British Journal of Psychiatry (1995), **167**, 263–270

Correspondence

Contents: Multiple personality disorder and false memory syndrome/Publication bias and meta-analysis/Women's response to adversity/Structured abstracts/Psychosocial outcome of liver transplants/ Costs of community psychiatric nurse teams/ Intramuscular injections in the anticoagulated state/Statistical design, analysis and further correspondence

Multiple personality disorder and false memory syndrome

SIR: Merskey (1995) attributes to me a belief that the CIA has implanted multiple personality disorder in children and that current criticisms of multiple personality disorder are a CIA plot. As authority for these attributions Merskey cites statements made by me on a Canadian Broadcasting Corporation television programme. The statements I made were in response to a hypothetical question posed by the interviewer in the course of about seven hours of filming, and they were edited in such a way as to appear to be a statement of a pet theory of mine.

My interest in the possibility that the CIA and other intelligence agencies have deliberately created multiple personality disorder for operational purposes is based on the account by G.H. Estabrooks (1971) in which he described deliberately creating artificial multiple personality for intelligence purposes for the US military during the second world war (Ross, 1995). A CIA MKULTRA Subproject which was devoted to the creation of differential amnesia was Subproject 68, carried out by Dr Ewen Cameron at the Allen Memorial Institute in Montreal. Additional MKULTRA research conducted at McGill University includes Subproject 121, which was an anthropological study of the Yoruba conducted by Dr Raymond Prince. As well, Dr Donald Hebb in the Department of Psychology at McGill received funding from Canadian military intelligence sources during the same period (Gillmor, 1987).

During this period the CIA also funded four MKULTRA Subprojects involving research on children and adolescents, namely Subprojects 102, 103, 117, and 122. Documents I obtained from the CIA on Subproject 103, which was conducted at the International Children's Summer Camp in Maine include a statement concerning the Subproject that, "In addition, it will assist in the identification of promising young foreign nationals and US nationals (many of whom are now in their late teens) who may at any time be of direct interest to the Company)." The subjects in this research ranged in age from 16–21 years, and they were attending the camp as part of a reunion, all having attended previously at ages as young as 11 years.

I have in my files publications by doctors who were members of a broad network of investigators with CIA and military intelligence funding in the 1950s, '60s, and '70s that describe nontherapeutic brain electrode implants performed on children as young as 11 years of age (Delgado, 1959), and giving children age 7–10 doses of 150 mcg per day of LSD continuously for weeks, months, and in some cases even years (Faretra & Bender, 1964). In the context of these documented experiments, the possibility that dissociative amnesia barriers have been deliberately induced in children does not seem far-fetched.

I note that Merskey describes me as a "recent president of the International Society for Dissociative Disorders". This organisation is in fact the International Society for the Study of Dissociation, formerly called the International Society for the Study of Multiple Personality and Dissociation. Dr Merskey also states that I claim "that MPD may afflict as many as 5% of college students in Canada, and presumably elsewhere". The reference he gives for this alleged claim is a 1989 paper (Ross *et al*, 1989) which in fact contains no epidemiological data or discussion of any kind and no mention of college students.

I expect the *BJP* to demand higher standards of thought from its contributors. My interest in CIA and military mind control research is scholarly, involves a great deal of correspondence with the CIA and review of original CIA documents in my possession, and will result in accurately referenced publications about documented phenomena.

DELGADO, J.R. (1959) Electronic command of movement and behavior. *Transactions of the New York Academy of Sciences*, **21**, 689–699.

ESTABROOKS, G.H. (1971) Hypnosis comes of age. *Science Digest*, **April**, 44–50.

FARETRA, G. & BENDER, L. (1964) Autonomic nervous system responses in hospitalised children treated with LSD and UML. *Recent Advances in Biological Psychiatry*, **7**, 1–8.

GILLMOR, D. (1987) *I Swear By Apollo. Dr. Ewen Cameron and the CIA-Brainwashing Experiments*. Montreal: Eden Press.

MERSKEY, H. (1995) Multiple personality disorder and false memory syndrome. *British Journal of Psychiatry*, **166**, 281–283.

ROSS, C.A. (1995) The validity and reliability of dissociative identity disorder. In *Dissociative Identity Disorder. Theoretical and Treatment Controversies* (eds L. Cohen, J. Berzoff & M. Elin), pp. 65–84. Northvale, New Jersey: Jason Aronson.

—, NORTON, G.R. & FRASER, G.A. (1989) Evidence against the iatrogenesis of multiple personality disorder. *Dissociation*, **2**, 61–65.

C.A. ROSS

1701 Gateway, Suite 349
Richardson, Texas 75080

SIR: Merskey's arguments (*BJP*, March 1995, **166**, 281–283) include obvious fallacies and not so obvious fallacies. Let me cite one of each.

Merskey opens with the argument that multiple personality disorder is invalid because many people believe in it (there are over 3000 members in the International Society for the Study of Dissociation, and most members have personally treated at least one case) and because many people do not believe in it (all those who have never treated a case). But something is not proved valid or invalid because many people believe it or disbelieve it. He sets the tone of his editorial by opening with an emotional, not a scientific argument.

Moreover, things once thought rare have frequently been found to be relatively common, e.g. child abuse and manic depression. I recall a quarter century ago when the latter was vastly underdiagnosed here in the USA and we learned a lesson from our British colleagues. If we can learn from the British about affective disorders, can the British learn from us about dissociative disorders?

An example of a not so obvious fallacy, or really a half truth, is Merskey's statement that "memory itself is thought to involve active reconstruction". However, reconstructive memory is not the only kind of memory. There is also photographic memory, which happens to be more evident in childhood, tending to wane somewhat with age. (Talking about age-related cognitive strategies, one should also mention imaginary playmates in childhood.) Why do members of the False Memory Syndrome Foundation like Merskey always forget about photographic memory when discussing the basic nature of memory?

I agree that there have been instances of overdiagnosis of multiple personality. I agree that there are misguided therapists around who find memories of abuse that never happened. But if you think that accounts for most of what is going on over here in the dissociative disorders field, you are getting your information from people with relatively little actual experience or training in this area.

K.A. NAKDIMEN

One Lincoln Plaza (12M)
New York, NY 10023

SIR: Merskey (BJP, March 1995, **166**, 281–283) highlighted the classification of muiltiple personality disorder (MPD) as a dissociative disorder and showed how MPD and false memory syndrome have been linked to childhood sexual abuse. The importance of cultural and social factors in dissociative disorders is well known and the article also served to underline the contribution of these factors in what society accepts as justified manifestations of psychic distress.

However, there is a danger in condemning too widely therapists working with the victims of sexual abuse. In particular the "typical" picture of a therapist "immediately searching for repressed memories of childhood abuse" in which "the patient is quickly encouraged to produce evidence" or else "more pressure is exerted" is unrecognisable in any mainstream work on the topic (Walker, 1990). Likewise therapists for MPD being regarded as "leading participants" in treatment methods for sexual abuse would not seem to be the case in the UK (Hobbs, 1990). Therapy for survivors of sexual abuse is consistently aware of the power of the therapist and its potential for further detriment.

Recent work has confirmed childhood sexual abuse as an aetiological factor in mental illness (Mullen, 1993). Drawing attention to the cases in which dissociative mechanisms or poor therapeutic practice produce spurious claims of sexual abuse is useful but should not obscure the much commoner problems that the effects of childhood sexual abuse can cause.

HOBBS, M. in HORTON, K. & COWAN, P. (1990) *Dilemmas and Difficulties in the Management of Psychiatric Patients*. Oxford University Press.

MULLEN, P.E. (1993) Childhood, Sexual Abuse and Mental Health in Adult Life. *British Journal of Psychiatry*, **163**, 731–732.

WALKER, M. (1990) *Women in Therapy and Counselling*. Open University Press.

C. HALEY

Rathbone Hospital
Liverpool L13 4AW