditory, and kinesthetic test results for some of the alters. Test/retest scores indicated the neurosensory test results were highly reliable. The results are discussed in terms of a) implication of test differences, b) the reliability of test results, and c) treatment problems encountered with human and animal subpersonalities.
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Vol. II (2), 61-65, 1989
Evidence Against the Iatrogenesis of Multiple Personality Disorder
The authors present data which argue against the iatrogenesis of multiple personality disorder (MPD). Twenty-two cases reported by one Canadian psychiatrist, 23 cases reported by a second Canadian psychiatrist, 48 cases seen by 44 American psychiatrists specializing in MPD, and 44 cases seen by 40 Canadian general psychiatrists without a special interest in MPD are compared. The Canadian general psychiatrists had seen an average of 2.2 cases of MPD, while the Americans had seen an average of 16.0. There were no differences between these groups on the diagnostic criteria for MPD or the number of personalities identified. Specialists in MPD are not influencing their patients to create an increased number of personalities or to endorse more diagnostic criteria. Exposure to hypnosis does not appear to influence the phenomenology of MPD.
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Vol. II (2), 66-69, 1989
Iatrophilia and Iatrophobia in Diagnosis and Treatment Multiple Personality Disorder
Multiple personality disorder (MPD) was underdiagnosed to the point of near disappearance for most of this century, and continues to be missed or dismissed quite frequently today. Coons, Fine, Torem and Kluft discuss some of the major reasons for this elsewhere in this symposium. Resurgence of interest in MPD about 10 years ago brought with it the seeds of the opposite problem: overdiagnosis, or the tendency to find MPD where it is not. Coons and Torem elsewhere in this symposium provide succinct discussion of inadvertent and overly enthusiastic false-positive diagnosis. It is probably the case that therapist attitudes about iatrogenesis can play significant roles in both under- and over-diagnosis.
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Vol. II (2), 70-76, 1989
Iatrogenic Factors in the Misdiagnosis of Multiple Personality Disorder
The diagnosis of multiple personality disorder (MPD) is fraught with difficulties leading to a frequent false negative diagnosis and an occasional false positive diagnosis. Proper diagnostic evaluation of a patient suspected of having MPD requires a familiarity with MPD, hypnotic phenomena, and a wide variety of other clinical syndromes. The clinician must use collateral data from old records and other individuals as well as provide sufficient time for the evaluation. Extreme caution is urged in forensic contexts. The use of extremely suggestive interviewing and/or hypnotic techniques is to be deplored. At times prolonged observation in the hospital or over the course of therapy is required. Clinicians should be patient, skilled in listening, and should keep an "open mind." Patient factors involved in producing misdiagnosis include distrust, fear of being labeled crazy, insistence on secrecy, amnesia, and conscious or unconscious deception.
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Vol. II (2), 77-82, 1989
Treatment Errors and Iatrogenesis Across Therapeutic Modalities in Multiple Personality Disorder and Allied Dissociative Disorders
David Caul's special interest in iatrogenesis became the opportunity to explore how treatment modalities may impact on the iatrogenic creation of alter personalities in patients who already have multiple personality disorder (MPD). This paper reviews basic transferences and countertransferences that can be monitored in the treatment of MPD which can, if unchecked, lead to the creation of new alters. It appears that these phenomena rather than treatment modalities per se provide the major impetus to iatrogenic increases in the complexity in MPD patients.
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Vol. II (2), 83-91, 1989
Iatrongenic Creation of New Alter Personalities
The initial assessment of a patient suffering multiple personality disorder (MPD) rarely discloses the full complexity of that patient's system of personalities. Like most other mental disorders, MPD reveals its inner structure gradually, in the course of the uncovering process of therapy. This common sense observation, however, is often disregarded due to the widespread concern that the very procedures designed to alleviate and integrate MPD may augment rather than reduce its complexity. This paper will review factors inherent in the

treatment, the patient, and the therapist that may contribute to an actual increment in the patient's complexity or to the appearance that this has occurred. Most apparent creations of new alter personalities reflect the use of personality formation to cushion the traumatic impact of the treatment, which is inherently painful, or to protect against intercurrent traumata. Others (the majority) represent in fact the discovery of preexisting but previously unrecognized alters. Some alters emerge in response to therapists' errors in technique or inappropriate behavior.

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Vol. II (2), 92-98, 1989

Iatrongenic Factors in the Perpetuation of Splitting and Multiplicity

The purpose of this paper is to increase the awareness of clinicians who treat multiple personality disorder patients to the possibility that misuse of treatment techniques may perpetrate splitting and multiplicity, and thus contribute to chronicicity in MPD patients. Many MPD patients tend to have rapidly dissociative switching from one ego-state to another. These trance-like states make the patients highly suggestible to outside influences which include the therapists' verbal and non-verbal communication. Some therapists may have an overinvestment in more alter personalities, and thus ignore the needs of the whole person. Treating an adult patient who is in an age regressed ego-state, or alter personality, presents a particular challenge as to the patient's boundaries since violating those boundaries may too perpetuate splitting and multiplicity. The paper reviews and discusses such issues as therapeutic limit setting, the issue of trust, and counter-transference elements as they may contribute to the perpetuation of splitting and multiplicity in MPD patients. Case vignettes are used to illustrate the above points, and suggest ways to avoid potential pitfalls so that therapy will promote progress towards integration and improved functioning of the whole person.

