

CONTEMPORARY
INTEREST IN
MULTIPLE PERSONALITY
DISORDER AND
CHILD ABUSE IN
THE NETHERLANDS

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ABSTRACT

Interest in multiple personality disorder (MPD) as well as sexual child abuse is rapidly growing in the Netherlands, perhaps more so than in other European countries. Clinical, theoretical, and research developments in these respects are outlined, and it is mentioned that patients stating that they have been victims of satanic cult abuse are also encountered in the Netherlands. The need for more international cooperation is expressed.

THE INTEREST IN THE NETHERLANDS IN MULTIPLE PERSONALITY DISORDER AND CHILD ABUSE

In many parts of the world outside North America, multiple personality disorder is still regarded as either extinct, an extremely rare mental disorder, or an exclusively North American disease (cf. Fahy, 1988). Until recently, the Netherlands was no exception. Our brief review of the current history of MPD in the Netherlands indicates that changes are occurring in this regard. The interest of this review is probably not that these developments are unique but rather that they closely resemble those which have already taken place in many parts of the U.S. and Canada. As in the Netherlands, too, more clinicians - especially those who are treating incest victims - are making the diagnosis of MPD, it becomes clear that MPD is not an exclusively North American disease at all.

Clinical Developments

After one of us (Onno van der Hart) saw his first MPD patient in 1980, and we subsequently saw more, the extremely difficult nature of the treatment of MPD made us look for outside help. Our Institute already had a strong tradition of inviting distinguished foreign colleagues to present workshops and seminars on divergent topics. Therefore, it seemed both material and obvious to invite to the Netherlands established international authorities in the field. Thus, since 1984 Bennett G. Braun, M.D., Richard P. Kluft,

M.D., and Roberta Sachs, Ph.D., have conducted workshops for interested Dutch colleagues and ourselves, seen our patients with us, and supported us in many other ways. One of the results of this continuous training was that we started to see many more MPD patients. Some of them were discovered among our own patients, often those with whom we had not been very successful before, to say the least. Other participants of the workshops, too, started to see MPD patients and made their own pioneering efforts to treat them accordingly.

One side effect was that quite a number of colleagues got word of our interest in the diagnosis and treatment of MPD patients and subsequently confided to us that they were treating an MPD patient. They had not shared this fact before with other colleagues, because resistance against the diagnosis of MPD is still strong in Dutch psychiatry. A literature review in the *Dutch journal of Psychiatry in 1985* (Megens, 1985) showed the usual ambivalence towards the existence of MPD. On the one hand, he showed fascination for this subject but, on the other hand, he himself had not diagnosed and treated MPD patients and was, therefore, unable to properly evaluate unfounded claims such as made by Leavitt (1947) and Kampman (1976) that multiple personalities can be created by hypnotic suggestion.

Today an increasing number of colleagues are pioneering in the treatment of MPD patients. We are aware of 60 cases currently being treated in the Netherlands. Mutual help is provided through "live" consultations with therapists, assessment of one another's patients, and through supervision. An increasing number of workshops and seminars is being held on the diagnosis and treatment of MPD. Based on the work of Braun, Kluft and Sachs, and our own clinical experiences, we published a stage model for the treatment of MPD patients (Boon & van der Hart, 1989).

Theoretical Developments

Interested Dutch clinicians are, of course, following the North American literature on the subject. A "doctoral scriptie" (the Dutch equivalent of M. A. Thesis) gave a review of the literature and a description of the author's treatment of a MPD patient (Hof, 1985). Some of our own contributions to the Dutch literature have been aimed at reanimating Pierre Janet's old dissociation theory, which we try to integrate with recent findings in the (mainly contemporary North American) literature and our own clinical practice. As interest in psychological trauma and its sequelae is growing in the Netherlands, the importance of Janet's clinical ob-

servations, theoretical notions, and treatment innovations is being rediscovered. van der Hart (1986) described Janet's hypnotic techniques in the treatment of patients with dissociative disorders. van der Hart and Horst (1988) presented an overview of Janet's dissociation theory. van der Hart and Boon (1988) based their description of writing assignments and hypnosis in the treatment of traumatic memories on Janet's dissociation theory, and Boon and van der Hart (1988) did the same in articles on the etiology and phenomenology of dissociative disorders, in particular MPD. Our work on Janet's important contributions to the field is increasingly shared with colleagues from abroad. A number of presentations on his work has been made at the International Conference on Multiple Personality/Dissociative States, and international collaboration resulted in the publication of a series of English language papers intended to honor the 1989 centenary of Janet's first major work, *L'Automatisme psychologique* (Janet, 1889).

