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Understanding Skepticism Toward Multiple Personality Disorder

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These include measured differences across alter personalities within the same person (Braun, 1984; Brende, 1984; Coons, 1988; deVito, Braun, Karesh, Henkin, & Caniga, 1985; Putnam, 1984), and investigation into the neurological process of changing from one personality to another (Putnam, 1988). Many persons remain unconvinced, however, that multiple personality disorder is a bona fide diagnosis, and others believe it is diagnosed too often by a relatively small number of physicians and therapists (Ross, 1989).

Skepticism about the diagnosis of multiple personality disorder appears to be common. In a survey conducted by Dell (1988b), 120 randomly selected therapists who treat multiple personality disorder were asked how often and to what extent they encountered skepticism about their patients from other professionals. Of the 52% who responded to the questionnaire, 98% had encountered skepticism, with 83% of those respondents having experienced moderate to extreme reactions from colleagues. These reactions often interfered with the appropriate treatment of patients. For example, some of the therapists reported being banned from the psychiatric unit, being discouraged from admitting patients with multiple personality disorder, and having the unit director and staff refuse to follow appropriate treatment regimens (Dell, 1988b).

What are possible explanations for the criticism and suspicion leveled on many of those therapists who treat multiple personality disorder? One explanation is that Western psychiatry does not recognize a disorder typified by self-hypnosis. It does not yet acknowledge unordinary states of consciousness as diagnostic or treatment possibilities. Altered consciousness, the unusual but predominant characteristic of multiple personality disorder, is problematic to modern psychotherapy, in which the use of chemotherapeutic prescriptions and behavioral regimens has served other diagnoses well. Neither medications (Kluft, 1984) nor behavioral interventions (Klonoff & Janata, 1984), however, can be relied on to restore internal cooperation or unity to the person with multiple personality disorder.

Behavior modification in a responsive patient works to extinguish or repress undesired or negative behaviors and displays of emotions. This method, however, is contraindicated for patients with multiple personality disorder, who have already repressed and extinguished many of their own potential behaviors and range of emotions. What multiple personality disorder does respond to, however, is intervention that encourages the expression of all parts of the patient's psyche, that is, the positive as well as the negative.

Therapists tempted to consider the possibility of multiple personality disorder or dissociation may expect to be in the minority unless they work...
in one of the few centers that specialize in the treatment of these disorders. Established practitioners in multiple personality disorder tell of many long-distance phone calls from therapists they have never met who lament that no one in their unit will consider a diagnosis of multiple personality disorder.

Why do we not have our clinical ears and eyes open to the possibility of dissociation and multiple personality disorder? Most people believe that dissociation is rare (Dell, 1988a)—a once-in-a-lifetime occurrence relegated to a few odd cases. Studies have shown, however, that a sizable percentage (25%) of the normal population has the ability to bring forth dissociative states of consciousness (Hilgard, 1965). The current literature on multiple personality disorder shows that dissociative episodes are not at all rare, but rather, fall along a continuum and happen to all of us, that is, 'from minor, 'everyday' examples (e.g., daydreaming) to psychiatric disorders (e.g., multiple personality)' (Putnam, 1989, p. 25).

Perhaps dissociation is not fully recognized because it is such a common occurrence among persons both with and without mental illness (Bliss, 1986). Patients with multiple personality disorder have mentioned that various everyday activities, that many of us enjoy, such as meditating, seeing a provocative movie, listening to music, praying, participating in yoga, imbibing alcohol, feeling strong emotions, and even doing strenuous exercise, have facilitated dissociative shifts. Perhaps we feel a slight shift during these activities as well, but fail to acknowledge it as such.

Besides being often overlooked or disavowed, multiple personality disorder sometimes requires unordinary approaches to treatment. Hypnosis is generally used, as is inner group therapy, in which most or all of the alter personalities meet to consider recent life situations, make compromises, and agree to work toward goals that will benefit the majority of the personalities. Marmer (1980) discussed the use of imagery and dreams in the treatment of multiple personality disorder. Ross (1989) endorsed the use of everyday objects such as a rock or pen, which can be transformed into "magical markers" for the patient (p. 272) and can then serve as symbols to locate and recall alter personalities during therapy.

