Indian Journal of Psychiatry, 2000, 42 (1), 98-100

MULTIPLE PERSONALITY DISORDER FOLLOWING CONVERSION AND DISSOCIATIVE DISORDER NOS : A CASE REPORT

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ABSTRACT

A case progressing from symptoms of conversion disorder to dissociative disorder and then to multiple personality disorder as per DSM-III-R criteria is being reported. The clinical implications are discussed

Key word : Multiple personality disorder

Multiple Personality Disorder (MPD) has been identified as a disorder in certain developed countries including the U S., but it still remains an uncommon diagnosis in a developing country like India (Adityanjee et al ,1989). There are six cases of MPD reported from India (Stevenson & Pasricha,1979. Varma et al.,1981; Adityanjee et al.,1989) Out of these, many cases do not fit into the DSM-III-R criteria for MPD. We present a case here which showed a progression of symptoms from conversion disorder to dissociative disorder NOS and then to MPD as per DSM-III-R criteria.

CASE REPORT

Mr. S, a 19 year old male college student was referred to the psychiatric clinic from orthopaedics He had been unable to sit or walk because of weakness in right leg since he sustained an injury while being assessed for physical fitness for entry into defence services about 3 weeks earlier Orthopaedic examination and investigations had not revealed any physical injury which could account for his disability Psychiatric examination revealed him to be anxious and concerned about not having been selected for the defence services, which he wanted to join very much. He showed complete inability to use his right leg because of motor weakness. He had to be helped to sit and could not stand or walk. A diagnosis of conversion disorder was made using DSM-III-R criteria. Treatment with antianxiety drugs and suggestion therapy was given and the conversion symptom improved almost completely within one week. However at this stage, he started having sudden episodes of unresponsiveness lasting about 5 minutes each, occurring 8-10 times a day. During the episode he became apparently "unconscious" and did not respond to commands or painful stimulus and did not show any abnormal movement. Each episode terminated spontaneously but he could not recall later, what happened during the episodes. There was no change of identity or any derealisation symptom and an additional diagnosis of dissociative disorder NOS was made. After about three weeks of these symptoms the patient started attaining a different identity during the episodes, which became longer and lasted 2 to 12 hours. The change in identity was sudden, beginning with transient shaking of the body. During these states he would not recognise his family members and would question them as to how he had been brought to their house. He identified

himself as a 15 year old boy, studying in a school, and staying in some other locality with his parents (different from original parents). He described several details of his family and house but could not recollect his or parents' names or their address. He explained his inability to recall the names and more details of his past life due to him having sustained a head injury in a traffic accident. His speech and behaviour during these states was markedly different from his usual personality. There was change in his voice and style of speaking to match a younger boy. He became more confident, with a smarter posture and expression and spoke mostly in English instead of his mother tongue-Hindi. He would become more assertive and irritable, would address his parents as uncle and aunt, and insist that they search for his (real) parents. He would return back to his original personality after a period of sleep or suddenly after complaining of severe headache for a few minutes. He was perplexed about the time lapse he would notice when reverting back to his original personality, and expressed surprise when told about his altered identity during the episodes. The two personality states were unaware of the presence of each other. The periods of altered identity were repeated irregularly (average 3-4/week) for the next 6 weeks. There were no psychotic features in any stage of the illness.

The patient had no significant illness in the past and had no history of substance use. He lives in a nuclear family with parents and 3 sibs. He is the youngest of the four sibs. Relationship between parents has been quite harmonious. However, he is jealous of his elder brother who is very good in studies. His mother has a depressive illness and is under treatment for the same for 5 years. None of the other first degree relatives had any psychiatric illness. Premorbidly, during childhood he showed some neurotic features including nail-biting, fearfulness in dark places and food fads and was obstinate. He has been ambitious, hard working, demonstrative, and attention - seeking and likes to lead a group. However, he has a low tolerance for frustration. He has not suffered any sexual or other physical abuse or neglect. Since the patient showed existence of two distinct personality states which recurrently took full control of the patient's behaviour, a DSM-III-R diagnosis of multiple personality disorder was made. EEG and psychological assessment for personality was planned but patient being an outstation one, dropped out of treatment.

DISCUSSION

In this case, the stressor of not being selected in the defence services because of minor injury sustained during the physical fitness test was subjectively perceived to be severe by the patient. This psychological factor was judged to be etiologically related to the motor symptom of inability to use the right leg. This conversion symptom was however soon replaced by the dissociative symptom, diagnosed as dissociative disorder NOS according to DSM-III-R. The dissociative states later however developed into a distinct personality state with consistent and enduring pattern, relating to and thinking about the environment and self. The altered personality that this patient showed was distinct from his usual personality, but was not exhibiting the pattern in wide range of contexts. Hence it remained at the level of personality state. It also did not possess a proper name. However this does not go against the diagnosis of MPD (APA, 1987).

There are six cases of MPD reported from India. Out of these, the case reported by Chadda & Saurabh (1993) could not be diagnosed as MPD as per DSM-III-R. Though the coexistence of conversion and dissociative disorders has been reported to be quite common here (Saxena et al.,1986), progression from conversion to dissociative disorders and then to multiple personality disorder is not very common. However, one case has been reported to have conversion symptom preceding the multiple personality disorder (Adityanjee et al.,1989). Other authors may not have found such transition or did not highlight it. Proper caution was

observed while managing the patient, not to induce any other symptoms. Fahy (1988) observed that many cases of MPD could be actually just symptoms induced by the therapists. However, the progression of symptoms from conversion to dissociative to MPD was spontaneous rather than therapist induced.

REFERENCES

Adityanjee, Raju,G.S.P. & Khandelwal, S.K. (1989) Current status of multiple personality disorder in India. *American Journal of Psychiatry*, 146, 1607-1610.

American Psychiatric Association (1987) *Diagnostic and Statistical Manual of Mental Disorders*, Edn.3rd, revised, DSM-III-R, Washington DC : APA.

Chadda, R.K. & Saurabh (1993) Multiple personality : fallout of communal disharmony. *Indian Journal of Psychiatry*, 35, 4, 230-231.

Fahy,T.A. (1988) The diagnosis of multiple personality disorder : a critical review. *British Journal of Psychiatry*, 153, 597-606.

Saxena,S., Pachauri,R. & Wig,N.N. (1986) DSM-III diagnostic categories for ICD-9 hysteria : a study on 103 cases. *Indian Journal of Psychiatry*, 28, 47-49.

Stevenson,I. & Pasricha,S. (1979) A case of secondary personality with xenoglassy. *American Journal of Psychiatry*, 136, 1591-1592.

Varma,V.K., Bouri,M. & Wig,N.N. (1981) Multiple personality in India : comparison with hysterical possession state. *American Journal of Psychotherapy*, 35, 113-120.

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