

CASE STUDY
OF A
PUERTO RICAN WOMAN
WITH DISSOCIATIVE
IDENTITY DISORDER

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ABSTRACT

In this case-study the authors present how a typical case of Dissociative Identity Disorder (DID) is treated by two clinicians working with Puerto Rican patients. In the following case, a 28-year-old female patient with DID was treated utilizing a three stage process treatment. In the first stage, the authors confirmed the diagnosis and tried to contact the principal alter identities. The aim here is to try to make a contract and commitment with the patient and her alters about the importance of the therapeutic process. In the second stage, a lot of work was done to debilitate her dissociative defenses and substitute them for more mature ones. Also, pharmacotherapy was initiated during this period. In the last stage, we mainly used cognitive, behavioral, and experiential therapies to consolidate her new self. The authors present clinical and social evidence that sustain their opinion that the patient made striking progress during and after treatment.

During the past ten years a group of clinical psychologists and psychiatrists in Puerto Rico have developed a deep interest in dissociation and in Dissociative Identity Disorder (DID) (Martínez-Taboas, 1990; Martínez-Taboas & Bernal, in press; Martínez-Taboas & Cruz-Igartúa, 1993; Martínez-Taboas et al., 1995). In those years we have identified and diagnosed about 30 patients with DID. A report on the first 15 of them appeared some years ago in this journal (Martínez-Taboas, 1991).

Our treatment of these patients is quite uniform. We understand that DID is a chronic disorder in which the patient used dissociative defenses to mitigate the horror or pain of what usually turns out to be frequent and massive abusive or traumatic experiences in childhood or adolescence. As documented elsewhere (Martínez-Taboas, 1991, 1995), more than 70% of our patients present extensive trauma in the early years, usually of a sexual or physical type. Contrary to the speculations of some authors (Frankel, 1993; Merskey,

1992) that the traumatic experiences of DID patients are fantasy reproductions, in 80% of our cases we have been able to objectively document the reality of those abusive experiences, mainly through medical records, social-workers, siblings or other family members. As stated elsewhere (Martínez-Taboas et al., 1995), we, until now, have not seen any patients with ritual or satanic abuse.

In this paper, we present a case of DID that we treated from 1994 to 1996. A case study, obviously, has some limitations and drawbacks as scientific evidence. But, following the incisive article by Davison and Lazarus (1995), a case study can contribute to the knowledge of a field in the following ways: 1) a case study may cast doubt upon a general theory; 2) a case study may provide a valuable heuristic for subsequent and better controlled research; 3) a case study may permit the investigator to observe and study rare but important phenomena; 4) a case study can provide the opportunity to apply principles and notions in entirely new ways; 5) a case study can, under certain circumstances, provide enough experimenter control over a phenomenon to furnish scientifically acceptable information; 6) a case study can assist in placing "meat" on the "theoretical skeleton."

In this case study we will highlight and emphasize our conceptualization of the case and the treatment that followed from this conceptualization. For practical purposes, we will divide our treatment approach in three main sections: 1) the first 5 sessions; 2) the next six months of therapy; 3) the last 12 months of therapy and follow-up. Also, when necessary, we will underline certain cultural aspects in the treatment process.

THE CASE OF MADELINE

The First Five Sessions

I (AMT) first saw Madeline on May 28, 1995, at my private office. At that moment she was twenty-eight years old, was separated from her husband, had a little girl three years of age, and for the last year had been living with a new boyfriend. She was a very attractive woman, with very white skin, blue eyes and almost six feet tall. She came accompanied with her boyfriend, who was almost twenty-five years older and was an executive at a local bank.

When asked for the reasons to contact me, she said that she was referred by a clinical psychologist who had been her

therapist during her last psychiatric hospitalization in 1993. According to her, her psychologist had a strong suspicion that she suffered from a dissociative disorder. Although her psychologist had urged her to contact me early in 1993, it was not until now, more than two years later, that she decided to make an appointment.

