

andragogical frame of reference.

For reprints write:

Richard P. Kluft, M.D.
Dissociative Disorders Program
The Institute of Pennsylvania Hospital
111 North 49th Street
Philadelphia, PA 19139

Vol. III (4), 195-203, 1990

The Legal Defense of Persons with the Diagnosis of Multiple Personality Disorder

This paper is based on the experience of a trial attorney who spent more than six years representing a young man accused of killing his parents. After being diagnosed as suffering from multiple personality disorder (MPD), issues regarding that defendant's sanity and competency were litigated extensively. What became painfully obvious during that experience is that the defense of MPD is in its infancy stages and that there are only a handful of appellate decisions which discuss the disorder in the context of criminal responsibility. The decisions, however, do not articulate a sophisticated understanding of the disorder and for the most part are very restrictive in their analyses. Issues of insanity were normally couched in terms of the mental state of the perpetrating alter as opposed to the accused's mind as a whole. In one case, lip service was paid to an accused's amnesia with respect to the issue of competency. No reported case found a defendant insane or incompetent. The author describes the various legal tests that may exist throughout the country with respect to these mental conditions. He suggests arguments to be made to convince a factfinder that the accused meets these tests and highlights counter-arguments that may be anticipated on behalf of the adversary. Finally, he outlines the types of evidence that should be amassed for the successful defense of one suffering from this controversial mental disorder.

For reprints write:

David B. Savitz
950 South Cherry Street, Suite 600
Denver, CO 80222

Vol. III (4), 204-208, 1990

The Concept of Dissociation and Conversion in the New Edition of The International Classification of Disease (ICD-10)

In this article, the author discusses the changes in the new edition of the International Classification of Diseases (ICD-10) related to dissociative and conversion disorders. He comments on the elimination of the concept of hysteria, the introduction of a new group of dissociative (neurotic) disorders and the creation of a new category of organic (dissociative) conversion disorders. The author discusses the differences and similarities of the current edition in regard to the previous (ICD-9) and the influence of the DSM-III-R on the ICD-10.

For reprints write:

Francisco Orengo Garcia, M.D., Ph.D.
National Institute on Mental Health
9000 Rockville Pike, Building 15K
Bethesda, MD 20892

Vol. III (4), 218-221, 1990

Animal Alters: Case Reports

Five cases of multiple personality disorder (MPD) are presented which include one or more animal alters of differing complexity. In some cases, the development of the animal alter could be traced to childhood traumata involving (1) being forced to act or live like an animal, (2) witnessing animal mutilation, (3) being forced to engage in or witness bestiality, or (4) experiencing the traumatic loss of or killing of an animal. Clinical clues to the animal alter phenomenon that emerge during therapy are (1) over-identification with an animal, (2) hearing animal calls, (3) excessive fears of animals, (4) excessive involvement with a pet, and (5) cruelty to animals. Therapeutic work with animal alters may be a helpful or necessary preliminary to retrieval of underlying memories about the torture or killing of animals or human beings, and can be essential to the integration of such memories and to self-forgiveness.

For reprints write:

Teresita McCarty, M.D.
Department of Psychiatry
University of New Mexico
2400 Tucker, NE
Albuquerque, NM 87131

Vol. III (4), 222-233, 1990

Multiple Personality, Altered States and Virtual Reality: The World Simulation Process Approach

A new technological model of consciousness is that of computer-generated virtual reality. By wearing goggles containing color TV sets and earphones, a computer can control a person's main sensory input, coordinating it with actual body movements tracked by sensors, giving "traveler" a virtual body that can interact with virtual objects. More than one person can enter the same virtual reality and interact with other travelers there. Given psychological identification, a virtual reality can quickly become an almost a total reality. Developing applications, such as those in architecture, are discussed. Contemporary neurology and psychology show that we already live in one or more internal virtual realities, generated by neurological and psychological processes. Stable patterns, stabilized systems of these internal virtual realities, constitute states of consciousness, our ordinary personality, and multiple personalities. Computer-generated virtual realities offer intriguing possibilities for developing diagnostic, inductive, psychotherapeutic and training techniques that can extend and supplement current ones.

For reprints write:

Charles T. Tart, Ph.D.
Department of Psychology
University of California
Davis, CA 95616-8686

Vol. IV (1), 2-12, 1991

Handwriting Variations in Individuals with Multiple Personality Disorder

Differences in handwriting characteristics of persons experiencing multiple personality disorder (MPD) have been noted by psychotherapists and forensic handwriting experts. In the present study, eleven adult women diagnosed with MPD provided samples written by alternate identities or personality states (alters). Four inconspicuous handwriting characteristics were measured with electronic calipers under magnification. Analysis of the handwriting measures with one-way ANOVAs determined that most MPD subjects showed significantly more variability in handwriting samples produced by different alters than would be expected from different samples produced by the same person. These differences between handwriting measures of different alter personalities were neither as frequent nor as large as those between separate individuals in most cases. Clinical information on MPD subjects was analyzed for factors which contributed to the occurrence of handwriting variations, but no consistent pattern was found.

For reprints write:

Jane Redfield Yank, M.S.S.W.
Signature Consulting Services, Inc.
462 Cimarron
Lake Elmo, MN 55042

Vol. IV (1), 13-20, 1991

Dissociation in Combat-Related Post-Traumatic Stress Disorder

Investigators have described dissociative phenomena in post-traumatic stress disorder (PTSD) and, conversely, viewed dissociative disorders such as multiple personality disorder (MPD) as related to PTSD. However, no study has investigated the incidence of dissociation or predictors of a pre-existing dissociative disorder in a PTSD group using standardized measures of PTSD and dissociation. This study examined dissociation and predictors of childhood dissociation in 35 PTSD Vietnam combat veterans. Subjects scored significantly higher than normals on the Dissociative Experiences Scale and Perceptual Alteration Scale. Construct validity of these scales were supported by a significant correlation between the two. Both measures were also significantly related to scores on the Mississippi Scale for Combat-Related PTSD (M-PTSD). A correlation between combat and M-PTSD scores replicated previous studies. Subjects scored significantly higher than normals on the Childhood Dissociative Predictors Scale. Findings indicate a strong dissociative component in PTSD. Results offer initial empirical support for a dispositional-stressor model of PTSD analogous to that proposed for MPD.

For reprints write:

Louisa P. Branscomb, Ph.D.
1834 Clairmont Road
Decatur, GA 30033

Vol. IV (1), 21-24, 1991

Dissociative Symptoms and Aggression in a State Mental Hospital

The Dissociative Experience Scale (DES) was administered to 70 patients in a state mental hospital in the rural northeastern United States. Staff rated respondents' behavior on a scale composed of the Modified Overt Aggression Scale (MOAS), an additional question about sexual aggression, and a series of questions about other troublesome behaviors. Thirty percent of respondents scored 30 or above on the DES; 14.3% scored over 45. The DES correlated significantly with the full behavior rating scale ($r = .27$), the MOAS ($r = .23$) and the MOAS plus sexual aggression question (EMOAS) ($r = .23$). The relationship between the DES and behavior ratings varied widely between wards. Item analysis found the DES scores correlated with physical aggression ($r = .23$) and aggression against self ($r = .26$). Among the 27 sample females, the DES correlated significantly with the EMOAS ($r = .38$), full patient behavior rating scale ($r = .40$) and items on aggression against self ($r = .33$) and sexual aggression ($r = .36$).

For reprints write:

Lucy G. Quimby, M.S.W., Ph.D.
Community Health and Counseling Services
43 Illinois Avenue
Bangor, ME 04401

Vol. IV (1), 25-35, 1991

Counter-Transference and the Suicidal Multiple Personality Disorder Patient

The threat of suicide from a patient can constitute an intense crisis. Intense feelings from the patient will elicit intense feelings from the therapist, feelings which can be processed and understood more thoroughly and peacefully when one understands countertransference as it pertains to the threat of suicide in particular. Using theoretical material from many sources, this paper will discuss countertransference in general, pathological relational patterns as they become replicated within the therapeutic matrix, and the potential communicative value of suicide threats and their translation into useful dynamic material using the therapist's response as a clue to the meaning the patient is attempting to convey.

For reprints write:

Christine M. Comstock
6073 Chagrin River Road
Chagrin Falls, OH 44022

Vol. IV (1), 36-38, 1991

Iatrogenesis and Dissociation: A Historical Note

This paper consists of a review of the pre-1950s literature discussing the concept of iatrogenesis in relation to hypnosis, multiple personality and trance mediumship. In this literature iatrogenic influence is not limited to a therapist's actions. The concept includes also the effects of groups such as those speculated to exist in circles devoted to trance mediumship. To some extent, discussions about iatrogen

esis in this literature reflect power struggles between competing explanatory models of dissociation.

For reprints write:

Carlos S. Alvarado, M.S., M.A.
4635-E Hope Valley Road
Durham, NC 27707

Vol. IV (1), 39-45, 1991

The Influence of "Espiritismo" on a Case of Multiple Personality Disorder

Multiple Personality Disorder (MPD) has been studied through individual case studies and large scale clinical studies. The author, in presenting a Hispanic case of MPD, cites needed attention for further research into ethno-cultural phenomena which can interplay with the phenomenology and dynamics of MPD. The article focuses on the relationship of a belief system practiced or believed by many Hispanics which is "Espiritismo" (spiritualism) and the syndrome of MPD. Etiological and belief system factors are elucidated in the case study. Assessment and treatment considerations that emphasize cultural sensitivity are highlighted.

For reprints write:

Edison B. Ronquillo, Jr., A.C.S.W.
41-22 54th Street, Apartment #4
Woodside, NY 11377

Vol. IV (1), 46-54, 1991

Fantasy Proneness, Amnesia and the UFO Abduction Phenomenon

Fantasy proneness has been viewed as an adaptive response to stress; however, the specific relationship between amnesia and fantasy proneness has not been ferreted out as a research focus. This essay examines the ways in which amnesia appears to play a functional role in fantasy proneness and post-traumatic stress disorder. Furthermore, this essay postulates that persons who report that they have been abducted by extraterrestrials and sexually abused during these abductions may be fantasy-prone individuals who have used systematized amnesia to create a mask memory for repeated instances of violent sexual abuse in early childhood.

For reprints write:

Susan Marie Powers, M.A.
Saybrook Institute, LRC
1550 Sutter Street
San Francisco, CA 94109

Vol. IV (1), 55-61, 1991

The Dissociated Executive Self and the Cultural Dissociation Barrier

Multiplicity is an organizational principle of the normal human mind and also of non-human systems. The psychology of modern industrial man is characterized by a suppression of normal multiplicity, with the creation of a dissociated executive self insulated from other part selves in the mind by a cultural dissociation barrier. Twenty-two properties of the dissociated executive self are discussed, and testable predictions of this theory of pathological multiplicity are described.

For reprints write:

Colin A. Ross, M.D., F.R.C.P.C.
Charter Hospital of Dallas
6800 Preston Road
Plano, TX 75024

Vol. IV (2), 65-73, 1991

Unawareness and Denial of Pregnancy in Patients With Multiple Personality Disorder

In female MPD patients, sexual intercourse and pregnancy are experiences of which only one or a few alter personalities may be aware. When the host personality is amnesic for these dissociated functions, severe complications may arise both for the affected woman and those around her. When the amnesia is lifted, the personalities involved may experience pregnancy and delivery as traumatic, and mother-child attachment may be severely hampered. This paper describes four case examples illustrating these complications. Two of them are classic 19th Century cases, Bellanger's (1854) Madame de B. and Azam's (1887) Félicité X. The fact that in the 1854 case it was the treating physician who fathered the child dramatically illustrates Klufit's recent observations that these patients run the risk of sexual abuse by their psychotherapists and other health care professionals. The discussion section deals with: (1) Pierre Janet's views on unawareness and denial in MPD, as illustrated in sexual intercourse, pregnancy, and delivery; (2) the so-called partus stress reaction, for which MPD patients with a childhood history of sexual abuse may be at risk; (3) trauma-induced psychotic reactions to delivery; (4) techniques for supporting patients with these issues; and (5) sexual abuse of MPD patients by therapists.

