MUTIPLE PERSONALITY: FALLOUT OF COMMUNAL DISHARMONY
R.K.CHADDA, SAURABH

SUMMARY
A young unmarried Muslim female presented with the secondary personality of a married Hindu woman following the Hindu-Muslim riots. It is proposed that multiple personality can occur as a reaction to insecurities generated by traumatic events.

Traumatic events of national significance such as wars, earthquakes, droughts, floods and political assassinations are known to be followed by psychiatric morbidity (Pasnau & Fawzy, 1989). However, multiple personality, a relatively rare psychiatric disorder would appear to be an uncommon condition in such a context. In the recent past, there has been significant communal violence in India following the demolition of a mosque in Ayodhya. This was followed by a feeling of insecurity in the minority community. About the same time, we came across a patient whose manifestation of a secondary personality appeared closely related to the event.

CASE REPORT
Ms. A, a 17 year old unmarried female from a conservative Muslim family, studying in 12th standard, was brought from her school to the hospital. She had suddenly become unconscious in her class in the presence of her friends. The unconsciousness was not accompanied by any involuntary movements, injury or incontinence. She regained consciousness spontaneously after about 3 minutes and claimed that her name was Mohini and that she was 25 years old. She was surprised to find herself in a school in Delhi as she said that she was a resident of Varanasi (which was a city sacred to Hindus, about 800 kilometers from Delhi).

Mohini claimed that she was the only daughter of rich Hindu parents; she said that she had finished her schooling in 1981 and bachelor's degree in 1983 at Varanasi. She gave the date as 2nd February, 1985 (it was actually 11th February, 1993). According to her, she was married a few days ago to a successful Hindu businessman in Varanasi, and she frequently expressed a desire to go to her husband. In reality, the patient had never been to Varanasi and the family did not have any connections with the city; she did not recognize her mother and brother when they arrived at the hospital. The symptoms were not preceded by any major life events or immediate stressors. The patient had attained menarche about four years ago.

There was no history of any anxiety, depressive or other psychiatric symptoms in the past. Birth and early developmental history were unremarkable. There was no history of child abuse. She was average in her studies. Premorbidly, she was described by her mother as a soft spoken, introverted and studious child with an obstinate predisposition. She had a few friends including Hindu girls, though none with similar names or having any other similarities as that of the assumed personality.

She was cooperative and communicative during examination. She was tense at being in a hospital in Delhi. There were no features suggestive of a psychotic illness. Physical examination including neurological examination did not reveal any abnormality. The patient was diagnosed to have Dissociation disorder NOS.

Following assessment, abreaction was done with diazepam. During abreaction, she persisted with the story, and added that she was married on 15th January, 1985. On the day, i.e. 2nd February, 1985 (actual date 11th February, 1993) she claimed that she was going to Ooty (a hill station, about 2000 kilometers from Delhi) with her husband in a car to attend a cousin's marriage. The car met with an accident on the way, following which she could not remember anything. When it was suggested that her husband had died in the accident, she started crying loudly, and expressed a desire to go to her parents in Varanasi. After this, she became drowsy. At this time, she was aroused and given the suggestion that she was alright, and would now go to sleep and on waking up would become "A", forgetting everything which had happened.

The patient woke up after an hour and reassumed her original identity. She did not have any recollection of what had happened in the previous three hours. She came for follow up five days later and was remaining well. She continued to remain well until her last follow up, which was four months after the episode.

DISCUSSION
The origin of multiple personalities have often been attributed to extraneous influences. The publicity of certain cases in the lay press and cinema such as "The Three Faces of Eve" may have been responsible for the production of some cases (Merskey, 1992). The influence of the cinema was also noticed in some cases reported from India (Adityanjee et al, 1989). In this case, the symptoms were preceded by certain communal events of national significance in which the dominance of the Hindu community over the Muslim one was reflected (India Today, 1992). This had resulted in feelings of insecurity in the minority community. In fact, some riots were also reported from a place four kilometers from the patient's residence. The patient probably harbored unconscious desires out of the sense of insecurity generated by the communal violence. These events, accompanied by her conservative lower socioeconomic background with hidden sexual desires, may have been responsible for the patient assuming the identity of a rich, married Hindu lady.
The secondary personality in the patient was too short lasting to justify a diagnosis of multiple personality disorder. Therapeutic intervention just at the onset of illness was probably responsible for preventing the prolongation of the secondary personality. Delayed psychiatric contact or diagnostic problems in the beginning of illness are probably responsible for cases where secondary personalities are of a longer duration.

Major traumatic events are known to be followed by anxiety symptoms, depression, adjustment disorder, post traumatic stress disorder and even psychotic breakdown (Pasnau & Fawzy, 1989). During this particular period of communal riots, there were reports from Bombay that nearly 20 percent of patients attending psychiatric units had riot related problems. Reactions to mob violence included anxiety, depression and psychotic breakdowns (India Today, 1993). Secondary personality occurring in the aftermath of such violence is an interesting presentation, but not unusual in dynamic terms. The subject in face of insecurity generated due to any cause may harbor a wish to be out of the state by adopting an identity which is not so stressful and is safe, secure, and less threatening.

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R.K. Chadda, M.D., Lecturer & Incharge; Saurabh, M.D., Senior Resident, University College of Medical Sciences and Guru Teg Bahadur Hospital, Shahdara, Delhi 110 095.

*Correspondence