The information that Madeline and eventually her parents gave us was that during her childhood and adolescence she was a rather reserved and timid person. She suffered from various episodes of depression and anxiety but never received any treatment. She insisted that she had nearly no autobiographic memory from her twelfth through her eighteenth years. She was successful as a student and had completed a B.A. in commerce. When she was 19 years old she hastily married a man by the name of Alfredo (a pseudonym), who was 15 years older than she. From this marriage came a daughter, who was now three years old. Because Alfredo was abusive towards her, verbally and physically, she had decided to separate from him about three years ago. From then on she had been living with her parents, with whom she had a distant and cold relationship. As indicated earlier, about one year ago she met a man who had become her boyfriend, and whom she identified as the only person that she could count on. Madeline indicated that she had no other friends nor any other persons with whom she could talk her problems out.

Earlier in the year 1992 she made her first attempt to commit suicide with pills. For this action she was hospitalized for 13 days at a prestigious private psychiatric hospital in Puerto Rico. There she began treatment with a psychiatrist who diagnosed depression and a borderline personality disorder. Some months later she made her second suicide attempt by again ingesting pills, but, also, she took a knife and made a deep wound in her right wrist that required eight sutures to repair.

When questioned about the reasons for her suicide attempts, she always maintained that at those moments she remembered hearing voices that tormented her and, also, she was very depressed. But, and this is fairly important, on both occasions she did not retain any memories of either how she cut herself or of the moment that she took the pills. In fact, although her last hospitalization had lasted 18 days, she could remember hardly anything about it.

It was during this last hospitalization that a clinical psychologist, noting her deep amnesia and some apparent alternate personality changes, decided to consider the possibility of a dissociative disorder. According to Madeline and her parents, the psychologist had told them that in her opinion Madeline could have a dissociative disorder, and she referred the case to AMT for diagnostic assessment. What apparently convinced the psychologist of the presence of dissociation was that on some occasions Madeline could not remember their clinical sessions, and that in a diary that Madeline kept,

the psychologist saw multiple handwritings with many types of messages, some of them signed by very destructive fragments.

In the first five sessions, Madeline, her boyfriend, and both parents narrated the long-standing presence of the following symptoms to AMT:

- 1) Constant and deep headaches, especially when she had blackouts or when some of the other alters manifested themselves.
- 2) Voices inside her head that told her very demeaning things about herself, especially that she was a whore, and constantly instructed her to kill herself.
- 3) Very dramatic and rapid changes in her mood states. On the same day she could be fearful and very sad, but in a moment she could talk and behave like a man who was aggressive toward Madeline and her family. At other times, family members noted the distinct appearance and voice of a little child.
- 4) One of the phenomena that most scared Madeline was her frequent depersonalizations. In that state she could hurt herself or other persons and sense no control of her actions. She experienced herself as if she were in a fog, completely impotent to take charge of her actions.
- 5) Constant amnesia and blackouts that in many cases lasted four to five hours. For example, the day before the first interview with AMT she tinted her hair from black to red. She told AMT that she had not any memories of how she had tinted her hair! In fact, she was very disgusted with her new hair color.
- 6) Her parents and boyfriend had now and then talked with some of her alter personalities, especially the aggressive ones. When that happened, the changes in Madeline's behavior were dramatic and easily detected. At the moment that AMT saw her she was on Prozac and Xanax, but the doses were not known.

The Diagnostic Process

In the first clinical interview, which lasted two hours, as AMT was questioning Madeline about the background information and psychiatric symptoms, one of her alter personalities appeared spontaneously. She described herself with another name ("Flor") and introduced herself as a seductive woman. She described Madeline as "stupid, the mother of a little girl, too good with people and falls in love too much easy." Flor described herself as tough; she said that she liked

sex in an impersonal way, and that her mission was to protect Madeline from "other people." She also told AMT that Madeline had been extensively abused from the age of nine through adolescence by a cousin and an uncle. That information was interesting because earlier Madeline insisted that she had no memory of being abused physically nor sexually in her childhood.

Flor told AMT that the psychiatrist who had seen Madeline never had tried to communicate with her, so she had no intentions to talk to him neither. But, because AMT was questioning Madeline about her change of color in her hair and her sex life, she thought that it was appropriate that she herself talk to him.

As AMT tried to form a therapeutic alliance with this alter, a switch process occurred that lasted about 20 seconds. During that time she entered a sort of trance state; when it finished, she came back to Madeline. Interestingly, Madeline had complete amnesia of the conversation with Flor, which had lasted about 30 minutes. Perhaps we should stress that no hypnosis had been used, and that the switch process had been spontaneous and dramatic.

