

Dissociative Identity Disorder - a mediaeval throwback which shames modern psychiatry.

John Freedom reviews the lackadaisical way that the Royal College of Psychiatry is handling the dangerous exponential growth in MPD/DID therapy.

A Peer review of Multiple Personality Disorder, Demons and Angels
authorised by the RCP

“

Personalities or Possession?

When alter personalities are asked about whom they believe they are, they say they are: children (86%), helping spirits (34%), demons (29%), another living person (28%), dead relatives (21%) and a person with opposite sex (63%). The two largest case series that have looked into this are by F W Putnam (1936) who described 100 cases and c A Ross (1999) who described 236 cases. Even when the majority of alters claim not to belong to the individual the prevailing opinion is that these are in fact parts of the individual.

DSM—IV defines Possession Trance as a single or episodic alteration in the state of consciousness characterized by the replacement of customary sense of personal identity by a new identity. This is attributed to the influence of a spirit, power, deity, of other person. Later in the definition DID (MPD) is excluded. However this is difficult - the definition is based on a belief attributing the state to a spirit etc. and this is very common in MPD. If the different personalities claim to have a history very different from the main personality, should we take them at face value? After asking a series of questions like: Is anyone there? Who are you? Since when have you been there? Where were you

When the answer clearly states the belief that they are an entity coming from outside the person, should we take the answers at face value? Should we use the answers given to differentiate between Possession and Multiple

Personality Disorder? Maybe the diagnosis of MPD should include the notion of 'Possession Trance'. The problem here is that not many clinicians are comfortable with the notion of an afterlife and entities *from different worlds of existence*. Floss, who has written the most comprehensive textbook on MPD (1997), has occasionally used spirit release methods (Ed: Fundie euphemism for EXORCISM used to avoid frightening 'straights'.) like many others in this field.) However, he prefers to treat alters that claim to be external like any other parts of the personality. He helps them to deal with any relevant traumatic material and aims for full integration with the rest of the person. *My view is that possession and multiple personalities are not necessarily mutually exclusive but rather frequently occur. Attempts to release entities may fail if the traumas that brought them in are unresolved.* (Ed: What Erlendsson is slipping under the door here is the tacit understanding between Christian MPD therapists that unless the patient comes to God and is reborn his soul will forever remain in torment.) it may be important to differentiate between possession trance and spirit attachment. The latter means that the person that emerges in hypnosis has never taken full control of the body outside hypnosis. It may certainly have had a negative effect on the person. *In some cases spirit release methods (Ed: EXORCISM) may be method of choice. Generally I feel that symptoms should be dealt with within the conceptual boundaries that they present themselves So, if within hypnosis the personality speaking lives a history of a different life, a clear time when it entered the body in question and what is holding it back then one should help it to 'find its way to the light'.* This notion of entering the light can also be seen as a metaphor for integration with the spiritual self. (Ed; Fundie speak for 'if we exorcise him the patient will find his way back to God and everything will be alright'.)

http://rcpsych.ac.uk/PDF/erlendsson_01_jun_03.pdf

'Multiple Personality Disorder - Demons and Angels or Archetypal aspects of the inner self' by Dr Haraldur Erlendsson

OBSERVATIONS: by John Freedom of the SAFF:

Erlendsson's full paper (see link above) is an early attempt to justify the inclusion of mediaeval religious ignorance in modern psychiatry and it is an abomination to science that the Royal College of Psychiatrists have even considered publishing it. The veiled terminology of religionists may confuse even intelligent people so I'll make the following remarks by way of peer review on his section relating to 'Personalities or Possession'.

The figures Erlendsson gives above are obviously incorrect adding up to 261% Obviously those who say an 'alter' is 'of the opposite sex' may also say that they are also 'a helping spirit' or may additionally say that they are 'demons'. Assuming that the demons, helping spirits, dead relatives and living personalities were in the 14% who were not 'children' from the 336 sample quoted there were therefore, at the maximum, 47 people claiming one or more of three categories of supernatural experience (i.e. there were an average of 11 people claiming demons, eleven claiming spirits, 11 claiming dead relatives and so on). Of course it may be that, as in the case of one false accuser in Operation Hydrant one man made over 40 false allegations all by himself, and therefore a 'star' DID 'victim' could have claimed all four of Haraldur Erlendsson's supernatural categories. These figures are therefore of too small a class and have no significance whatsoever. Certainly they do not suggest a need for psychiatrists to put mentally ill people through an exorcism ceremony as a form of treatment.

Erlendsson's tortured interpretation of '*DSM—IV defines Possession Trance*' is utterly unacceptable bordering on scientific dishonesty for the following reasons:

(1) As Erlendsson admits, though in an ambiguous way as though to hi-jack the definition for his own purposes for readers who aren't bright enough to spot it, DSM-IV clearly EXCLUDES DID/MPD from the definition.

(2) It doesn't matter what the patient thinks, perpetuating the idea of possession by evil spirits will do him/her more harm and is not a cure or treatment which can be envisaged by any rational person in psychiatry.

Erlendsson continually makes disputable qualitative statements without evidence or reference. Why is excluding DID difficult? For whom is it difficult? Obviously for people like Erlendsson who write psychological clap-trap like this paper to try to convince mainstream academe that he and his friends should be free to Exorcise patients who are given a five minute self-

diagnosing questionnaire!

The questionnaire he refers to is one created by Colin A Ross which in my mind is an adult counterpart to the notorious Satanic Indicators invented by Catherine Gould and which more or less kick-started the 1990 Satanic Panic in the U.S. and the U.K. causing untold harm to innocent children and adults.

Ross's questionnaire is scientifically inept. It contains at least two false positives. For example

'Were you physically abused as a child or adolescent?

Yes=1 No=2 Unsure= 3 - Goto next question if No'.

(that is: If you are Unsure imagine answers to the following questions about how you were abused anyway).

It also contains a stupendously disingenuous section on '*Supernatural/Possession/ESP Experiences/Cults*' listing, amongst a host of supernatural experiences, whether the patient has experienced DeJaVu. An impression that we have been at a place or experienced a happening before is THE most common and ubiquitous unexplained mind experience humans can have. Almost everyone except cretins gets DeJaVu! In short therefore , EVERYONE who takes Ross's questionnaire risks being diagnosed with Multiple personality disorder or DID.

Again, I ask myself who it is in the *Royal College of Psychiatrists* who is allowing this travesty of science to gain currency in the therapeutic world? Why hasn't the RSP made a clear ruling against it, or at the very least, excluded it from their professional indemnity insurance? There can be no doubt under present liability legislation that the *RSP* WILL be held at fault for promoting what is basically psychiatric mumbo-jumbo.

Ends:

