

THE DEVELOPMENT OF SYMPTOMS OF MULTIPLE PERSONALITY DISORDER IN A CHILD OF THREE

Richard L. Riley, M.D.,
and John Mead, M.D.

Dr. Riley is employed by the U.S. Army's Exceptional Family Member Program in Belgium, and Dr. Mead is in private practice in Pasadena, California.

Reprints may be requested from: John Mead, M.D., 65 North Madison, Pasadena, California 91101.

ABSTRACT

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 multiple 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.

INTRODUCTION

The existence of multiple personality disorder (MPD) in children was first established by Despine in 1840, whose case is described in detail in *The Discovery of the Unconscious* (Ellenberger, 1970). The next reported childhood case was presented at a course of the 1979 meeting of the American Psychiatric Association, 139 years later (Kluft, 1985). Kluft followed this report with several papers on childhood MPD, (Kluft, 1984, 1985, 1986) and several other authors reported additional cases and/or reported on the relationship of this disorder to child abuse and the post-traumatic stress disorders (Fagan & McMahon, 1984; Weiss, Sutton, & Utecht, 1985; Wilbur, 1985; Bliss, 1980; Elliott, 1982; Spiegel, 1984, 1986; Goodwin, 1985a, 1985b, 1986; Green, 1985; and Putnam, Guroff, Silberman, Barban, & Post, 1986).

To the best of our knowledge, the child described in this paper is the youngest thus far reported in the literature. Fagan and McMahon reported four children with incipient MPD, one of whom was four years old and another of whom was six. However, they do not describe a definitive alter

personality in either of these children. Kluft's initial patient was eight years old and the child reported by Weiss, Sutton, and Utecht (1985) was ten years old. Green describes a four year old with "splitting" whose clinical description fits the criteria for MPD, but this possibility was not discussed in his paper (Green, 1985). In retrospect, Kluft's child patients reportedly had their first splits between the ages of two and one-half and seven years (Kluft, 1984), and there have been several reports of adult MPD patients who have stated that their alter personalities developed in early childhood. The respective patients reported by Erickson and Kubie, and Thigpen and Cleckley were apparently three years old when their first alters developed (Erickson & Kubie, 1980a, 1980b, 1980c; Thigpen & Cleckley, 1957) and the patients described by Bliss (1980) reported the development of their alters between four and six years of age. Of course, these are all retrospective reports and are dependent on the vagaries of memory. For example, Stern (1984) reported that one of his patients claimed to have developed an alter as early as six months of age, which is prior to a child's having any ability to verbalize thoughts or memories.

This report demonstrates that MPD can develop around age three, after psychological differentiation of self and object occurs and object constancy is established (Green-span, Lourie, & Nover, 1979). This child was seen prior to any significant trauma, and again during the time that she was experiencing severe ongoing traumatic stress. Videotapes were made before the obvious emergence of the alter personality, at the time the alter was revealed, during the course of therapy, and in follow up one year later.

CASE HISTORY

Cindy (a pseudonym) was first seen by one of the authors (RLR) at the age of 14 months. She was referred by an attorney for evaluation in the contest of a custody dispute between the guardian parents, Joan and David (also pseudonyms), and the biologic mother Joan (a pseudonym). Cindy had been in the custody of the guardian parents since her second day of life. She had had very limited contact with the biologic mother between age three months and four and a half months of age, but none since that time.

In the initial evaluation, Cindy projected a very positive air. She was intelligent, explored the office, and was obviously happy and secure. She was curious and asked many simple questions. She appeared to be very much loved and valued; a strong psychological attachment was evident be-

tween the child and both guardian parents. She was also able to let her parents leave the room without exhibiting anxiety.

When Cindy was seen again at 16 months of age, the biologic mother had been visiting Cindy for a few hours twice weekly in her guardians' home. Cindy was reported to be sleeping poorly. Her appetite had decreased and she was having fits of anger. In contrast to her previous behavior, she was agitated and clung to her guardian mother, becoming highly anxious when she was left alone with the examiner. These findings were reported to the court.

However, the custody of the child was awarded to the biologic mother. A visitation schedule was drawn up for Cindy's gradual transition from the guardian home to the biologic mother's environment. The biologic mother's adherence to this schedule was sporadic; it was later learned that during this period the biologic mother had given birth to another female child who had died of sudden infant death syndrome at three months of age.

The next clinical visit, at 20 months, involved both the biologic mother and Joan. Cindy attempted to get everyone involved with her, and seemed comfortable and in control of the situation. Because of her apparent comfort with the biologic mother, visitation with the biologic mother outside of the guardian home was recommended at this time.

Seen at 23 months with her guardian mother, she was very frightened and clinging. Cindy was reacting adversely to overnight visitation, begging her guardian mother, "No more visits, mommy." We speculate that she was also reacting to the guardian parents' adoption of another baby girl. Perhaps they were anticipating dealing with the loss of Cindy, and attempting to replace her.

Over the next few months, Cindy deteriorated emotionally. She was withdrawn, insisted on being held, and cried if she was not touching her guardian mother. She had frequent physical illnesses. She came back from one visitation with a large hematoma on her earlobe. She stated that the biologic mother bit or hit her. Also, she said that she was being called "Lila" (the name that was eventually given to her alter) by the genetic family members. Also, she repeatedly stated that her genetic half brothers were touching her genitals and/or inserting objects into her vagina. She regularly reported having experienced physical and/or sexual abuse during those visitations.

Because of these complaints, the court curtailed overnight visitation when Cindy was 30 months of age. Cindy's mood improved and her anxiety diminished, but she became overtly angry, threw tantrums, and would not let her guardian mother out of her sight. She insisted on sleeping with her and would awaken several times during the night to make sure the guardian mother was still there. The guardian mother also reported that she would talk in her sleep, and say "My name is Cindy R" (her guardian surname) over and over again. She continued to report physical and sexual abuse during her daytime visits to the home of her biologic family, and began to reenact this toward her adopted sister.

Another professional had been monitoring the child in the genetic family environment and had reported that the child was "happy, content and exhibited no abnormal or unusual behaviors." During this period, however, the guard-

ian mother made an unexpected visit to the other home and found that Cindy acted as if she didn't know her. At this point, the child was seen with the guardian mother and the sessions were videotaped.

The first videotaped session occurred when Cindy was 35 months old. Three sessions, designed to get information from the child with regard to her feelings toward the biologic mother and the R family, and to document any statements of abuse, were videotaped. Questions were asked in such a way as to minimize both negative bias and the risk of "leading" Cindy.

Cindy was seen with guardian mother in the room. The questions she answered about the biologic family were usually negative, garbled, or followed a long pause. She spontaneously stated that her brothers touched her in the vaginal area and that she was being called "Lila" by the genetic family. At one point she responded to a question about Lila by saying "What?" as if she were being called.

She denied that she visited the biologic family, while at the same time talking about them in ways that required direct knowledge. She also said that her biologic mother calls her a "little bitch." When she talked about members of the biologic family, her speech and mannerisms were quite different. Her speech was more immature and her body postures and mannerisms were puppet-like. This series of tapes were brought into evidence and viewed by the court. As a result of this, the duration of each visitation was further decreased. About three months later, the biologic mother requested, through her attorney, that the child be videotaped with her. Arrangements were made to videotape Cindy with Joan (the guardian mother) the day before visitation; Cindy with the biologic mother on visitation day; and then Cindy with the guardian on the day following visitation.

The alter personality, Lila, presented herself directly in a second session with the biologic mother, but unfortunately this session was not videotaped. Because of this, another session with the biologic mother, followed by a session with the guardian mother was arranged and videotaped the following week. Thus, there were five sessions, four of which were videotaped. In the first session, Cindy was willing to answer questions about the guardian family without hesitation. She exhibited an affective response to the death of "grandpa," her guardian father's father. Questions about the genetic family were usually ignored or answered "I don't know." When she was told she would return to the office tomorrow, she gave a positive response. When it was added that she would come with the biologic mother, she was at first silent, then verbalized negative utterances, and then denied that she had to visit the biologic mother.

Following this, the child alternately presented herself as one of two distinct personalities, depending on the questions asked. These personalities will be referred to as Cindy or Lila. Lila was the presenting personality in the second session, and specifically said that she wanted to be called Lila. She either did not answer questions about the guardian family or responded with "I don't know." At times, she hid behind the dollhouse or chair, out of view of the biologic mother. Then Cindy would emerge. At the end of this

session, she wanted to stay and clean up her mess. This was totally out of character for Cindy. In the following three sessions, Cindy and Lila alternated. In the biologic mother's presence, Lila was the presenting personality. Cindy would come out, play aggressively, and blame Lila for this behavior. When Lila was present, she answered questions about the genetic family but had limited knowledge about the guardian family. She identified Joan R, the guardian mother, as the "babysitter." In addition to the differences in her memory and sense of personal history, Lila seemed to be younger, and her fund of knowledge more limited. When Lila made mistakes, Cindy would come out and correct them. Lila became involved in a peek-a-boo game, related in a coquettish manner, and demonstrated sexual themes in her interaction. In addition, Lila was compliant, subdued, and passive-aggressive. Her mannerisms had a staged quality and she asked questions about the things that Cindy knew. Her speech was less sophisticated and phonetically more immature. Lila did not seem to know Cindy. Cindy, on the other hand, was quick to respond to questions that did not relate to the genetic family. She remembered incidental things that Lila did not seem to know. Cindy was aware of Lila, did not like her, and did not like anyone in the biologic family. Cindy was assertive and commanding when she did not feel threatened. She acknowledged her anger and was, at times, overtly hostile. She withdrew and exhibited guilt and remorse when her behavior hurt others.