When AMT questioned Madeline about her opinion of her psychiatric condition, she insisted that she did not know what was happening to her, except that her psychiatrist had explained to her that she had a "borderline personality."

Madeline's Dissociative Disorder

In the first sessions that AMT had with Madeline it became clear that Madeline fulfilled all the criteria for a DID diagnosis. When she came to the second session, she presented with some very deep scratches in her legs and arms. Some of them were infected. Again, she had no memories of how those scratches had become infected. In that session she gave AMT the originals of some drawings that had appeared in her room. But more on those drawings later.

In that session some three alter personalities talked to AMT, each one with his or her agenda. The little child talked about her mother and insisted that her mother had never cared about her because she was a girl. Apparently, the mother had wanted or expected a boy. Flor came out spontaneously and, in a long and productive conversation, named ten alter personalities, giving their respective ages and genders. They were: Fredo, Andrés, Diana, Deline, Linda, Joanna, Vilma, Frankie, Juan, and Armando. It became clear later on that only the first four were in executive control a substantial amount of time. The others were fragments or very weak alters.

In that session, as an assignment, AMT recommended the use of a diary, so that all the alters could communicate in it. The very next day, Madeline started the diary. The first alter that began the communication was Andrés. His first message read: "You fool! What are you doing here? Get out or I will throw you out of here. Now I am stronger than you. Get out, foul, get out. Andrés." That message was directed to another

alter personality by the name of Diana who was supposedly a helper, and who wanted to destroy Andrés. Diana responded: "You idiot (referring to Madeline). Why did you let him mark your body like that? I hate you. I hate your daughter and I hate you. Remember that we have to destroy him (Andrés). Give me the power. Think about it. Diana." To that message Andrés responded: "Diana is very silly if she thinks that she can be stronger than me. All of you are afraid of me. Andrés."

At the third session it became very clear that various alters had communicated in the diary and with various family members. It also became clear that the alter by the name of Fredo (a short nickname of Alfredo, the name of Madeline's estranged husband) and Andrés (the name of one of Madeline's cousins) were very hostile and introjects of aggression and hate toward Madeline. For example, among the many messages in the diary, Fredo and Andrés wrote the following message:

Nobody loves you because you were born a woman. We are inside you. I am Fredo or I could be Andrés. We failed with the pills and with the knife last time. But, we aren't to fail the third time. You are talking too much with the psychologist and we told you that if you talked too much you were going to disappear. We hate you and we are going to abuse you. Remember, you were the one that permitted the abuse.

Noting the extreme aggressiveness in the diary and Madeline's previous suicidal attempts, AMT decided to do three things: 1) refer the case to a psychiatrist (JRRC) for a second opinion, and to re-evaluate the medications; 2) to talk directly with Andrés and Fredo; and 3) to write a contract with those alters, wherein they would make a commitment not to hurt Madeline for at least one month.

For that reason, AMT said to Madeline that she herself, in silence, called Andrés. Immediately, she began to hear Andrés' voice inside her head repeatedly saying that he did not want to talk to me. But, I insisted that it was important that I talk to him. In less than a minute, Andrés began to talk. In an angry tone of voice, and looking at AMT sharply, he told me that he was imprisoned inside Madeline's body and that he wanted to die. He told me that Madeline was ugly, an idiot, and that he made love to her when she was a girl of nine to twelve years to do "her a favor." He told me that he came first inside Madeline's head, and that his friend, Fredo, came about one year ago. Both of them wanted to torture and kill "the bitch." When AMT asked him about himself, he told me that "I don't like anything. I only hate." Then he once again wanted to narrate how he raped and sodomized Madeline for four years (from nine through twelve years of age). He said that because he was a neighbor of Madeline's mother, he many times was left alone with Madeline so that

he could "take care of her." At those times, he took Madeline to a room where he tied her by the feet and legs with a rope. There he raped her many times.

After narrating the rape with morbid details, he decided to draw himself on a piece of paper and said that he was not worried about Madeline, but about Diana (another alter). He said that Diana was "a fool. The only thing that she wants is to take revenge on all men, including me and Fredo. But she is helpless, because Fredo and me are stronger than her."

