British Journal of Psychiatry (1989), **154**, 877–890

Correspondence

Editor: Ian Pullen

Contents: Multiple personality disorder/Which patients will respond to ECT?/EEG monitoring of ECT/Depression in attempted suicide/Molecular genetics and ethics/Lipid-lowering drugs and violence/Paradoxical intervention/The near-death experience/Affective 'switch mechanisms'/What's so special about two years anyway?/CPK levels and neuroleptic malignant syndrome/Benzodiazepine addiction in heroin addicts/Post-traumatic stress/Listeria and psychiatric syndromes/The Melbourne Maudsleys/The opiate prescribing debate/Children surviving parental murder/Capgras' syndrome and town duplication

Multiple personality disorder

SIR: I read Fahy's critical review of the diagnosis of multiple personality disorder (MPD) (*Journal*, November 1988, **153**, 597–606) with interest. Unlike him, I believe that the disorder exists; I have knowingly treated seven patients, and suspect I may have failed to treat – or missed – a number of others. As three of the seven patients I have treated are English immigrants to this country, I was interested to learn that only one case of MPD has appeared in the British literature in the past 15 years.

Dr Fahy, as others have done, criticises the diagnosis of MPD because a small number of physicians are responsible for the majority of the research on this disorder, and notes that the media, secondary gain from sick-role privileges, cultural factors, and the promotion of MPD as a high-status disorder may have caused an hysterical symptom to be "precipitously and uncritically inflated to a final diagnosis". I have always wondered why this argument has been applied to the diagnosis of MPD and not to others. For example, it was a small number of researchers who identified panic disorder and determined its pharmacological treatment. The media, on this continent at least, gave more attention to panic disorder than to MPD, and an 'epidemic' of patients appropriately turned up for assessment and treatment. No one suggested that panic disorder was an iatrogenic disorder or that these patients were impressing gullible clinicians.

I believe there are a number of reasons for this discrepancy. Firstly, biological psychiatry is currently in supremacy, and the dissociative disorders require an understanding of, and familiarity with, psychodynamic issues. Secondly, there has been a long-standing disbelief in the dissociative disorders and their clinical presentations, which stems from military psychiatry (Sargent & Slater, 1941) and industrial medicine (Ellard, 1985). However, I believe the major source of scepticism about MPD is not due to the clinical manifestations of the disorder or the diagnostic criteria, but to the fact that invariably, as the history unfolds, the treating physician comes face to face with human brutality in the form of physical, emotional, or sexual abuse perpetrated against a child (Goodwin, 1985).

Dr Fahy concludes his review with Slater's caution that hysteria may be a delusion but also a snare. I wish he had included what Slater stated 17 years later: "As things are, with too little time and too much pressure, we do not listen to half of what our patients tell us; and what we do take in we may distrust or dismiss. We do not allow them as much intelligence and understanding as they usually have. We may not even want them to understand any better. We are, often, unwilling either to tell the full truth or to admit to ignorance" (Slater, 1982).

JONATHAN A. E. FLEMING

Department of Psychiatry
University Hospital, Shaughnessy Site
University of British Columbia
4500 Oak Street, Vancouver
British Columbia,
Canada V6H 3NI

References

ELLARD, J. (1985) Compensation neurosis. *The Medical Journal of Australia*, **142**, 535.

GOODWIN, J. (1985) Credibility problems in multiple personality disorder patients and abused children. In *Childhood antecedents of Multiple Personality* (ed. R. P. Kluft). Washington DC: American Psychiatric Press.

SARGANT, W. & SLATER, E. (1941) Amnesic syndromes in war. *Proceedings of the Royal Society of Medicine*, **34**, 757–764.

SLATER, E. (1982) What is hysteria? In *Hysteria* (ed. A. Roy). New York: Wiley.