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Vol. II (2), 99-104, 1989

Observations on the Claim of Iatrogenesis in the Promulcation of Multiple Personality Disorder: A Discussion

The term "iatrogenesis" has both intensional and extensional (i.e., connotative and denotative) meanings which are frequently confused. While the four previous papers of the David Caul Memorial Symposium on iatrogenic issues in multiple personality disorder explore the extensional sense of the term, the discussant of this symposium focuses on the "iatrogenic debate" over MPD in its intensional form, augmenting the scope of the discussion considerably. His comments are based on extensive conversations with David Caul about the subject during the year preceding Dr. Caul's death.

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Vol. II (2), 105-109, 1989

Integrating a Dissociative Disorders Curriculum into Residency Training

This paper will describe the complexities encountered in developing a dissociative disorders curriculum for psychiatric residents. A conceptualization of this educational process has been synthesized from the observational perspectives of both faculty and resident.

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Vol. II (2), 110-115, 1989

Multiple Personality Disorder and Homicide: Professional and Legal Issues

Unfortunate complexities encountered during the treatment of a 49 year-old male with diagnosed multiple personality (MPD) are described. Treatment sessions extending over a one year period were abruptly terminated after the patient's murder of his live-in girlfriend. Clinical hypotheses regarding the mechanism of the dissociation which occurred prior to and ensuing the killing are presented. The need for special attention to concealed aspects of the dissociation is addressed. The difficulties of case management on an outpatient basis in a large urban hospital are outlined, with implications for optimal treatment conditions. Skepticism among service providers regarding the diagnosis of MPD is also discussed.

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Vol. II (3), 119-127, 1989

Dissociative Disorders and Dissociative Symptoms at a Community Mental Health Center

This paper presents the author's experience with dissociative disorders and dissociative symptoms among 125 patients seen for ongoing pharmacologic treatment at a community mental health center. Eleven were found to have a diagnosable dissociative disorder, and 16 others to have marked dissociative symptoms. The nature of the dissociative symptoms is discussed, as are the implications of these findings, should they prove replicable.

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Vol. II (3), 128-131, 1989

Preliminary Observations on Multiple Personality Disorder in Puerto Rico

A considerable number of cases of multiple personality disorder (MPD) have been reported by clinicians working in the continental United States of America (USA). However, there has never been a documentation of MPD in a Latin American country. Here I report three cases of Puerto Rican patients with MPD whose symptom profile and etiological background are strikingly similar to the ones reported in the USA. It is recommended that Latin American mental health professionals should become more aware of and clinically sensitive to this increasingly recognized condition.

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Vol. II (3), 132-137, 1989

Breaking the Code: Identification of Multiplicity Through Art Productions

The authors organized the art productions of clients diagnosed as suffering multiple personality disorder into ten basic categories reflecting thematic, structural, and process elements. These categories were derived from the study of nearly two thousand pictures drawn over a period of nine years. Designed to aid therapists in the identification of multiplicity, these categories can also be used as a framework to help therapists understand the spontaneous artwork of multiples.

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Vol. II (3), 138-143, 1989

Internal Self Helpers of Persons with Multiple Personality Disorder

In the past, Internal Self Helpers (ISHs) of persons with multiple personality disorder (MPD) have been described by a small number of therapists. This study broadens the base of information relating to ISHs. Forty respondents who collectively had been therapists for a total of 690 MPD patients participated in the study. The findings of this study suggest that a) ISH occurrence within MPD clients is not uncommon; b) ISHs can be valuable assets in the therapeutic process; c) therapists differ in their explanations of and beliefs about ISHs, as well as the manner in which they relate to and utilize ISHs; d) ISHs are reported to be mostly knowledgeable, reliable, and helpful; e) ISHs demonstrate a wide variety of abilities; and f) while there is no one explanation regarding the etiology and nature of ISHs, therapists most commonly tend to describe ISHs as possessing unifying, centering, and protective functions within MPD persons.

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Vol. II (3), 144-150, 1989

Normal and Pathological Dissociations of Early Childhood

The authors hypothesize that multiple personality disorder is related to the processes that lead to the formation in children of a distinct and cohesive self. Three clinical propositions concerning MPD derived from this hypothesis are: first, multiple personality disorder should be seen as a childhood disorder; second, cohesion of the self is best understood as a developmental achievement mediated by specific experiences in the early years of life; third, some dissociative disorders, including multiple personality disorder, are survivals of an earlier personality organization in which distinct centers of experience and initiative existed within a single individual.

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Vol. II (3), 151-159, 1989

A Model for Abreaction with Multiple Personality Disorder and Other Dissociative Disorders

A conceptual model for abreactive work with multiple personality and other dissociative disorders is presented. The context and process of abreaction are described. The model includes the following: Providing safety and protection (preparation); eliciting dissociated aspects of the trauma (identification); alleviating the fixation point in existential crisis of the trauma (resolution); creating a gestalt with the dissociated aspects within reconstructed cognitive schema (assimilation); empowering the patient through the return of an internal locus of control, restoration of contiguous consciousness and memory, and assimilation of identity (application).