At that point, Madeline came back with a strong headache that lasted a few minutes. She was amnesic of our conversation with Andrés. Shortly after this session AMT and JRRC each made a written contract with Andrés concerning putting a temporary stop to any aggressive behavior toward Madeline's body. An example of such a contract is one written and signed by Andrés, Madeline, and AMT on June 25, 1994. It says:

I, Madeline, and me, Andrés, in the name of all the other alters, want to establish that we are making a commitment to participate in the therapies and not to hurt the body until September, 1994. The therapist will offer his help and support to all the alters during this period.

At this point, some of the internal dynamics of this patient became clear. First, there were a lot of references and drawings alluding to Madeline's being raped repeatedly by her cousin when she was a girl. Curiously enough, Madeline did not have any memories of such abuse. Second, the two aggressive alters took the name of living persons (Madeline's cousin and husband), and both had abused our patient. This, obviously, is a clear instance of malevolent introjects of abusers. Third, the alter of Diana represented all the hate and anger that Madeline could not express toward masculine figures. And, as it became clear later, the alter by the name of Deline (a nickname of Madeline), was the one who had many of the memories of the abuse.

So, it became clear by the sixth session that Madeline's case of DID was consistent with the ones that we had previously seen in Puerto Rico (see the cases of Migdalia, Olga, and Diana in Martínez-Taboas, 1995), and, as we could read with cases seen by many clinicians at an international level.

Before proceeding to the second period of the treatment, we want to briefly discuss two issues. The first concerns cultural aspects of the case. It seems to us extraordinary that, although an epidemiological study established that 60% of the population in Puerto Rico had strong to moderate beliefs in spiritism and santería (Hohmann et al., 1990) we had not come across many cases in which the alters represent the cultural phenomenology of spirits or demons. In fact, when one of us analyzed the clinical phenomenology of 15 cases reported in Puerto Rico, only 13% of the alters represented

supernatural beings. In Madeline's case, although she had more than ten alters, none of them ever was associated with a supernatural origin. What we indeed have are clear representations of various living persons that at one time or another had abused our patient. That is, as a matter of fact, a very common clinical phenomenon observed by other clinicians working with DID in other countries.

The second point that we want to emphasize concerns Madeline's amnesia for her abusive experiences. The memories had been coming to Madeline before our intervention in the form of flashbacks and automatic drawings. Also, in our second interview with her, she said that she had been sensing a lot of pressure and pain at points on her wrists. So, consonant with van der Kolk's (1996) thesis, Madeline's memories of her abusive experiences were mainly of a somatoform type, with very few details at the narrative level. As AMT related in a previous article in which the case of Madeline is briefly noted (Martínez-Taboas, 1996), eventually Madeline wanted to know if her "memories" were scenes of things that had really happened or were "pseudomemories." To answer that question, Madeline and her mother flew to New York on a 24-hour trip to make a brief visit to her cousin Andrés, who is nine years older than she. Madeline decided to visit Andrés alone because her mother's presence might conceivably inhibit him. The visit went by without problems. Andrés was available and he actually lived alone in an apartment. After some brief general talk, Madeline subtly confronted Andrés. At first he became reluctant to talk, but after a few minutes he explained to her that he had indeed used her as his sole sexual outlet. He informed Madeline that she appeared to be in a "trance" when the experiences occurred and that she was very passive throughout the sexual intercourse. He also admitted and gave details of the ropes that he used on her (for further details and the drawings see Martínez-Taboas, 1996, pp. 220-225). So, in this case, we had clear and definite data that the flashbacks, the pain at the wrists, and the narrative of the alters were indeed memories of actual abuse, and are not an example of the so-called "false memory syndrome."

The Next Six Months of Therapy

During the next six months, each of us saw Madeline weekly or at least bi-weekly. The following techniques were utilized in a systematic way during this period of time:

- 1) We both made constant use of assignments in which Madeline had to use a diary. In that diary she would write to her alters and usually they wrote back to her immediately. In our file of her case, we have nearly a hundred pages of her diary. The purposes of the diary are many, but two are very helpful. First, it permitted Madeline to know her alters and their "secrets," which, ultimately, were her own secrets. Secondly, it gave Madeline a sort of empowerment, in the sense that she began to discover that she could control her dissociations.

