Book Review

Colin A. Ross (1997).

Ross is one of the leading experts in the field of Dissociative Identity Disorder (DID; formerly Multiple Personality Disorder). This volume is the revised edition of the author’s 1989 monograph on multiple personality disorder. As far as I can see, the revisions are substantial and cover each of the three main sections of the book: history of the dissociation concept (Part 1), diagnosis and clinical features of DID (Part 2), and treatment of DID (Part 3). One of the major strengths of the book is the straightforward and non-technical way in which Ross presents his material. Furthermore, this new edition accommodates dozens of recent empirical studies concerned with diagnostic tools, clinical interviews, and treatment issues in the domain of dissociation.

In the past 10 years or so, DID has been the subject of intense debate among psychiatrists and psychotherapists. To some extent, this debate has been further complicated by yet another ongoing discussion, namely that about the veridicality of traumatic memories recovered in psychotherapy. What is sympathetic about Ross’s position is that he does not ignore the criticism raised by the non-believers and sceptics involved in both controversies (but see below). That is, Ross now acknowledges that there exists an iatrogenic pathway to DID, ‘caused by poor therapy techniques’ (p. 69) and his educated guess is that false positive diagnoses of DID can no longer be considered as isolated, rare instances of malpractice (e.g. p. 73). Similarly, in the treatment of DID, Ross advocates a shift away from focusing on the content of traumatic memories towards analysing the transference relationships between patient and therapists. The author notes that hypnotic induction, abreaction of traumatic memories, and sodium amytal interviews have largely disappeared from his psychotherapeutic practice in the 1990s. In fact, Ross is quite explicit about memory recovery techniques. For example, he warns us that ‘like hypnosis, sodium amytal should not be used for memory recovery’ (p. 363). This must be good news for the sceptics.

Although Dissociative Identity Disorder is a well-written book that deals with a wide variety of topics relevant to DID, there are a number of serious shortcomings. To begin with, the cavalier fashion in which a DID diagnosis is assigned to Breuer and Freud’s Anna O. is naïve. Apparently, Ross missed some essential facts of the case, for example, that Anna was overdrugged with massive amounts of chloral hydrate and that, as so many historians have noted, she was not a psychiatric patient at all, but suffered from tuberculous meningitis.

Another serious shortcoming of this book has to do with the way in which Ross writes about his opponents. So, while it is clear that Ross has profited from their arguments, he refuses to pay proper credits to the sceptics. Instead, Ross argues that they are intellectually incompetent people (p. 250), who are misled by various cognitive errors. In a way, Ross’ ad hominem critique of his opponents reminds us of the disregard and disrespect of the Freudians for their opponents.

A third point concerns treatment outcome data on DID. Ross claims that DID ‘appears to be the most treatable severe psychiatric disorder’ (p. 263). Yet, as Ross himself admits, this claim is not based on solid empirical research: ‘Strictly speaking, there are no treatment outcome data for DID in the literature’ (p. 247). These data have yet to be gathered in the next decade. How strange. Since the first edition of his book (1989), nearly 10 years have passed. Is that not enough time to conduct good treatment trials? Researchers in the field of, say, panic disorder, have accomplished that task within a couple of years. To be sure, in his book, Ross presents treatment outcome data gathered in his own clinic, but they are seriously flawed. For example, Ross reports a t-value (df = 52) of 0.8 that would be significant at the p < 0.0003 level (p. 259). Something must have gone terribly wrong here. Ross concludes his book with the prediction that in the next decade, DID will become part of ‘mainstream psychiatry, psychology, and social work, on an equal footing with anxiety and depression’. Perhaps, he is right, but it would require rigorous research work and trustworthy statistics. So, get down to work.

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