For reprints write:

Onno van der Hart, Ph.D.
Riagg Z/NW
P.O. Box 71505
1008 DA Amsterdam
THE NETHERLANDS

Vol. IV (2), 74-78, 1991

Restraints in the Treatment of Dissociative Disorders: A Follow-Up of Twenty Patients

This paper presents the findings of the use of voluntary restraint in a total of 246 sessions by twenty hospitalized patients with dissociative disorders. The sessions were analyzed both for beneficial effects and for complications arising in the use of restraint. Benefits were obtained in 230 instances, and 117 complications were encountered during forty-five sessions. One patient committed suicide during the course of the study. The authors conclude that the proper use of restraint, when less restrictive means are not effective, is a safe and viable intervention in the treatment of aggressive or dangerous altered states in patients with dissociative disorders.

For reprints write:

Walter C. Young, M.D.
National Center for the Treatment
of Dissociative Disorders
1300 South Potomac, Suite 152
Aurora, CO 80012

Vol. IV (2), 79-82, 1991

**Multiple Personality Disorder and the Social Systems:
185 Cases**

A survey of the involvement of 185 individuals in treatment for multiple personality disorder 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.

For reprints write:

Margo Rivera, Ph.D.
The Muskoka Meeting Place for
Counseling and Education
Box 2242
Gravenhurst, Ontario POC 1G0
CANADA

Vol. IV (2), 83-91, 1991

**A Study of the Correlations Between Subjective Psychic
Experiences and Dissociative Experiences**

A variety of subjective "psychic" experiences, such as telepathy, clairvoyance, and out-of-body experiences, are often reported in conjunction with dissociative experiences. This study looked at the relationship between the Dissociative Experiences Scale (DES) and a variety of psychic experiences in a non-clinical adult population with a high level of psychic experiences. The DES was correlated moderately (Pearson's r from .3 to .4) with most but not all of the experiences. The mean DES score was 17.2 (SD = 12.5), and the median was 14.1, substantially above the norm for adults. The correlations with a measure of affect, the Positive and Negative Affect Schedules (PANAS), were low for both positive and negative affect, and the means for affect were similar to the means for the general population. Eighty-one point five percent of the subjects felt that their psychic experiences had had a positive or inspirational effect on their lives. When taken in conjunction with other surveys of the general population, this study confirms that psychic experiences are a common occurrence in non-clinical populations, and that, although they are correlated with dissociation, they are not necessarily associated with pathology.

For reprints write:

Douglas G. Richards, Ph.D.
Atlantic University
P.O. Box 595
Virginia Beach, VA 23451

Vol. IV (2), 92-98, 1991

**Clinical Work With Families of Multiple Personality
Disorder Patients: Assessment and Issues for Practice**

Partners and children of those who suffer multiple personality disorder may play important healing roles when they are able to be included in the therapeutic process. They can help map the system, provide emotional support, and contain episodes of rageful acting out. However, prior to beginning family therapy, the therapist must conduct a thorough assessment of family dynamics and individu-

al members' strengths, coping skills, and levels of safety and trust in self and others. Themes of family treatment discussed in this paper include education, limit setting, contract development, mapping of alters, building a knowledge of the trauma history, creating family intimacy, recognition of individual needs, partners' issues, social skills training, and dealing with emotional impacts of multiplicity.

For reprints write:

Mary Beth Williams, Ph.D.
Rt. 8, Box 283
Warrenton, VA 22186

Vol. IV (2), 99-104, 1991

**Movement Therapy with Multiple Personality
Disorder Patients**

Group movement therapy with multiple personality disorder (MPD) patients can provide a useful healing experience, though the treatment of homogenous MPD group can be a challenging endeavor. Four pervasive themes emerged in the movement sessions: establishing trust through kinesthetic empathy, negotiating social interaction, eliciting expressive movement and traumatic material, and integrating a more coherent sense of self. These themes were congruent with parallel developments in individual psychotherapy. The interdisciplinary collaboration of verbal and movement therapy works well together. Often work in one modality helps to negotiate impasses in the other. The evocative power of movement and the therapeutic principles that flow from it, i.e., that one can move across the dimensions of behavior, affect, sensation and knowledge (BASK), serves to reconnect the sequestered aspects of the traumatic past, encouraging integration.

For reprints write:

Edith Z. Baum, M.A., A.D.T.R.
41 Conschohocken Street, Suite 706
Bala Cynnyo, PA 19004

Vol. IV (2), 105-108, 1991

**The Process of the Multiple Personality Disorder
Therapist and the Use of the Study Group**

This article presents a developmental model of the therapist's process of skill acquisition delineating Neophyte, Mastery, and Expert Phases. Specific characteristics and pitfalls of each developmental stage are described on a continuum. The discussion also focuses on the use of the local study group as an educational and supportive environment for the therapist treating patients diagnosed with dissociative disorders. A description of how such a study group provides a source for case consultation, peer supervision and support for the otherwise isolated and confused therapist is presented.

For reprints write:

Rosalie Hyde, C.S.W.-A.C.P.
4545 Post Oak Place, Suite 349
Houston, TX 77027

Vol. IV (2), 109-114, 1991

The Use of Healing Ceremonies in the Treatment of Multiple Personality Disorder

Although talk therapy and abreactive work are crucial in the treatment of multiple personality disorder, these techniques do not always assist the client in bringing closure to his other exposed wounds. As a result, some patients continue to feel vulnerable and to doubt their ability to rid themselves of the anguish unleashed by these uncovered memories. Such instances require the therapist to move beyond the usual practices and techniques of therapy and to create alternative methods which will bring the client emotional relief. These procedures may involve any number of the adjunctive therapies as well as the use of ceremony to complete the release and resolution of the memory. This article explores the use of ceremony and gives an example of how ceremony was used successfully in the treatment of a client.

For reprints write:

Joyce H. Vesper, Ph.D.
6330 East Thomas Road, Suite 1-210
Scottsdale, AZ 85251

Vol. IV (3), 117-123, 1991

Multiple Personality Disorder as an Attachment Disorder

Multiple Personality Disorder (MPD) can be viewed as a disorder of attachment. Bowlby (1969, 1973, 1980, 1988) described how the emotionally neglected (passively abused) child detaches from internal and external signals that would normally lead him to search for a parent; the MPD literature uses the label "dissociation" for the same state which Bowlby called "detachment." Upon the detached state are superimposed the sequelae of active abuse. From this perspective, many of the problematic transference phenomena in the treatment of MPD result from reactivation in the transference of ethologically adaptive attachment behavior. The patient's difficulties in maintaining boundaries, periods of sudden withdrawal, and eventual movement through a period of anxious attachment, represent steps towards internalization of a secure base of attachment.

For reprints write:

Peter M. M. Barach, Ph.D.
5851 Pearl Road, Suite 305
Parma Heights, OH 44130

Vol. IV (3), 124-128, 1991

The Cross-Cultural Occurrence of Multiple Personality Disorder: Additional Cases from a Recent Survey

Multiple personality disorder (MPD) has been described as a culture-bound phenomenon, primarily indigenous to the United States. In order to test this hypothesis, we performed an extensive literature search and developed an MPD questionnaire which was mailed to 132 individuals outside of North America. The literature search found case reports in thirteen other countries in addition to the United States and Canada. Data from the questionnaire revealed the existence of MPD in an additional six countries. Altogether thirty-two new cases of MPD were reported in nine countries and the territory of Puerto Rico. The symptomatology of these new cases was remark-

ably similar to that of the cases previously reported in North America. Several new cases of DDNOS are described. We conclude that MPD is definitely not a culture-bound phenomenon and that it probably has a worldwide distribution.