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Vol. II (3), 160-168, 1989

Dissociation and State-Specific Psychophysiology During the Nineteenth Century

This paper reviews examples of state-specific psychophysiology in nineteenth century reports of dissociative disorders. These cases occurred in the context of rapid developments both in neurology and in the understanding of phenomena suggesting the possible influence of the mind, emotions, or psychological states on general health and specific bodily functions (e.g., the study of hypnosis and hysteria). It is argued that interest in such cases was part of a general concern with the mind-body interactions. The explanations offered to account for these cases reflected different orientations to the mind-body problem prevalent during this era.

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Vol. II (3), 169-189, 1989

The Dissociative Disorders Interview Schedule: A Structured Interview

The Dissociative Disorders Interview Schedule (DDIS), a structured interview, has been developed to make DSM-III *diagnoses of the dissociative disorders, somatization disorder, major depressive episode, and borderline personality disorder. Additional items provide information about substance abuse, childhood physical and sexual abuse, and secondary features of multiple personality disorder. These items provide information useful in the differential diagnosis of dissociative disorders. The DDIS has an overall inter-rater reliability of 0.68. For the diagnosis of multiple personality disorder it has a specifity of 100% and a sensitivity of 90%.*

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Vol. II (4), 194-204, 1989

Dissociative Disorders Presenting as Somnambulism: Polysomnographic, Video and Clinical Documentation (Eight Cases)

A polysomnographic (PSG) and clinical study of 150 consecutive patients presenting to a sleep disorders center during a 7.5 year period for evaluation of repeated sleep-related injury (ecchymoses, lacerations, fractures) identified 5.3 percent (N=8) with Dissociative Disorders (DDs) as the cause of the injuries, and whose presenting diagnosis was somnambulism. 87.5 percent (7/8) were female, and the mean age at referral was 29.5 (+/-SD 6.1) years. Two patients fulfilled DSM-III-R *criteria for Multiple Personality Disorder (MPD). The six other patients were diagnosed as Dissociative Disorders Not Otherwise Specified, but were strongly suspected to have MPD. One patient had an exclusively nocturnal, animalistic DD: a 19-year old male who had acted like a large jungle cat twice weekly for 4 years. PSG studies were diagnostic for nocturnal DD in 50 percent (4/8) of the cases (including that of the jungle cat), with distinctly altered, complex, repetitive and lengthy behaviors emerging suddenly from sustained electroencephalographic wakefulness. PSG studies supported the diagnosis of DD as the cause of nocturnal injury in the other 50 percent (4/8) of the cases: i) by not detecting seizure activity, NREM/REM sleep motor abnormality or sleep breathing disturbance, and ii) when correlated with the clinical history of chronic daytime DDs.*

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Vol. II (4), 205-220, 1989

Historical Truth Versus Narrative Truth: Clarifying the Role of Exogenous Trauma in the Etiology of Multiple Personality Disorder and its Variants

The author notes a current trend toward viewing multiple personality disorder (MPD) and its variants as a form of chronic post-traumatic stress disorder based solely on exogenous childhood trauma, and cautions against prematurely reductionistic hypotheses. He focuses on Kluft's Third Etiological Factor, which includes the various developmental, biological, interpersonal, sociocultural, and psychodynamic shaping influences and substrates that determine the form taken by the dissociative defense. He hypothesizes a credibility continuum of childhood and contemporary memories arising primarily from exogenous trauma at one end, and endogenous trauma (stemming from intrapsychic adaptational needs) at the other. The author offers alternative multidetermined explanations for certain unverified trauma memories that currently are being accepted and validated as factual experiences by many therapists. He describes some potentially deleterious effects of validating unverified trauma memories during psychotherapy, and recommends that the MPD patients' need for unconditional credibility be responded to in the same manner as other transference-generated productions.

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Vol. II (4), 221-223, 1989

A Validation of the Dissociative Experiences Scale in the Netherlands

In the Netherlands we did a small-scale validation study of the Dissociative Experiences Scale (DES) developed by Bernstein and Putnam (1986). The questionnaire was administered in two versions, with and without dummy questions, to 80 students (40 students in each condition) and in one version to 20 students with a clinically diagnosed dissociative disorder (7 with multiple personality disorder and 13 with other dissociative disorders). The results

show that the DES has a good internal consistency and a good criterion validity. If the DES is administered to normals it is advisable to insert dummies (less extreme dissociative items not counted in the statistics). This counteracts normal subjects' reactions to the extremity of the DES item. The score of the Dutch normals is higher than for American normals. There may be cultural differences either in attitudes toward and/or in the level of actual dissociation between the populations of North America and the Netherlands.

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Vol. II (4), 224-230, 1989

Precursors of Integration in the Treatment of Multiple Personality Disorder: Clinical Reflections

At the present time it is, as a practical matter, quite impossible to describe a treatment paradigm by which multiple personality disorder (MPD) is cured. Fathoming the languages of the discourse among the various schools of psychotherapy is itself much like trying to communicate with the myriad workmen who sought to build the Tower of Babel. Despite this problem, patients themselves regularly present "marker events" which indicate they are getting better or worse. This paper is an analysis of such events.

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Vol. II (4), 231-238, 1989

Understanding and Responding to Religious Material in the Therapy of Multiple Personality Disorder

A review of literature on religion and MPD shows numerous associations between MPD and a fundamentalist religious upbringing and demonstrates that primary and secondary personalities differ greatly in God images and religious practices. The suffering and abuse experiences of MPD patients raise religious and existential questions in psychotherapy. Religious questions fall into three areas: God and the existence of evil, anger at God or institutional religion, and spiritual growth questions that accompany psychological growth. The dynamic significance of religious ideation and of five components of God images are explained. Suggestions are offered for eliciting and interpreting religious background and ideation. Pitfalls originating in positive and negative countertransference are identified and a neutral approach to religion is suggested. Examples are given for dealing with religious material that functions as resistance and suggestions are offered for collaborating with clergy in the treatment of religious MPD patients.

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Vol. II (4), 239-242, 1989

Dissociative Experiences in Adolescents and College Students

The authors administered the Dissociative Experiences Scale to 168 children aged 12-14, 345 college students with the median age of 24 years, and 30 patients in a geriatric day hospital. Scores were distributed in a highly left-skewed fashion, with no differences between males and females among the adolescents or college students. The median score for the adolescents was 17.7, for the college students 7.9 and for the elderly 4.8. These findings suggest that dissociative experiences are more common in early adolescence than in young adulthood, and that they continue to decline with increasing age after the third decade.

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Vol. II (4), 243-249, 1989

The Rehabilitation of Therapists Overwhelmed by their Work with Multiple Personality Disorder Patients

It is generally recognized that the treatment of multiple personality disorder (MPD) may prove an arduous undertaking for patient and therapist alike. The literature is replete with descriptions of the impact of treatment upon MPD patients, but has been understandably circumspect about the effects of this process upon therapists. This discrete silence belies the intense concentration upon this aspect of work with MPD patients in workshop and consultation settings. Although the number of new therapists in the field continues to expand, it is well known that there is a much smaller, but not inconsiderable stream of clinicians who exit the field, and discontinue working with MPD patients. Furthermore, a larger group continues to work with MPD patients, but at a diminished level of effectiveness. This presentation will review some of the stressors inherent in work with MPD patients, and describe characteristic sequences in the reactions of those who work with MPD (e.g., from fascination with MPD and MPD patients to various expressions of withdrawal, the breakdown of empathy and rapport, the loss of an optimal therapeutic stance, and acting out in the countertransference). Several patterns of therapist distress will be noted. A model for diagnosing the problem areas of overwhelmed therapists will be described, and types of interventions targeted at the alleviation of the problem areas will be noted. Corrective measures will be outlined, in the framework of educational domains. Observations on the effect of rehabilitating the therapist upon the therapist's patients will be offered.

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Vol. III (1), 3-9, 1990

Diagnosis of Childhood Multiple Personality Disorder

From the recent surge of interest in multiple personality disorder (MPD), proliferation of clinical and scientific publications on the subject has emerged. MPD is understood to have its roots in childhood; however, little is known about this condition in youth. In many of the reports of childhood MPD the subjects fall short of meeting the full criteria as applied to adults. In this paper checklists of signs and symptoms of MPD in youth are compared. These checklists are organized into symptom groups. Case vignettes of childhood MPD which recently have been reported by several authors are compared to these signs and symptoms. Most significantly, a set of diagnostic criteria which may be applied to children and adolescents with dissociation and major behavior disturbances and who may or may not have MPD have been proposed. The suggested designation for these diagnostic criteria is dissociation identity disorder.

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Vol. III (1), 10-14, 1990

The Need for Marriage Therapy in the Treatment of Multiple Personality Disorder

Most literature that examines MPD focuses on the treatment of individual clients and only occasionally discusses the use of marital therapy as a supplemental form of treatment. We propose that marital therapy is a critical part of working with MPD patients in that it increases the speed and effectiveness of individual therapy and solidifies gains made with integration. The following specific marital issues are examined: 1) educating the spouse; 2) understanding seepage (affective pervasion, 3) handling conflicting demands of alters; 4) responding to child alters; 5) supporting the sexual relationship; 6) adjusting to integrations; and 7) having patience with the therapeutic process. In addition, both marital therapy techniques and goals are examined in detail.

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Vol. III (1), 15-21, 1990

The Evolution of Post-Traumatic Behavior: Three Hypotheses

Catastrophic stressors regularly lead to the often-disabling symptoms of the post-traumatic stress disorders (PTSD). With resulting impairment in both personal survival skills (heightened vulnerability, self-destructive behavior) and reproductive capacity (disturbed relationships, sexual dysfunction), PTSD symptoms should be strongly selected against by natural evolution. Their wide prevalence thus presents an anomaly for the evolving paradigms of evolutionary biology. Three hypotheses may help to resolve this anomaly: 1) The same psychodynamic features that are maladaptive in a rapidly changing milieu like today's technical societies (dissociation, blurred interpersonal boundaries, cognitive distortion, rigidification, and affect-driven behavior), may ensure personal survival and family bonding in a comparatively stable milieu where threats are catastrophic but infrequent and stereotyped; e.g., than\at within which homo sapiens probably evolved. 2) Spontaneous hypnotic dissociation often accompanies the experience of trauma, which may (a) promote immediate survival; (b) permit later growth and development, at cost of perpetuating some impairment; and (c) facilitate deception of others by deception of self. 3) Traumatic affect may provide a driving force for ongoing cultural evolution.

