BOOK REVIEW:
MULTIPLE
PERSONALITY
DISORDER: DIAGNOSIS,
CLINICAL FEATURES
AND TREATMENT
By
Colin A. Ross, M.D.
Reviewed by
George A. Fraser, M.D.

George A. Fraser, M.D. is the Director of the Anxiety and Phobic Disorder Clinic, Royal Ottawa Hospital in Ottawa, Ontario.

Multiple Personality Disorder: Diagnosis, Clinical Features and Treatment, by Colin A. Ross, M.D., was published in 1989 by John Wiley & Sons, New York, New York, 382 pages.

While the author states in his introduction that this book is meant for mental health professionals to provide a grounding in the recognition and treatment of multiple personality disorders (MPD), I believe it is more a book for the MPD theorist than the MPD therapist. This is not the book for the novice therapist to bring home on a weekend expecting to arrive at the office Monday morning all set to treat his or her first MPD client. However, for the reader who does find him or herself in this position, pages 218 to 288 do give a rather nice guideline to treatment strategies and probably offers exactly what the average reader is looking for in such a book.

What the reader probably will not expect is the large scope of topics and philosophical musings on dissociation that are addressed. This may be too much too soon for the neophyte in the dissociation field. The more experienced clinician may be more ready to match his or her conceptual ideas against those of Dr. Ross. In spite of the fact that some of Dr. Ross's proposals are open to debate, he is to be commended for taking a stand and publishing his thoughts on MPD, some of which are quite original.

Regarding the style of writing, it is as though it were authored by–dare I say–two quite different ego states. The first is the *academic lecturer/researcher* who authors the first 203 pages. The very next page sees the emergence of the *kindly therapist/teacher* who takes executive control for the rest of the book.

In the academic section you will be taken on a tour from Ancient Egypt and the Osiris Complex to just plain old Everyday Non Clinical Dissociation. Then topics range from Freud and dissociation (he is hard on Sigmund Freud), to Structured Interview and Self Report Measures of Dissociation. The latter [including his own, Herber, Norton and Anderson's Dissociative Disorders Interview Schedule (DDIS)] provides much of the data for this book. He and his co-authors are to be congratulated for their research with the DDIS. DDIS-based research has gained scientific respectability with professionals outside the MPD field, resulting in publications in forums usually sceptical of writings about MPD. The entire DDIS is presented in an appendix at the end of the book.

The academic part is difficult reading. You might appreciate having a dictionary handy. Possessing university-level reading skills won't do any harm. In this section, I feel that

the flow of reading is broken up by too many citations. Possibly more discretion could have been used with respect to the frequent use of personal references.

Like any work that tries to summarize the history of a topic from ancient times to 1989 in two chapters, there is just not enough space to do the field justice. Yet I did enjoy the highlights he selected. Dr. Ross does not hesitate to make personal evaluations. Some are controversial and will not be championed by all readers.

Other areas covered in the academic part are arguments against the iatrogenesis of MPD, discussion of diagnostic criteria, and reviews of the primary and secondary features of MPD. Many of his ideas are based on a multicenter study of 236 MPD cases in which he was the first author. In the areas of new ideas he proposes a reclassification of MPD as a subtype of chronic trauma disorder. This concept might better have been introduced in a separate work rather than presented to those searching for more basic information on MPD. Perhaps this is the essence of the criticism of this book. Rather than the promised diagnosis, clinical features, and treatment, Dr. Ross has actually spent considerably more time on his personal theories and his many studies based on use of the DDIS.

The second section of the book (in my arbitrary division of the text, beginning with page 214) which I called that of the *kindly therapist/teacher* is, in my estimation, the better part. This shows more of Dr. Ross the person and the therapist. The writing is more relaxed and it reads more smoothly. He reviews therapeutic techniques including abreactions, working with child alters, working with aggressive alters, cognitive restructuring techniques, imagery, the role of medications, and more. He ends with guidelines for inpatient units and then cites 343 references used in the preparation of his book.

Would I recommend this book? Yes-but not as your first book on MPD. The best time to obtain it is after you have had some experience with MPD therapy and have formed some of your own ideas on dissociation. Then be prepared for some heavy reading. By all means discover Dr. Ross's ideas in this field, some of which are on the leading edge. But have a pen handy, as I did, for you probably will want to write in the book margin as you challenge and disagree with a number of his thoughts. There are are as of controversy and those with more experience may well enjoy a little intellectual jousting; but even if you do not agree with some of his ideas, do not lose sight of the fact that a lot of good work and thinking has gone into this book. In the future this book will likely be used as a resource into the work in the field of MPD in those very important 1980s. Your university, professional, or hospital library should have this book.