

BOOK REVIEW:
MULTIPLE PERSONALITIES,
MULTIPLE DISORDERS:
PSYCHIATRIC
CLASSIFICATION AND
MEDIA INFLUENCE

By

C.S. North, J.M. Ryall, D.A. Ricci,
and R.D. Wetzel (1993)

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The authors of the recently published *Multiple Personalities, Multiple Disorders: Psychiatric Classification and Media Influence*, stated that the main purpose of their work was to examine MPD from an empirical and agnostic view, describing the research that has been done on the disorder. It was the general conclusion of this reviewer that, although the authors presented a wealth of useful data, they fell short of their stated goal, and that the work was, in many ways, unscientific, and somewhat slanted in presentation. Unscientific features of the book included excessive focus on opinion rather than data, making critical inferences from anecdotal data, analysis of a highly unrepresentative sample (autobiographical accounts), and drawing conclusions which were inconsistent with available data.

It is beyond the scope of this review to discuss all of the problematic aspects of this book, so I will briefly address the most significant. Despite the stated intention to review the empirical research, too much of the book appears to be a presentation of opinions, without comment on whether or not they were supported or disconfirmed by available data. This was particularly a problem in Chapters Two, "Theory and controversy: Validation of the disorder," and Five, "MPD and the popular media in history." The authors seemed willing to cite uncritically almost any opinion that has been stated about MPD, regardless of lack of empirical support. For example, in Chapter Two, the authors felt it relevant to include four lengthy direct quotations (a total of nearly 200 words) from a "letter to the editor" in which the author had offered his blatantly hostile opinions about MPD, none of which were offered with any empirical support and all of which have been disconfirmed, to some degree, by available data. If the goal of the book was to emphasize empiricism, such unsubstantiated opinions should have never been included, or they should have been noted briefly with a discussion of how they are unsupported by data.

While Chapters Three and Four did present empirical data on "What is known about MPD" and "Psychological investigations of MPD," it was presented with very little comment on the significance of the data. Too much space (twenty-six pages) was devoted to studies and explanation of the MMPI, an instrument that was not designed to measure the specific psychopathology of MPD. More space should have been devoted to research on scales measuring dissociation. These were also the only chapters devoted to research.

Given the goal of reviewing the research on MPD, it was unclear why the authors chose to include case reports from their own experiences (in Chapter Three). For the same reason, it was unclear why the authors chose to review works that have been written for the popular media. Such works are based on a highly biased, unrepresentative sample of patients. It has been clearly noted that the clinical presentation of the patients in these works is very atypical of the diagnosis (e.g., Kluft, 1991). To review this literature and attempt to draw conclusions about the general population of patients with MPD, as was done in Chapters Five and Six, was an unscientific endeavor. This examination was most unscientific when the authors attempted to analyze the writing style of some of the autobiographies' writers to draw conclusions regarding the character structure of individuals with MPD (p. 153). The logic of their conclusion was quite absurd: individuals with MPD are over-dramatic in style (i.e., histrionic) because their writing often contains references to blood and violence.

Throughout the book, the authors' conclusions were frequently unsupported by data, even the data that they reviewed. For example, in Chapter Four, after reviewing all of the recent data on the DES, the DDIS, and the SCID-D, the authors appeared to conclude, based on their agreement with a 1980 citation by Coons, that psychological testing has not proved helpful in diagnosing MPD. In the same chapter, the authors stated that no test has been developed that determines the presence of periods of amnesia, even after reviewing the several dissociation instruments that do assess such phenomena. Such conclusions did not seem to follow from the data.

The authors appeared to base many of their conclusions not on sound empirical data, but on their own clinical experience. For example, they attempted to demonstrate that "benign neglect" may be an effective treatment for some cases of MPD even though there is a wealth of data that suggests that it is an ineffective and costly approach (e.g., Ross & Dua, 1993). Their empirical support for this conclusion was one case report from the author's own practice. What the report really demonstrated was the authors' apparent lack of understanding of MPD and other forms of post-traumatic psychopathology. The patient was apparently briefly hospitalized for suicidality. The authors stated that during this time, she was "not given support to appear in her various personalities" and was encouraged to "own her own feelings" (p.68). The authors stated that this was effective in reducing the number of her alters from thirty-nine to three.

The authors then concluded that the patient had improved even though she then developed strong urges to cut off her legs, and her "long-term course was chronic and consistent with both Briquet's syndrome and borderline personality disorder" (p. 69).

The authors' central conclusion was that "current knowledge does not at this time sufficiently justify the validity of MPD as a separate diagnosis" (p. 183). This conclusion was based on criteria described in 1970 by Robins and Guze that include (1) clinical description; (2) laboratory studies; (3) delimitation from other disorders; (4) follow-up study; and (5) family study. The authors' conclusions regarding these criteria frequently were inconsistent with available data. While it is beyond the scope of this review to discuss all of the literature in each of these areas, I can briefly address the one that the authors appeared to emphasize as being most problematic, that of delimitation from other disorders.

The authors repeatedly suggested that the symptomatology of MPD overlaps excessively with that of somatization disorder, antisocial personality disorder (APD), and borderline personality disorder (BPD), and concluded that the overlap questions the validity of MPD. There were at least two problems with this conclusion. First, the authors appeared to ignore relevant data. For example, Fink and Golinkoff (1990) found that MPD could be distinguished from BPD in terms of dissociative, schneiderian, and somatic symptoms, severity of sexual abuse history, and age of sexual abuse. The authors also cited data (in Table 4.5) demonstrating that patients with somatization disorder have not been found to exhibit the level of dissociative symptomatology characteristic of MPD. The second problem with the authors' conclusion was that it rests on the questionable assumption that somatization disorder, BPD, and APD are valid psychiatric diagnoses. According to the source cited by the authors (Cloninger, 1989), BPD is not considered to have met the Robins and Guze criteria, all of the personality disorders exhibit excessive overlap, and one must question the early studies on somatization disorder (hysteria). Since little was known at the time about the assessment of dissociative disorders, it is highly possible that early studies may have been confounded by including patients with MPD. For example, in an early study of hysteria and APD, Cloninger and Guze (1970) actually reported that 7.5% of the patients in their sample spontaneously described themselves as having a "split personality" or "multiple personality." The possibility was not further evaluated. North and her colleagues should have addressed the possibility that symptom overlap between MPD and other disorders may also question the validity of their more favored diagnoses.

The conclusion that more research is needed on the connection between MPD and other conditions (e.g., somatization disorder) is a valid one. However, the authors' suggestion that future research should focus only on nosology, while ignoring etiology (p. 178), was problematic. A wealth of recent research now suggests that failure to acknowledge the connection between trauma and subsequent psychopathology is what has led to the state of nosological confusion between disorders such as MPD, PTSD, somatization

disorder and many of the Axis II conditions. Following the conclusions and recommendations of North et al. (1993) would guarantee that this state of confusion will never be solved. Based on these and other significant problems, it was concluded that this book does not represent a significant addition to the literature on dissociative disorders or psychiatry in general. ■

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