For reprints write:

Philip M. Coons, M.D.
Larue D. Carter Memorial Hospital
1315 West 10th Street
Indianapolis, IN 46202

Vol. IV (3), 129-133, 1991

Multiple Personality Disorder as Seen From a Social Constructionist Viewpoint

This paper proposes that the perspective of social constructionism provides fertile theoretical grounds to comprehend and appreciate the phenomenon of multiple personality disorder (MPD). From a social constructivist standpoint, the manifestations of MPD are constricted by local and historical constructions of the self. It is suggested that the independent and separate self characteristic of some western cultures, and especially its magnification in the last three centuries, has created the necessary background for the development and unfolding of a disorder such as MPD. It is proposed that in cultures where the self is collectivist and interpersonal in orientation, a disorder such as MPD will be rare or non-existent. Also, social constructionism posits that culture will restrain the presence of high-risk situations that facilitate the development of MPD. It is proposed that MPD should be studied at a local and historical level, and that we should doubt the notion that MPD is an atemporal and universal phenomenon.

For reprints write:

Alfonso Martínez-Taboas, M.A.
17 Street, Suite 1088
Villa Nevarez
Rio Piedras, PR 00927

Vol. IV (3), 134-146, 1991

Double Consciousness in Britain 1815-1875

This paper describes the formulations of double consciousness current in mid-nineteenth century Britain. It was a quite well defined clinical entity. Criteria for its diagnosis overlap with but are not identical to those now used for MPD. The disorder was uniformly regarded as rare, but there was a steady flow of case reports. This paper cites a number that have long been ignored, and allusions to less florid unpublished observations, including prepubertal cases. Also included are references to continental cases, described in the eighteenth century as cataleptic somnambulism. The preeminence of the concept of double consciousness, which emerged early in the nineteenth century, ended in 1875. It was replaced by the concept of multiple personality. The immediate interest in, and use of, mul-

multiple personality in 1875 was to prove a philosophic point about the nature of the mind.

For reprints write:

Ian Hacking, Ph.D., F.R.S.C.
Institute for the History and Philosophy of
Science & Technology
Victoria College
University of Toronto
Toronto M5S 1K7
CANADA

Vol. IV (3), 147-151, 1991

High and Low Dissociators in a College Student Population

From a sample of 345 college students completing the Dissociative Experiences Scale (DES), the authors interviewed twenty-two students scoring below 5.0, and twenty students scoring above 22.6 with the Dissociative Disorders Interview Schedule, and also administered the SCL-90 and Millon Clinical Multiaxial Inventory to them. High and low scorers on the DES were clearly differentiated on all three measures. Seventy percent of the high DES scorers had a DSM-III-R dissociative disorder, while none of the low scorers did. Extrapolation from the data yields a prevalence of DSM-III-R dissociative disorders among college students of 11.0%.

For reprints write:

Colin A. Ross, M.D., F.R.C.P.C.
Charter Hospital of Dallas
6800 Preston Road
Plano, TX 75024

Vol. IV (3), 152-164, 1991

Children Coping with Trauma: Diagnosis of "Dissociation Identity Disorder"

Dissociation is a common phenomenon in children. Under conditions of extreme stress, dissociation may be used to wall off traumatic memories. In extreme cases, the use of dissociation may result in the development of multiple personality disorder (MPD). In this paper, the literature of child MPD cases is summarized. Issues addressed include: developmental aspects of dissociation, child abuse leading to dissociation and multiple personality disorder, gender specific response to trauma, epidemiology, familial factors, checklists for childhood dissociation, and diagnostic criteria for a proposed diagnostic category called "Dissociation Identity Disorder" for the diagnosis of evolving children and adolescent MPD.

For reprints write:

Gary Peterson, M.D.
Southeast Institute for Group and Family Therapy
103 Edwards Ridge
Chapel Hill, NC 27514

Vol. IV (3), 165-177, 1991

The Inner Self Helper and Concepts of Inner Guidance: Historical Antecedents, its Role within Dissociation and Clinical Utilization

The Inner Self Helper (ISH), a specialized psychic structure said to be unique to Multiple Personality Disorder (MPD) and/or Dissociative Disorder (DD) patients, has its roots deep within traditional psychiatric and psychological heritage. This article examines some of the historical antecedents of the use of a source of inner guidance within the patient, a source that has been called the unconscious mind, the observing ego, and the higher self in addition to the ISH. This paper explores the ISH as it has been conceptualized in the past and as it presently is understood. Some clinical applications for the use of the ISH structure are also presented.

