The American Psychiatric Association Annual Meeting 1996 – New York

Sydney Brandon

The APA is concerned about its declining membership. Only 16 700 psychiatrists were able to attend this year's meeting in New York and many of them came mainly to consult the job bureau in search of employment. For the first time unemployment is a real issue for psychiatrists as health care providers restrict services and seek alternative and cheaper patterns of care. Most health care organisations have lists of approved psychiatrists and anyone not on that list is not able to claim reimbursement for their services. Exclusion may be because of unreported and unchallenged complaints about care or conduct or a penchant for expensive drugs or high risk therapies. In this context a high risk therapy is one which exposes the insurers to a high risk of litigation, such as 'recovered memory therapy'. The buzz in the corridors, which used to be of art collections, the new home by the lake or the costs of putting the kids through college, is now of managed care. These dread words reduce the most ebullient colleagues to anger or tears. Some time ago I reported in amazement the discussions at an earlier meeting on alien abduction, ritual abuse, multiple personality disorder (110 different individuals in one body was then the record) and the false memory syndrome.

The heat generated by these debates has clearly subsided and something approaching a steady state has been reached. Instead of MPD (multiple personality disorder) we now have DID (dissociative identity disorder), the aliens appear to have returned to their planets and the only rituals one hears about are associated with OCD. Obsessive–compulsive disorder is certainly the flavour of the month at the drug booths and in the sessions, where I heard that OCD is the most common mental disorder after manic depressive disorder.

DID crops up in all contexts. We were told that nearly 90% of DID patients have eating disorder and 57% have recollections of forced fellatio as a child. Attending a workshop on eating disorders we were treated to a series of videos in which evidence of DID was demonstrated. One young lady described as bulimic and unquestionably obese, described intermittent depersonalisation of a mild variety labelled as 'evidence of dissociation' and this plus evidence of memory disturbance confirmed the diagnosis of dissociative identity disorder. Her 'memory disturbance' amounted to her failure to remember accurately directions she was given to an unfamiliar location. She was then questioned on the lines 'Do you ever feel as if you have an inner disagreement?' Answer 'Yes'. Question 'Who is the person who disagrees?' 'Er. Not exactly a person.' 'Does she have a name?' 'She won't tell me', and so on. At another session the virtues of MPD/DID Special Units was discussed. One such unit was set up by a Vietnam veteran who took an interest in MPD and became the first President of an international society on MPD while still a resident. On completing his residency he set up an MPD Unit in a University Centre and it has flourished as 'a good earner'.

The original reservations among the staff of the hospital about putting more than one of these difficult patients together were rapidly overcome. Group activities formed the main programme of the unit and patients were able to support each other and encourage each other to develop and accept their 'true nature'. The complications of dealing with a group of 12 patients who brought with them more than a thousand personalities were not discussed. One unexpected complication of making videos of DID patients was 'the need for signed consent from all of the alters or multiples'. Another popular topic is BPD – borderline personality disorder – which appears to be experiencing a revival. In this condition too, dissociation and a history of childhood sexual abuse figure prominently.

Some of the discussions of these topics, in their naiveté and lack of scientific rigour, are likely to generate a backlash which might well lead to a failure to recognise the prevalence of child sexual abuse and its possible adult sequelae.

In contrast to these topics the scientific standard of the meeting was high and wide ranging. One memorable lecture was given by a psychotherapist who described her own struggle to cope with depression and contributions were

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made to other sessions by artists, writers, politicians and others who enriched the proceedings.

The Trade Exhibition seemed rather thinner than in previous years and although crowds gathered around any booth giving away trinkets those departing seemed to have lighter loads than usual. One firm conducting a 'survey' of drug use were giving away golf umbrellas as a reward for completion of their questionnaire and had a long queue throughout the conference. Waiting time was anything up to 2 hours and I overheard one successful umbrella collector assuring a waiting friend that it was a cinch and it was not necessary to know what the drugs were since it was easy to make up some answers.

I was surprised to note that the television screens of the Message Centre no longer seemed to have the mesmeric effect of previous years. High technology was evident and now messages were input from a keyboard and answers could be read on screen. However, part of the lack of interest might lie in technological failures, several people told me that they had left messages which never appeared on screen. Apart from the fact that it seemed as if a full year's continuing medical education credits could be obtained from this one meeting with its multiple and diverse topics there are at least two other benefits. First it is possible to meet a lot of old friends and make new ones, but it also makes one aware that most of the problems of mental health care delivery are universal and there are as many miseries to be faced in the American system as our constantly reorganised health service is able to provide for us at home.

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