These tapes were offered into evidence but were never shown. The court ruled that since all experts now agreed in their conclusions and recommendations, the court did not need to see the tapes. All visitation with the biologic mother was terminated, and arrangements were made for psychotherapy.

TREATMENT

Cindy was seen for 12 sessions over a period of four months. Her guardian mother was always present, and her adopted sister, Cheri, was included in three of the sessions, including the last, which occurred in the guardian's home. A non-directive, unstructured play therapy was utilized, and interpretations were offered to the guardian mother during the sessions. In addition, the guardian mother was taught strategies she could use to facilitate re-integration. In the first session, Cindy displayed anger toward the author and was encouraged to express this in her play. She did this, and then played out her fear of the biologic mother. Lila, the alter, emerged intermittently in this and subsequent sessions. The theme of the sessions dealt with protection from danger and making "sad, scared little girls" into a "happy little girl." At times, the videotape was played back to Cindy during the session, to let her see herself as "separate" by being on the TV and in the room at the same time, while emphasizing that she was not really separate.

As the sessions progressed, Cindy called her sister by the alter's name, Lila, while being mean to her. She made demands or gave orders in the voice of the biologic mother. Gradually, Cindy began to like the alter and wanted Lila to live with her at the guardian's home. She more freely allowed

the alter to share in the play. Both personalities began to give information about the genetic family without anxiety. At one time, Cindy stated she was older than Lila. She also identified her guardian mother as "Lila-mom." In a following session, Cindy responded positively to the idea of her and Lila reuniting.

Since she seemed to be doing very well, Cindy was placed in pre-school. She promptly became more immature and she was resentful of and hostile toward her sister. She did not want her mother talking to Lila anymore. Her social interaction in school was compliant, withdrawn, and avoidant of boys, which better describes Lila than Cindy. When pre-school was discontinued, her behavior toward her sister improved and her attitude toward Lila became positive once again. In a later session, Cindy frightened her sister in a playful way and stated that she had been afraid when she was a baby but not any more. She then explained that her sister and she are both Lila but her part grew up faster.

In the last three sessions, the play became mostly non-charged, age appropriate, and relatively typical of a normal non-stressed child. Cindy was seen in her home with her guardian mother and adopted sister nine months after therapy was terminated. She was being seen by another therapist on a monthly basis by court order. Her current therapist felt that she was doing very well. Our visit was videotaped. It revealed a normal, content, and happy child who tolerated her little sister very well. She was aware of her biologic origin and had no problem sharing this information. Lila was only remembered as a name that the biologic mother had called her.

DISCUSSION

Personality can be defined as an individual's habitual patterns of behavior, unconsciously determined, that are the outward manifestations of inner impulses, fantasies, conflicts, and intrapsychic compromise formations. More simply put, it could be described as one's mode of adaption to life. The present authors acknowledge that state dependent and even mood dependent expressions of one's personality will occur, but even these ego states will be relatively consistent and that their different expressions are incorporated (rather than dissociated) into one's sense of one's self (or "I") by both subjective and objective evaluations. That is, such expressions are not viewed as separate by one's self or as separate individuals by others, who identify and define a particular individual's personality. A "personality" is already quite complex by age three, even though still growing in complexity, and changing. In order for one to develop an additional personality, especially in this stage of ego development, there would have to be an extremely compelling reason that involved avoidance of psychic pain. Pleasing a therapist, for example, would not be a sufficiently powerful reason.

In the case of this child, the questions of one of the authors (RLR) were an obvious source of psychic pain, and frequently caused Cindy to make rather angered responses rather than resort to the exposure of an alter. Cindy repeatedly denied the existence of the alter even though there was

evidence that Lila had existed several months before she finally emerged overtly and identified herself in the author's presence. In addition, Cindy appears in the sessions involving the genetic parent and Lila is also present with the guardian mother, both with and without the author present.

In our opinion, this child fulfills the DSM III-R (American Psychiatric Association, 1987) criteria for the diagnosis of MPD:

A. The existence within the individual of two or more distinct personalities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).

B. Each of these personality states recurrently takes full control of the individual's behavior.

Both Cindy and Lila were complex and integrated personalities. Each had her own memories, behavioral patterns and social associations. Cindy stated that she was older and bigger than Lila. She referred to Lila as being separate and living apart. Both displayed a wide range of affect. Cindy's self-perceived and self-defined needs differed from Lila's. Lila was more immature in speech and mannerisms. She seemed more compliant and dependent. Her fund of knowledge and cognitive ability were less than Cindy's. Cindy was aggressive, self-assured and outgoing (when not stressed). She blamed Lila for things she did and described different roles to significant others in her life, i.e., to Cindy, Joan is "mom" whereas to Lila she is the "babysitter." Cindy knew of Lila; however, Lila didn't seem to know about Cindy. Both demonstrated amnesia. The child would change from one personality to another by simply relocating herself or by changing her body position.

Cindy/Lila also exhibits the five symptoms considered to be "pathognomonic" of incipient MPD by Fagan and McMahon (1984). As described above, she showed, 1) "dazed or trance-like behavior"; 2) responded to more than one name; 3) showed marked changes in personality; 4) had forgetfulness (or lack of conscious knowledge) of recent events; and 5) showed variations in ability and attributes.

The underlying dread that we all deal with from birth on is that of aloneness and danger. In our early developmental states, we expect (and usually get) messages from significant others that we will not be abandoned and that we will be protected. Usually, by the time we are well into our second year, we trust that this is true and can tolerate separations without anxiety. We also are able to produce comforting internal images and use objects symbolically to comfort ourselves. Cindy displayed evidence that she was well on the way to completion of this task when she was assessed at 14 months of age. Although she was experiencing some stress at 20 months, she was coping with this and her adaptation was considered adequate. There were many indications that she had succeeded in differentiating self from non-self fairly well.

After this time, she began to experience stress in all aspects of her life. Her guardian mother, her primary love object, anticipating the impending loss of Cindy, was feeling helpless, overwhelmed, and unable to protect her. The biologic family members were attempting to erase her early history. A new child appeared in her guardian home to

replace her. She was subjected to repeated physical and sexual abuse, which continued despite her repeated disclosures. Under the burden of these overwhelming stresses, and when her cries for comfort and safety were not relieved by her primary love object, she used what she had learned to comfort herself and protect herself from pain. She dissociated her observing self from her participating self, her affect from her feeling, her conscious awareness from unconscious awareness. She became Lila. It appears that she was able to do this without giving up her identity, or the way she viewed herself.

It would seem that the ability to split this way requires the resolution of trust versus mistrust and the establishment of libidinal object constancy, which in turn requires that one has been able to organize internal representations and differentiate between self and non-self (Greenspan, Lourie, & Nover, 1979). If the organization of internal representations is disordered due to early trauma (Khan, 1967) and the process of differentiation is impaired, then any splitting that may occur in response to stress is more primitive and due to developmental aberrations, such as those seen in the borderline personality spectrum, rather than a more elaborated defense or strategy that has been developed to protect a more cohesive self (Greaves, 1980).

Several authors have attempted to clarify the issue of the defense of splitting in MPD and borderline personality disorders (Hilgard, 1974; Horwitz & Braun, 1984; Buck, 1983; Benner & Joscelyn, 1984). The fact that this child had integrated and differentiated self from non-self may be the key that allowed her to reintegrate rather rapidly once she was safe from the abusing environment of her biological family. She did regress and dissociate in response to the stress of separation after visitation was stopped, when she was being sent to preschool, but reversed herself in short order when that stressor was removed.

In follow up nine months after therapy was terminated, Cindy was tolerating separation very well. Her guardian mother was working, leaving both children with a babysitter, and Cindy was going to school in the morning.

What would have happened to this child if she had not been removed from the stressors above? What would have happened to her if she had lost the nurturing environment she had had for her first years, and had been transferred by the court to an abusive environment? We think that it is most likely that she would have continued to elaborate her multiple personality disorder in order to deal with circumstances.

Unfortunately, there may be many young people in mental health clinics and hospitals, criminal courts, and juvenile halls who have this condition but have not been diagnosed, possibly because their phenomena have not appeared as clearly as they emerged in this case (Kluft, 1985). MPD is a curable disorder. It is difficult to treat in adults, whereas once they have been protected from further abuse, children respond promptly to reintegrative therapy (Kluft, 1984, 1985, 1986).

It is very important for all psychotherapists to become aware of how dissociative phenomena are expressed by children in order to insure that the diagnosis is made as early

as possible (Goodwin, 1986). Furthermore, it is also important to bear in mind that successful treatment requires that the child with MPD is no longer subjected to the traumatic

stressors that produced the disorder; if this cannot be assured, recovery is unlikely (Kluft, 1986). ■

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