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Vol. III (1), 22-30, 1990

Multiple Personality Disorder and Satanic Ritual Abuse: The Issue of Credibility

The issue of satanic ritual abuse has gained widespread public and professional attention in the past 10 years. During therapy, many adult MPD (multiple personality disorder) patients describe memories of such abuse beginning in childhood. Simultaneously, there are pre-school children reporting current incidents of sexual and physical abuse involving satanism in day care settings. Professionals specifically addressing the day care cases have attempted to delineate features which distinguish ritual abuse from traditional conceptualizations of child abuse. The characteristics of ritual abuse which they have identified are presented, as well as similarities and differences between the child and adult MPD patients' reports. Inevitable questions regarding the validity and accuracy of MPD patients' satanic abuse memories are explored. The substantiated occurrence of ritual abuse in contemporary, non-satanic, dangerous cults is discussed as a framework for considering the authenticity of MPD patients' satanic abuse accounts. It is proposed that an attitude of critical judgement concerning reports of satanic ritual abuse is necessary, to avoid either denying the issue or overgeneralizing the nature and extend of the problem.

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Vol. III (1), 31-33, 1990

Transcultural Issues in Psychiatry: The *Ataque* and Multiple Personality Disorder

Due to the difficulty in detection of multiple personality disorder (MPD), this dissociative disorder is frequently misdiagnosed and ineffectively treated. In this case report of MPD in a Hispanic woman, the author compares and contrasts her presentation of symptoms with those of the culturally accepted ataque de nervios, or "Puerto Rican syndrome." It is theorized that the similarities may increase the incidence of misdiagnosis of MPD in Hispanics and it is recommended that the diagnosis of MPD be considered in Hispanics with histories of ataque.

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Vol. III (1), 34-37, 1990

Contemporary Interest in Multiple Personality Disorder and Child Abuse in the Netherlands

Interest in multiple personality disorder (MPD) as well as sexual child abuse is rapidly growing in the Netherlands, perhaps more so than in other European countries. Clinical, theoretical, and research developments in these respects are outlined, and it is mentioned that patients stating that they have been victims of satanic cult abuse are also encountered in the Netherlands. The need for more international cooperation is expressed

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Vol. III (1), 38-47, 1990

Dreams and Dissociative Theory: Speculations on Beneficial Aspects of their Linkage

The linkage between dreams and various dissociative phenomena has often been noted on an intuitive or clinical basis. Dream theory during this century, however, has been associated with and helped to provide the framework for psychoanalytic theory, not dissociation theory. In recent years interest in dissociation theory and dissociative phenomena has grown. This has also been true of the interest in dreams as understood from vantage points that dispute classical psychoanalytic views on dreaming and that emphasize a role for dreaming in learning and adaptive behavior. This paper reviews some of these issues in greater detail. It emphasizes the apparent linkage between dream phenomena and particular dream theories with dissociation theory. Possible benefits to dream theory and to dissociation theory when dreams are considered within a broader framework of dissociation are discussed from several viewpoints.

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Vol. III (1), 48-53, 1990

Dissociative Disorders in Impaired Psychiatry Residents and Graduate Students in Psychology

Although the dissociative disorders remain controversial entities within American psychiatry, they are being recognized and treated with increasing frequency. In recent years the recognition of such conditions in very high functioning individuals, including physicians and psychologists, has been reported. The current communication describes the occurrence of dissociative disorders in distressed psychiatry residents and graduate students in psychology. Illustrative vignettes are offered, and the manner in which these individuals may demonstrate suggestive signs of such conditions is discussed. The optimistic prognosis for high-functioning dissociative disorder patients and the likelihood of prolonged difficulties if such conditions are not recognized makes it useful to have a high index of suspicion for such conditions in the troubled resident or graduate student.

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Vol. III (2), 57-59, 1990

Is Multiple Personality Disorder Really Rare in Japan?

Despite the recent high number of reports on multiple personality disorder (MPD, especially in the United States, Japanese psychiatrists still believe that MPD is a very rare psychiatric problem. A review of 489 inpatients diagnosed DSM III *or* DMS-III-R *criteria was used to determine the incidence of MPD among all inpatients in a Japanese medical college hospital during the period of five years between October 11, 1983 and October 10, 1988. No diagnosis of MPD was made. Further study based on the same diagnostic criteria should be conducted to determine differences in the incidence of MPD across different cultures.*

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Vol. III (2), 70-80, 1990

Dreamlike Thought and Dream Mode Processes in the Formation of Personalities in Multiple Personality Disorder

In multiple personality disorder (MPD), the overwhelming traumas induce dissociative states of consciousness in which the child uses developmental dreamlike thought in a dream mode of mental processing to form personalities to cope with or defend against the traumas. The personalities may then continue to be structured by schemas and substrates based on reality, fantasy, further dreamlike thought, and other shaping influences, such as identification. Evidence for this view is: (1) When MPD first develops, much of the child's normal thought is dreamlike. (2) The nature and elaboration of the personalities from childhood to adult MPD parallel the development of children's waking thought and their dreams. (3) MPD patients often use dreamlike thought (such as imagery, symbols, creative imagination, and personification) in the dream mode of processing in which personalities are intensely hallucinated, have delusions of experiential reality, often experience amnesia, show intense emotion, have varying orientations to time, place, and person, and use parallel and analogical processing.