Satanic Cult Abuse

Among American clinicians treating MPD patients, considerable interest exists in the psychological sequela of what is described as satanic cult abuse. An increasing number of MPD patients, by their own accounts, appear to be survivors of such extreme abuse. Critical voices are also raised, stating that ideas about the existence of satanic cult abuse are largely based on rumors, and warning against a kind of group culture among interested clinicians such as prevailed in the Salpêtrière under Charcot a century ago.

When in 1984, Bennett Braun, M.D., first asked us whether we had any knowledge in the Netherlands about satanic cult abuse and its victims, the answer was completely negative. Although a few clinicians and researchers of child abuse did know about its occurrence here, we personally had never heard about such things. By 1988 we were treating four patients who were, as far as we could ascertain, survivors of this kind of extreme abuse, and we had heard about a few more cases. In the majority, the abuse seems to have taken place in purely Dutch groups, some of which consisted of former nazis.

Also a few clinicians in medical children's homes became more able to make sense of the bizarre behaviors of some of their most disturbed patients, and realized that they might have been victims of satanic child abuse.

Along with our colleagues in North America, we struggle with the issues of credibility that such accounts invariably raise. We cannot be insensitive to the issues and concerns raised both by those who endorse the reality of these occurrences, and those who doubt their reality. We do find it significant, however, that there are many parallels between the accounts of North American and Dutch patients.

Research

The great interest that exists currently in the Netherlands in incest and other forms of sexual abuse is reflected, among other things, in a nation-wide survey Draijer (1988) conducted on the sexual abuse of girls by relatives. This study, ordered by the Dutch government, had a sample of 1054 adult women. 15.6% of all respondents reported sexual

abuse by one or more relatives; 24.4% mentioned sexual abuse by other than relatives; 7% had been abused by more than one perpetrator before the age of 16. Most of those who had been abused mentioned denial, fantasy, or dissociation as a coping strategy in childhood. The severity of the adult psychological and psychosomatic problems - fears, concentration problems, self-destructiveness, depression - was correlated with the severity of the abuse experience. Multivariate analysis showed that emotional neglect, parental dysfunction, severe sexual and physical abuse within and additional sexual abuse outside the family added independently to the severity of the later problems. Draijer concluded that the reality of sexual abuse of girls is probably more serious than her findings reflect. It is her impression that due to amnesia and related dissociative phenomena, the most serious forms of abuse may have been underreported.

Boon and Draijer (1989) recently finished a pilot study in which a Dutch version of the SCID-D (Steinberg, 1987) was used to differentiate between patients with and without a dissociative disorder. In 1989 they started a larger study (N-100), with different control groups.

Ensink and Albach, of the University of Amsterdam, are currently analyzing the data of their study of dissociative and posttraumatic phenomena in 100 adult female incest survivors. One of the preliminary findings is that 20 out of 50 women (whose data were analyzed so far) reported having blackouts (cf. Ensink, 1988; Ensink & Albach, 1989). Ensink suspected a high proportion of MPD among these 20 women. Before, Albach (1986) had described the psychological sequelae of sexual child abuse in terms of posttraumatic stress disorder. Other members of this research group are conducting studies on sexual child abuse, dissociation and automatization, and on depersonalization. A small validation study on a Dutch version of the DES, the Dissociative Experience Scale (Bernstein & Putnam, 1986), has been concluded, confirming the findings of the original version (van Otterloo, 1987; Ensink & van Otterloo, 1989).