For example, on July 23, 1994, AMT gave Madeline an assignment in which she was to write a letter to Andrés, not as a helpless victim, but as a woman who wanted to take charge of her life. The letter reads:

I write you this letter so that you know all the harm that you had caused me. You were the person who raped me, not only as a child, but you still do it in my mind. You had destroyed me in all possible ways. I had never had the opportunity to be happy in this life...I never did you any harm. Then, why are you still with me. Now, after 17 years I want to confront you. I had always sensed some strange or negative thing toward you. I would wish that all that I know now would be a fantasy, but I know that it is truth...But I can hate you now. Farewell Andrés, I don't wish to remember you anymore. I would wish that you died. Farewell Andrés, you can now disappear from my life. Oh, I hate you, I hate you.

To that letter, Andrés responded with a very different handwriting: "I will not cease to exist. I will always be with you."

2) We both noted that as Madeline approached her alters, she began to insist that she sensed that she was "dead" and "empty" inside. She developed a deep depression, especially in connection with knowing and confirming that the abusive episodes were a reality confirmed by Andrés in New York. Our approach was two-fold. First, JRRRC medicated Madeline with Prozac 20 mg. and Xanax 1mg.h.s. p.r.n. Secondly, AMT started a treatment approach in which the main objective was experiential (Greenberg & Paivio, 1997). In other words, the treatment was directed toward the development and consolidation of her "true" self; a self which could appropriate all her feelings without decompensation, crisis or dissociative defenses.

3) During this period we dedicated a lot of time and effort toward enlightening her alters. We explained to them that they were introjects of a distant past and that it was time that they cease their "mission" of duplicating the actions of Madeline's abusers. To make this approach successful, we both dedicated about half of the session time talking with the alters in an empathetic way. The effect was successful. By December, 1994, nearly all the alters, except Andrés and Fredo, had been integrated with Madeline or simply had ceased to manifest themselves. Even Andrés and Fredo had ceased to be so aggressive, and, instead, both began to understand their roles and circumstances and express that they were tired of existing, now that they knew that they were not who they thought they were. In our experience, Madeline's alters were much more accessible to the therapy, compared to other cases that we had attended, where, indeed, it could

take even two years before all the alters truly understand that they are introjects.

Before commencing the third section, we should mention that in July, 1994, Madeline had to be admitted to a psychiatric hospital for ten days, because Andrés had not wanted to renew the contract with one of us, and, a few days later, had taken an overdose of some pills. It is interesting to note that while in the hospital, nearly all the clinical personnel decided to treat Madeline as a schizophrenic or borderline personality. She was discharged on daily doses of Xanax 1mg., Stelazine 4 mg. b.i.d., Prozac 20 mg., and Dalmane 30 mg. h.s. The only person who took an interest in her dissociations was another clinical psychologist who confirmed the diagnosis of DID, talked with Andrés, and made a new safety contract to make it possible to leave the hospital.

The Final Period

From January, 1995, through January, 1996, AMT and JRRRC emphasized the use of cognitive therapy, specially schema-focused therapy (Young, 1990), and behavior therapy. In schema-focused therapy the main objective is to access the early maladaptive schemas that developed during childhood and have been elaborated upon throughout an individual's lifetime. After identifying such schemas, the goal of treatment is to change such schemas using emotive, interpersonal, cognitive, and behavioral techniques, so that the patient can make them more flexible for change. In Madeline's case her principal maladaptive schemas contained the following themes: extreme dependence upon others; lack of individuation; fear of losing self-control; fear of abandonment; mistrust; a sense of personal defectiveness; and unrelenting perfectionistic standards. Also, behavioral techniques were utilized with the main objective of developing social skills and assertive responses, such as completing her university studies and searching for new work. Although those aspects of training had begun in the second period, in this final period the treatment was focused almost exclusively on those aspects. This was possible, also, because, as Madeline began to experience a new sense of self, her alters began to surface less, not only in the therapy session, but also in her natural environment.

So she obtained a new job as a secretary and began to study. Also she began to go out alone with confidence. That was very important to her because from 1989 through 1994 she had never been able to go anywhere alone.

With time she began to discover a "new" Madeline. She began to trust her feelings without fear and her concept of herself was more balanced. For example, she began to recognize that she was attractive. She decided to finish her relationship with Juan, because he had decided not to divorce his wife.