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Vol. III (2), 81-87, 1990

Self-Mutilation Associated with Dissociative Disorders

The incidence of self-mutilation is high among patients with eating disorders, antisocial personality disorder, and borderline personality disorder. To determine the incidence of self-mutilation among patients with dissociative disorders, the first one hundred consecutive adult dissociative disorder patients who were enrolled in a dissociative disorders clinic were evaluated for self-mutilation. Self-mutilation was a common occurrence among patients with multiple personality disorder (48%), psychogenic amnesia (29%), and dissociative disorder not otherwise specified (23%). Often the patients were amnesic for the self-mutilation. The occurrence of amnesia or persistent denial of self-injury in anyone who engages in self-mutilation makes it imperative that they be screened carefully for evidence of dissociation. Four case histories are described and illustrated with photographs.

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Vol. III (2), 88-93, 1990

The Use of a Logotherapy Technique in the Treatment of Multiple Personality Disorder

Treatment of Multiple Personality Disorder (MPD) typically demands cooperation from the various personalities. Logotherapy offers a framework and technique (Values Awareness Technique — VAT) to help accomplish this sometimes difficult task of fostering cooperation. The VAT helps personalities clarify underlying values they find personally meaningful. The personalities' underlying values may show more similarities than are seen in their overt behaviors, thus showing common grounds from which the therapist can initiate discussions about reasons for cooperation. This paper outlines the VAT and offers two case studies, each with two personalities, to demonstrate use of the VAT in fostering cooperation among personalities in the successful treatment of MPD.

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Vol. III (2), 94-101, 1990

Historical and Folk Techniques of Exorcism: Applications to the Treatment of Dissociative Disorders

Anthropologists and psychiatrists have pointed out similarities between the traditional diagnosis of possession and present day diagnostic criteria for dissociative disorders. Over the centuries, exorcism has been the treatment of choice for such disorders. In this article Christian and Jewish exorcism practices are described together with related techniques from other cultures. Common elements found in traditional exorcisms include: 1) use of special diagnostic techniques; 2) use of incantations, scriptures and music; 3) use of ritual objects; 4) physical interventions; 5) verbal confrontation of the possessing spirit; 6) aftercare; and 7) care to understand and avert risks to the exorcist. Familiarity with these techniques is useful when working with patients who allege that they are victims of sadistic ritual abuse, who may seek exorcism from traditional sources, concurrently with medical treatment. Also, understanding the significance and impacts of these ancient techniques may allow us to identify the specific vulnerabilities in dissociative patients which these interventions have evolved to address. Defining these areas may help us become more precise in predicting what kind of modifications in psychotherapeutic technique may be necessary when treating such patients.

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Vol. III (2), 102-106, 1990

Somatic Symptoms in Multiple Sclerosis and Multiple Personality Disorder

In this report 50 subjects with multiple sclerosis are compared to 50 subjects with multiple personality disorder. The multiple sclerosis patients endorsed an average of 3.0 somatic symptoms on structured interview, the multiple personality subjects an average of 14.5. The somatic symptoms characteristic of neurological illness were trouble walking, paralysis, and muscle weakness. Those characteristic of psychiatric illness were genitourinary and gastrointestinal symp-

toms.

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Vol. III (2),107-112, 1990

A Preliminary Comparative Study of Drawings Produced Under Hypnosis and in a Simulated State by Both Multiple Personality Disorder and Non-Multiple Personality Disorder Adults

In a pilot study designed to determine if there is a difference in the artwork of MPD and non-MPD adults when developmental stages of artistic growth are compared, both groups of subjects were assessed under two conditions. Each subject was asked to complete a set of drawings while they were pretending to be certain ages (5, 9, 12, and 16), i.e., in a simulated state. A second set of drawings was completed while subjects were hypnotized and age regressed to the same ages of 5, 9, 12, and 16. Ages for the simulated and hypnotically age regressed states were selected based on earlier developmental studies of artwork. Each age selected represents a different stage of artistic growth that can be identified by characteristics found in the form of artwork (noted in the linear qualities, spatial organization, and use of detail within the artwork).The Mann Whitney U test, when applied to scores representing developmental characteristics in artwork from both the simulated and hypnotic states, showed a difference at the p<.006 level (significant) and p<.002 level (marginal), respectively. Non-MPD subjects scored higher, in the stage four through stage six range. MPD subjects' scores showed greater diversity, with all six stages of artistic growth being represented. This diversity in MPD scores suggests that an age regression, or a phenomenon akin to it, occurs in MPD subjects but is not apparent in non-MPD subjects regardless of instructions to simulate or to follow a protocol instructing them to age regress hypnotically.