The DES will also be used by Draijer in a diagnostic prevalence study among 200 psychiatric patients, investigating the relationship with childhood sexual and physical abuse, and by Vanderlinden, in Belgium, in his study of dissociative phenomenon in patients with eating disorders. In addition the examples mentioned above, many other research projects are currently carried out on childhood and/or adult traumatization.

Multiple Personality in Dutch Psychoanalytic Writings

A few Dutch psychoanalytic writers have used the concept of multiple personality in a sense that is much different from the current psychiatric usage. Lampl-de Groot (1981) argued that multiple personalities are present in all human beings. We all bear not one but many social "I's", which allow us by turns to fulfill many different roles. From a genetic point of view, we are also split mentally, since in all of us the residues of childhood developmental stages, not completely grown up, continue to exist. Although these observations are correct, it is clear that Lampl-de Groot's usage of the concept of multiple personality in this regard has blurred its meaning to an extreme degree. Janet, who made the same observa-

Lions many years ago, spoke about "personages," which according to him had to be clearly distinguished from the dissociated personalities in \IPD (Janet, 1929).

Completely disregarding the literature on MPD, De Raeymaecker and Bruggeman (1987) closely follow Lamplde Groot in analyzing the role of pathological fixated personality parts in the psychoanalysis of a 28-year old man. In their opinion, split-off aspects of the personality are splits within the ego ideal and between the ego ideal, superego, and ego.

CONCLUSION

Although clinical and research interest in MPD and related phenomena are rapidly growing in the Netherlands, the development of this field is still in its infancy. Many problems, doubtlessly encountered in most other places where MPD has been recognized, are still making adequate treatment difficult. There are still too few trained therapists for the increasing number of recognized MPD patients. Except for informal contacts, supervision, and a local study group, most clinicians specializing in this challenging area are not yet formally organized. Admissions to psychiatric hospitals under this diagnosis often are refused. Continuity of care by therapists whose patients are hospitalized is more of an exception than rule. There is an unfulfilled need for a specialized inpatient MPD unit of the sort that exists in several places in the United States.

We feel it would be desirable if those who are ahead of us in their professional development with regard to MPD reported more often about their experiences and the lessons they have learned in dealing with critical colleagues and psychiatric clinics. Perhaps that would make it possible for us not to make the mistakes that others have learned to avoid.

Although Dutch professional interest in MPD is still at an early stage, the Netherlands is nevertheless - if we are not mistaken - ahead of most other European countries. We believe that this is due to several factors: 1) The Netherlands are: relatively open to new developments in North America; 2) North American specialists in the field were willing and able to come and teach us (there is a big difference, perhaps more so for MPD than for most other psychiatric disorders, between reading about MPD and being taught in a direct way how to diagnose and treat this elusive disorder); 3) strongly influenced by actions of the incest survivors movement, there exists already a strong interest in sexual and physical child abuse and its psychological sequelae; 4) there is a tradition of interest in traumatization (especially with regard to World War II trauma and to the large scale hostage taking in Holland during the seventies). Thus, the Dutch form the second largest contingent of members of the Society of Traumatic Stress Studies. It should also be mentioned, however, that clinicians and researchers in the field of incest also encounter strong negative reactions in the scientific community and the mass media, especially with regard to the methods used to detect abuse in individual cases and to methodological aspects of the prevalence studies. Compared to this, the reception of publications on MPD is rather quiet. Within the legal domain, a unique precedent occurred in which a severe battle between expert witnesses

(psychologists) was fought in court with regard to the validity of the report which a victim gave her therapist about the extreme and prolonged sexual abuse by her family members. Extremely traumatized, she was unable to stand witness. The judges ruled that her report was legal evidence, and the victim did not have to appear in court. The many suspects, who pleaded not guilty, were sentenced.

Finally, in the Netherlands the need for international cooperation and support in these areas is strongly felt. Apart from the cherished personal contacts with North American authorities in the field, more formal international or cross-cultural projects should be developed. For instance, this country has already some potential to participate in multi-center studies. The time is right for the ISSMP&D to start living up to the first part of its name and pursue a more active foreign policy. One step already taken in this direction is the organization of an international conference on MPD and dissociation in the Spring of 1992 in the Netherlands. ■

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