For reprints write:

Christine M. Comstock
6073 Chagrin River Road
Chagrin Falls, OH 44022

Vol. IV (4), 180-184, 1991

Dissociative Experiences in the General Population in the Netherlands and Belgium: A Study with the Dissociative Questionnaire (DIS-Q)

This article describes the results of the first European study on the prevalence of dissociative experiences in the general population of Belgium (Flanders) and the Netherlands. Dissociative experiences were assessed with a new self-reporting dissociation questionnaire (DIS-Q). The DIS-Q has been administered to a representative sample of the Dutch and Flemish population (N=374). The results show that dissociative experiences are quite common in the general population, and that their frequency is declining with age. About 3 percent of the population (the majority men) reports serious dissociative phenomena, and 1 percent shows scores as high as patients with multiple personality disorder. These findings suggest that dissociative disorders are seriously under-diagnosed by mental health professionals.

For reprints write:

Johan Vanderlinden, Ph.D.
University Center St-Jozef
Leuvense Steenweg, 517
B-3070 Kortenberg, Belgium
THE NETHERLANDS

Vol. IV (4), 185-188, 1991

Construct Validity of the Dissociative Experiences Scale (DES): I. The Relationship Between the DES and Other Self-Report Measures of Dissociation

The present study attempted to expand the construct validity of the Dissociative Experiences Scale (DES) by comparing it to: (a) other self-report measures of dissociation (e.g., the Tellegen Absorption Scale [TAS] and the Perceptual Alteration Scale [PAS]); (b) the construct of "ambiguity intolerance" (assessed by the Yellen Ambiguity Intolerance Scale [YAIS]); and (c) the Jenkins Activity Schedule [JAS: which measures the degree of Type A behavior]. Three hun-

dred and eleven undergraduates participated in an experiment on "Hypnotizability and Personality," and filled out the DES, TAS, PAS, YAIS, and JAS. The DES total score (and three DES factor scores) correlated with the TAS and PAS in the range of .24 - .52 (all correlations were significant at the .001 level, two-tailed). Furthermore, the DES total score (and the three DES factor scores) correlated significantly with the YAIS overall score (*r*'s ranged from .22 - .24, all *p*'s < .001), but did not correlate significantly with the JAS (*r*'s ranged from -.03 - .04, ns). The findings suggest that DES scores (i.e., total scores and each of the three DES factor scores) show good levels of convergent validity as they correlate significantly with other self-report measures of dissociation. However, the intercorrelations were not high enough to consider the different dissociation measures as interchangeable. Furthermore, subjects reporting high levels of dissociative experiences also reported higher levels of ambiguity intolerance. However, no significant association was observed between DES scores and the Type A behavior pattern.

For reprints write:

Edward J. Frischholz, Ph.D.
 Director of Research
 Dissociative Disorders Program
 Rush North Shore Medical Center
 9600 Gross Point Road
 Skokie, IL 60076

Vol. IV (4), 189-192, 1991

Multiple Personality Disorder in Puerto Rico: Analysis of Fifteen Cases

In this paper, fifteen cases of MPD detected in Puerto Rican patients are analyzed and contrasted with those reported by Coons, et al. (1988), Putnam, et al. (1986), and Ross, et al. (1989). The comparisons indicate that the Puerto Rican cases have striking parallels with the ones detected in Canada and the USA. It is tentatively concluded that MPD can emerge in a social and cultural setting quite different from that of the continental United States.

For reprints write:

Alfonso Martínez-Taboas, M.A.
 17 Street
 #1088 Villa Nevárez
 Rio Piedras, PR 00927

Vol. IV (4), 193-199, 1991

A Comparison of Dissociative Experiences in Adult Female Outpatients With and Without Histories of Early Incestuous Abuse

The critical role of early incestuous abuse in the development of high levels of dissociative symptoms has been suggested. The present study examines the reliability and validity of the Dissociative Experiences Scale for use with an outpatient population and compares the frequency of dissociative experiences in adult female outpatients with and without histories of early incestuous abuse. The Dissociative Experiences Scale (DES) and a Background Information Questionnaire (BIQ) were administered to a sample of 84 adult female outpatients from four diagnostic categories: Affective Disorder, Post-traumatic

Stress Disorder (PTSD), Panic Disorder, and Schizophrenia. Cronbach's alpha within each diagnostic category (range .88 - .94) indicated good internal consistency for the DES with this sample.