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Vol. III (2), 113-122, 1990

Preliminary Notes on Multiple Personality Disorder and Allied Forms of Dissociative Disorder Not Otherwise Specified in Practicing Psychotherapists

Dissociative disorders, including multiple personality disorder and allied forms of dissociative disorder not otherwise specified, were encountered in 20 practicing psychotherapists. Detailed reportage is precluded by considerations of confidentiality. Selected topics with regard to their professional functioning, diagnosis, phenomenology, treatment, and prognosis will be discussed.

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Vol. III (3),127-134, 1990

Multiple Personality Disorder, Borderline Personality Disorder, and Schizophrenia: A Comparative Study of Clinical Features

Multiple personality disorder (MPD) has at times been confused with both schizophrenia (SCHIZ) and borderline personality disorder (BPD). In this study, 38 patients with DMS-III-R *diagnosis of MPD (N=16), SCHIZ (N=11), or BPD (N=11) were evaluated with a battery of structured interviews (SCID, DDIS) and psychometric tests (MMPI, MCMI, DES) in order to define distinguishing features among the three diagnostic groups, MPD was differentiated from SCHIZ on the great majority of test measures. MPD was not differentiated from BPD on MMPI or MCMI, but these groups differed in many clinical features, particularly measures of severity of abuse and dissociative symptoms.*

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Vol. III (3),135-143, 1990

The Clinical Phenomenology of Males with Multiple Personality Disorder: A Report of 21 Cases

We describe 21 male patients meeting DSM-III-R *and NIMH criteria for multiple personality disorder (MPD). They were compared with female patients in the NIMH data base on MPD and dissociative disorders. Striking similarities between males and females were found on most variables. Both groups had extensive childhood histories of sexual and physical abuse far exceeding the prevalences reported for other clinical and non-clinical populations. There were trends for males to have more alcoholism and antisocial behavior. Generally, males had more subtle clinical presentations than females and reported fewer alter personalities. Implications of these findings and the limitations of the present study are discussed.*

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Vol. III (3), 144-150, 1990

Unusual Medication Regimens in the Treatment of Dissociative Disorder Patients: Part I: Noradrenergic Agents

The noradrenergic agents propranolol, and to a lesser extent, clonidine, are used in an experimental setting to reduce switching and anxiety in dissociative disorder patients, making them better candidates for psychotherapy. The rationale for this non-FDA-approved use of the drugs is founded in the James-Lange and Cannon-Bard theories of emotion. It is hypothesized further that the mechanisms proposed by the two theories are reinforcing of one another via classical conditioning in the production and reinforcement of chronic, severe anxiety responses. The effect of propranolol and clonidine can complement the effect of benzodiazepines in these patients. In the experimental protocol described, propranolol or clonidine is sometimes used at ultrahigh doses, with patients always under close medical supervision.

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Vol. III (3), 151-153, 1990

The Dissociative Experiences Scale: Further Replication and Validation

The purpose of the present study was to provide further evidence in support of the validity of the Dissociative Experiences Scale (DES) as a reliable measure of dissociative psychopathology. The DES was administered to 259 college students, 33 patients with multiple personality disorder (MPD), and 29 patients with a dissociative disorder not otherwise specified (DDNOS). The inter-rater reliability for the DES scoring procedure was excellent (coefficient of absolute agreement=.96; coefficient of relative agreement=.99). The test retest reliability of DES scores (within approximately one month) was also excellent (coefficient absolute agreement=.93; coefficient of relative agreement=.96) and suggests that DES total scores are temporally stable and similar in absolute value across testings. Finally, the internal consistency of DES scores was also very high (alpha for students=.93; alpha for MPD patients=.94; alpha for DDNOS patients=.94; alpha for the combined total sample=.95). Both MPD (mean DES score=55.0) and DDNOS patients (mean DES score=40.8) earned significantly higher DES scores than students (mean DES score=23.8). In addition, MPD patients earned significantly higher DES scores that DDNOS patients. The results of the present study also suggest that a DES cutoff score of 45 to 55 maximizes the probability of correctly classifying students from dissociative disorder patients (87%) while minimizing the rates of false positive (2 to 6%) and false negative errors (7 to 11%). Suggestions for further validation research are also made.

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Vol. III (3), 154-159,1990

Mental Unity, Altered States of Consciousness and Dissociation

This model for understanding altered states of consciousness and dissociation is based on the hypothesis that normal consciousness depends on an illusion of mental unity generated by certain dynamic brain processes. When these processes are altered and the illusion of mental unity is lost, the individual experiences an altered state of consciousness in which normal consciousness is latent or "dissociated." Mental organizations formed during an altered state will, in turn, become dissociated when the altered state is terminated and mental unity returns. In some cases, recurrent altered states may lead to multiple dissociated mental systems or states. Therapeutic resolution of dissociation requires that the individual gain access to the memory, transcend the obligatory illusion of unity, and consciously avow the ego state formed during the traumatic altered state of consciousness.