Also, early in 1995, it was clear that on occasions she still automatically used her dissociative defenses. For example, when she still sensed that some person might be critical of

her, she began to depersonalize. Further, in March of this year she suffered a crisis during which she again began to experience periods of amnesia. She feared a complete relapse, and decided, against our advice, to quit her job and her studies.

On the positive side, her crisis was short lived. Shortly thereafter she began a new job with a much better salary and decided to renew her studies in September. Also, she began to purchase new dresses and cut her hair in a new and attractive style. By May, 1995, she expressed to AMT that she sensed that she was "a new person." She noted especially that her dissociations were on the wane, she liked herself, was not on medications, and offered many examples of her successful assertiveness. For the first time in a year, she said: "Now I sense that I am a normal person."

By November, 1995, she was still practicing all her new coping and assertive skills. At last she was not hearing any voices and had not reported any dissociative signs for the last four months, in spite of some stressful events on her job.

Finally, in January, 1996, she decided to go on vacation to California for eight days and decided that she wanted to start a new life there. She consulted us on that point, and we supported her on her decision. AMT saw Madeline for the last time on January, 1996.

Follow-Up

On February, 1996, Madeline sent AMT a long letter from California. In it she described her experiences and challenges there. Overall, she was happy with her decision and was coping very well without medications, psychotherapy, and dissociations. In a significant part of her letter she said: "Many times in my past I wished that another person would *feel* for me. But now I recognize that life is not so bad. At times it is hurtful, but one can still survive."

For his part, in 1996-1997 JRRG had some half dozen telephone conversations with Madeline, including one in November, 1997. From the information given it is clear that Madeline had put into practice many of her new coping statements. For example, among her accomplishments are: she is a successful executive at an important corporation; she is more extroverted and sure of herself now; she has begun a new love affair; and her relationship with her parents and daughter are much more balanced and adequate. She is not in treatment and denies any symptoms of dissociation.

DISCUSSION

The case of Madeline exemplifies how an approach that recognizes and modifies the dissociative defenses of a patient can have a salutary effect on the overall efficacy of the treatment. In this case our intensive work with her dissociative selves caused a minimization of her constant crisis and, eventually, the capacity for our patient to understand her past and to develop new and useful coping skills that helped her

on the way to a new and better view of herself. The follow-up of nearly two years indicates that her gains were not short-lived, and that, instead, she has consolidated her new skills.

Overall, our treatment approach could be divided into two main phases. The first, and the one that was our main objective during the first six months of therapy, was directed toward her dissociative defenses, her alters, and her introjects, and can be mainly described as psychodynamic. The main purpose of those interventions were that Madeline at last could comprehend her shattered selves, her amnesic past, and how to utilize more mature internal defenses.

The second phase of treatment was directed toward the development of coping and social skills; how to be an assertive person; how to be a self-sufficient woman; and how to identify and change her maladaptive automatic thoughts, with a very special emphasis on a schema-focused approach. So, in this second part of our treatment plan, our approach was very similar to the one described by Caddy (1985), in which a behavioral approach was used with a DID patient. Also, it was somewhat consonant with Fine's (1992) use of cognitive therapy with DID patients, except that our application of cognitive therapy was used more extensively not with Madeline's alters, but with the host herself.

We should like to finish this case-study with some reflections that Madeline wrote on April 1995, while she was still in therapy with both of us. In her words she describes the struggle with her DID and her hopes for her future. We quote:

In this therapy I had learned to acknowledge my own feelings without the help of my alters, and to know what is pain and what is love. As far as I remember, I never before had known what was to feel, and it is now that I am learning to use my feelings. In a word, I had to learn to better myself and I am achieving it.

At this moment in my life, I can at least say that I feel like I am a normal person. At times I still think that maybe it was better when I didn't feel anything. Being a human is not easy, but I have attained it.

Right now I am living a different stage in my life. I see my life full of opportunities and I want to rejoice with them. Also, at last I am learning to love my little child, the same as I am learning to love myself.

That is why I advise those persons who had MPD to please don't quit. I know that it is not easy and that one has to learn that life is for one to live, and not to live somebody else's life. To the families of MPD patients I say that this is not the moment to search for a culprit for what happened. What persons like me did was trying to survive the past with an archaic and harmful method that is called MPD, but I also

have to say that if it was not for that I should not be alive today.

Those are Madeline's words to other DID patients. We hope that at some point in their lives, they can also change and see themselves in a more positive light. ■

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