The Kruskal Wallis analysis, $X^2 = 8.49$ ($N = 84$, $df = 3$, $p < .05$), demonstrated support for criterion-related validity of the DES by indicating a significant difference among diagnostic categories. Ryan's procedure demonstrated a distinction between Affective Disorder and PTSD and between Affective Disorder and Schizophrenia ($p < .01$). Forty-four percent ($N = 37$) of the subjects reported incestuous abuse before 16 years of age. Seventy-one percent ($N = 60$) reported sexual or physical abuse, rape, or assault, at some time during their lives. Subjects with histories of early incestuous abuse scored significantly higher, $X^2 = 10.79$ ($N = 84$, $df = 1$, $p < .001$), on the DES than those who reported no history of early incestuous abuse. When matched on diagnostic category and age, DES scores remained significantly higher, $X^2 = 5.00$ ($N = 20$, $df = 1$, $p < .01$), in the subjects with histories of early incestuous abuse than in those without such histories. The results of the present study support the need for exploration of dissociative symptoms in incest survivors.

For reprints write:

S. Allen Wilcoxon, Ed.D.
 Behavioral Studies
 The University of Alabama
 College of Education
 Box 870231
 Tuscaloosa, AL 35487-0231

Vol. IV (4), 200-204, 1991

On the Misdiagnosis of Multiple Personality Disorder

In many mental health settings, there has been an increasing awareness that multiple personality disorder (MPD) is far from rare. However, along with this awareness has come an increased prevalence of the misdiagnosis of MPD. The misdiagnosis of MPD (i.e., false positive diagnosis of MPD) has been seen in three forms: other dissociative disorders, non-dissociative disorders, and malingering or factitious disorders misdiagnosed as MPD. The accurate differential diagnosis of MPD can be challenging, but has important clinical implications.

For reprints write:

James A. Chu, M.D.
 McLean Hospital
 115 Mill Street
 Belmont, MA 02178

Vol. IV (4), 205-213, 1991

The Dissociative Table Technique: A Strategy for Working with Ego States in Dissociative Disorders and Ego-State Therapy

There are various ways to contact alter personalities (ego-states) in Multiple Personality Disorder (MPD) and other dissociative disorders. This paper presents one such strategy that the author has developed over the past decade working with such patients. Keeping in mind that therapists must constantly be on guard against the iatro-

genic creation of alter personalities, there are nonetheless ways in which the inner ego-states previously formed and already operating in the patient's life can be learned prior to any therapeutic intervention. This assures that the search for these inner states is lead by cues from the patient and not from the therapist. This writing will outline an inter-related series of techniques which should prove helpful to those seeking a strategy to access the inner ego system of those suffering from disorders of dissociation. Not only is this a technique for accessing alter personalities, but it also offers additional strategies to assist the work with these alters throughout the course of therapy. It is not a therapy in itself, but rather a group of adjunctive strategies to be used in conjunction with the clinical approach of the therapist who may wish to use this technique.

For reprints write:

George A. Fraser, M.D.
Anxiety and Phobic Disorders Clinic
Royal Ottawa Hospital
1145 Carling Avenue
Ottawa, Ontario K1Z 7K4
CANADA

Vol. IV (4), 216-217, 1991

On the Uses of Computer-Generated Realities:

A Response to Begelman

I am pleased that my article on the World Simulation Process and the implications and potential applications of computer-generated virtual reality (CGVR) has stimulated thoughtful reflection, such as that expressed in Begelman's letter. Technological progress in VR development has been much faster than I anticipated in the article (Tart, 1990) published only last year, so the sooner we think about potential uses and abuses of this major new technology, the better.

For reprints write:

Charles T. Tart, Ph.D.
Psychology Department
University of California at Davis
Davis, CA 95616