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Vol. III (3), 160-164, 1990

Non-Rational Guilt in Victims of Trauma

The guilt many victims of physical and psychological trauma experience in response to their victimization often contains non-rational content which, when analyzed, is more appropriate to the perpetrator. This non-rational perpetrator guilt is imposed on the victim under two primary conditions: 1) attribution, in which the perpetrator disavows guilt and blames the victim for the victimization; and 2) terror, which results in the victim's rapid incorporation of essentially the entire world view of the perpetrator, including the perpetrator's guilt. Guilt results when some aspect of a moral system is transgressed. There are four aspects of a moral system reflecting different levels of guilt and four basic components of guilt within each level. The perpetrator's violation of one aspect of a moral system may be processed by the victim at the level of another aspect, making resolution difficult. Resolution involves careful analysis of the content of the guilt to enable the victim to identify its source.

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Vol. III (3), 165-166, 1990

A Brief Note on "Jekyll and Hyde" and Multiple Personality Disorder

Robert Louis Stevenson's macabre and riveting tale. "The Strange Case of Dr. Jekyll and Mr. Hyde," perceptively displays critical psychological mechanisms at work in the development and maintenance of MPD, namely, 1) the naturally fragmented and chaotic state of the mind, 2) the yearning for unity, 3) the wish to disavow responsibility for certain impulses, 4) the delight taken in the gratification

of forbidden desires by an alter, and 5) the inevitable failure of dissociative attempts to dispel psychic conflict. These observations find corroboration in clinical material presented.

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Vol. III (3), 167-173, 1990

Dissociation and Subsequent Vulnerability: A Preliminary Study

Recent reports by D. Spiegel, F. Putnam, and others demonstrate that dissociation is a common response to severe trauma, serving to provide some degree of acute insulation against overwhelming stressors. This quite preliminary study explores certain of the consequences subsequent to the establishment of dissociative defenses, and illustrates that their successful employment is a two-edged sword, rendering those who develop an adaptation relying on dissociation vulnerable to rather than protected against subsequent revictimization. Of eighteen carefully studied incest victims who had developed dissociative disorders and had been sexually exploited by psychotherapists, 14 (78%) had been raped as adults. One hundred percent were found to suffer ongoing dissociative symptoms that disrupted their sense of mastery and control of themselves and their lives. One hundred percent demonstrated that the defensive ablation of memory of crucial information rendered them incapable of perceiving and reacting to actual danger situations appropriately. Ninety-two percent became frozen or withdrawn under stress, and met situations best avoided by decisive action with passive compliance and learned helplessness. The same percentage had suffered a shattering of basic life assumptions. In all cases, traumatically-induced dissociative deformation of the observing ego and debasement of cognitive functioning had occurred, leading to a decontextualization of traumatic experiences. The outcome of these sequelae, which offer acute protection, is a syndrome of chronic impairment which, in severe cases, predisposes those who suffer it to repetitive revictimization. These findings are duplicated in a larger series currently under study. Therapeutic implications and useful strategies are reviewed.

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Vol. III (4), 177-178, 1990

Factitious Disorder (Munchausen Type) Involving Allegations of Ritual Satanic Abuse: A Case Report

A 25-year-old woman was hospitalized after threatening suicide. She alleged that she had been the victim of ritual Satanic abuse. A careful evaluation including history-taking, clinical observation, request for collateral information, and psychological testing not only failed to corroborate her story, but pointed instead to a diagnosis of factitious disorder of the Munchausen type.

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Vol. III (4), 179-187, 1990

Adolescent Multiple Personality Disorder in the Nineteenth and Early Twentieth Centuries

Although modern literature refers to cases of adolescent MPD only since 1956, six cases were reported between 1823 and 1926. This article summarizes the case reports of these patients and compares them to modern reports of MPD in adolescence. The early patients were older, were 50% female, and had a maximum of three reported personalities. While some symptoms have remained constant over time, the symptom profiles of early and modern adolescent patients are somewhat different. Early patients frequently switched personalities upon awakening from sleep, had dramatic fainting spells, more complete mutual amnesias, more conversion symptoms, more prominent hazy trances, and less depression. Sexual abuse was reported in two cases but authors were very reticent to discuss it and did not recognize it as an etiologic factor. Even though early authors were neurologically focused, rarely explored psychodynamics, and offered mostly physical treatments, five of six patients had symptom remissions of greater than one year.

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Vol. III (4), 188-194, 1990

Educational Domains and Andragogical Approaches in Teaching Psychotherapists About Multiple Personality Disorder

Didactic efforts in educating students and colleagues about multiple personality disorder (MPD) often begin with rather traditional attempts to convey a body of didactic knowledge, and assume that they prepare the student learner to begin his or her clinical work. In fact, although such approaches are traditional and reasonably effective, they are perforce limited. Educators divide the goals of education into three domains: cognitive, attitudinal, an instrumental. Also, adult learners tend to absorb material best when it is oriented toward problem-solving rather than the communication of information and abstract concepts. Therefore, teaching professional students and graduate therapists ideally should address the several domains and include a large portion of material presented with the several principles of adult learning born in mind. This presentation will begin with a review of approaches used to educate therapists about MPD, and then focus on techniques to bring about learning with regard to the condition and its treatment within an