Treatment may also be enhanced through the use of alter personalities who hold information about the patient. For example, I followed the creative lead given to me by a patient's inner self-helper, Patricia, who helped the host through a period of transition. The host was an outpatient in our psychiatry clinic when Patricia disclosed to me that he was secretly planning to harm himself that weekend. She said she knew that the patient, who had made a previous suicide attempt through the efforts of an alter personality, now had exact plans for his own suicide. Patricia said that the host might even be aided in his attempts by that previously suicidal alter personality who, still unconvinced that they shared the same body, wanted to rid himself of the host, whom he despised. On receiving this information, I called the patient's primary therapist, who considered this an emergency and admitted the patient, who at this point still assumed the alter personality of Patricia, to the psychiatric unit.

During that hospitalization, Patricia helped guide my approach to accomplish the treatment goals I had set for the host. She did this by sharing her sensitivity toward the host's emotional states and by letting me know how and when I should encourage new insights with him. I used many different treatment environments and modalities. For example, to help accomplish the goal of having the host meet his alter personalities, Patricia choreographed a situation in which the host imagined seeing an audience composed of his alter personalities. The host "viewed" these personalities from the dimly lit stage of the hospital auditorium. Later, in treatment, the goal was to have the personalities empathize and share interests and points of view. Consequently, Patricia and I encouraged one of the more coordinated alter personalities to share his skills in order to help the rather uncoordinated host learn how to juggle. I found it to be a new but effective approach to use the patient as such a great resource for treatment. I was much more used to coordinating my goals and strategies with those set by professional members of the patient's treatment team, rather than with insight provided by alter personalities.

When considering the diagnosis of multiple personality disorder, we must not only suspend our disbelief that unordinary states of consciousness can be the cornerstone of psychiatric illness (Bliss, 1986) but also expand our treatment repertoire as we increase our understanding of what is possible within the human psyche. As occupational therapists, we may have little influence over whether a patient receives the diagnosis of multiple personality disorder, but most experts believe that the condition is now underdiagnosed (Bliss & Jepson, 1985; Coons, 1986; Dell, 1988b; Kluff, 1987; Putnam, Lowenstein, Silberman, & Post, 1984) and that the diagnosis will be acknowledged and gain more respect by the turn of the century (Greaves, 1980; Ross, 1989).

The modern Western world has taken a reductionistic approach to the study of science and the mind. Dell (1988a) said that "[Multiple personality disorder] appears to threaten not only the sovereignty of the personal ego, but also the currently prevailing Western views of the self, the individual, and personal responsibility" (p. 537). Ross (1989) addressed similarities between the manifestations of multiple personality disorder and the ideas and philosophies of other peoples and ages. He convincingly compared the symptoms of multiple personality disorder with the characteristics of the shaman. The difference seems to be that the shaman was held in esteem or even revered for his dissociative capabilities, whereas the person with multiple personality disorder is generally disbelieved, misdiagnosed, and even dismissed as a curiosity. Perhaps the age-old wisdom that recognized dissociation as a common part of life may again be considered in view of both current reluctance to acknowledge multiple personality disorder and modern medicine's resistance to adopting a new way to treat these patients. Some pioneers do incorporate nontraditional techniques. One of these approaches, ego state...
therapy (Watkins & Watkins, 1981), is used to help patients with or without multiple personality disorder to explore the various parts of their psyches. New guided imagery procedures, meditation, music, self-hypnosis, inner voice dialogue, and other forms of non-Western treatment have implications for other diagnoses as well. Ironically, occupational therapy, a profession that claims to take a holistic approach to the patient, has often found itself at odds with a reductionistic medical system. Despite the Western world’s dualistic philosophy, multiple personality disorder may be the diagnosis that requires health care professionals to consider broad perspectives to treatment. These perspectives may have been seen previously as the domain of non-traditional medical practices. In addition, the patient’s internal resources may be increasingly engaged to provide a more efficient approach to therapy.

References


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