

Crime and Multiple Personality Disorder: A Case History and Discussion

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The application of the concept of multiple personality disorder (MPD) is one of the most complex and controversial issues facing forensic psychiatrists. The case presented is one in which a diagnosis of multiple personality disorder is not only well documented, but was so diagnosed at least 10 years before the ultimate homicide. Nonetheless, consideration of the legal issues was difficult. Other cases, particularly the Bianchi case, reflect the clinical difficulties in diagnosis. Subsequent cases have reflected a judicial review of the issues and a trend to disallow the concept of MPD as a defense; the author suggests that forensic psychiatrists incorporate these opinions in their future judgments.

Multiple personality disorder (MPD) remains a dilemma, with questions about diagnosis, efficacy, treatment, and even its very existence. This article presents a criminal case where the diagnosis seemed reasonable in view of a history of about 10 years of diagnosed MPD prior to the crime. I was asked by the prosecutor to review the defense claim. Unique problems of legal disposition arise because of the nature of the disorder; the law has since been clarified by legal decisions that may provide a guideline.

The Case of Mr. A

Mr. A was charged with the murder of his girlfriend, Ms. B, in August 1985.

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The exact date of the homicide was not known as various parts of the dismembered body were found in plastic garbage bags throughout the county park system during an eight-day period. The head was decapitated, the trunk severed through the lower body, and the limbs sawed off below the joints. A metal plate used in the treatment of an arm fracture led to identification. The cause of death was given as blunt trauma to the head, exsanguination due to decapitation, and dismemberment. Alcohol, barbiturates, and phenytoin were present.

The defense psychiatric conclusion of MPD recounted Mr. A's denial of any knowledge of what happened while acknowledging that one of his other personalities, Billy Ray, might have committed the murder. "Descriptions of these diverse "subpersonalities" in the third person, periods of amnesia for

those times when the subpersonality is dominant, even the radically different personality and sexual orientations of the subpersonalities are pointedly consistent with this diagnosis. In fact, the occasional past psychiatric report(s) describing "voices" actually represent hearing the voice of another personality rather than the true auditory hallucinations seen in schizophrenia. The psychiatrist also diagnosed a bipolar disorder with recurrent, severe major depressions. Prognosis was considered to be extraordinarily grave. The psychiatrist stated that Mr. A had such a defect of reason as to not know the nature and quality of his act or, if he did know it, he did not know right from wrong at the time.

The problems raised by such a defense are the following.

1. Did the defendant really have a multiple personality?
2. If he did, did it affect his behavior in such a way that the homicide occurred?
3. How does one distinguish between an act done by a primary or host personality and an act done by an alterpersonality or subpersonality? How valid is such a distinction?
4. How does one evaluate a person when the mental status review reveals very little?
5. In view of the nature of the disorder, how does one know what was going on at the time of the act?
6. Does multiple personality provide a clinical basis for exculpability based on mental illness?
7. Regardless of the clinical applica-

bility of the mental state to the behavior involved, should "multiple personality" be allowed by law to provide a basis for nonresponsibility? How will society best be served?

Prior MPD Cases

The most famous criminal case involving the defense of MPD was that of Billy Milligan.¹ When I became involved in the case of Mr. A, I read the book which related that case and communicated with participants.

The most notorious case was that of *State v. Bianchi*, which was reported in embarrassing detail in *The International Journal of Clinical and Experimental Hypnosis*.²⁻⁴ Other articles⁵⁻⁸ have dealt with this matter.

Statements by Others Interviewed

The first part of the decedent's body was found on August 21. On August 25, Mr. A told a neighbor that he had spoken to Ms. B on August 23. The neighbor also indicated that Ms. B had reported being chased by a knife-wielding Mr. A.

Mrs. A, the ex-wife of Mr. A, stated that Mr. A was arrested in 1968 and 1980 for theft, that she and Mr. A had separated in June 1983, and were divorced in April 1985. In September 1976, Mr. A attempted to choke her and in June 1983 attempted to kill her with a hammer. In 1983 he threatened a laboratory technician with a knife. In addition to the various places to which Mr. A wandered for extensive periods, he went to New York, Illinois, Indiana, Colorado, Washington, and North Car-

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olina. His ex-wife dated his other personality, Billy Ray, to 1968. Mrs. A also stated that her husband made her pose in the nude for pictures while she was pregnant and once made her have intercourse with him and a friend of his when she was drunk. Mr. A told her that he had had intercourse with his sister and mother.

The ex-wife found a note dated May, 1983 after the hammer incident which stated:

"I talked to Dr. (B) this morning. I don't think that it has helped much. I feel like I am being cut off at the (agency) and I don't know why. It's probably me, or maybe he is showing through when I don't know it. I have been only a week and a half with only twelve hours sleep. I figure from past experiences that I will last to about the first of the month."

This was followed in large, scrawly script by:

"You stupid cocksucker—that is when I take over completely and finally. You don't stand a chance. Maybe I show that stupid doctor a thing or two this afternoon."

The script then returned to the prior printing:

"I must get through to Dr. (D). He must know how serious the situation has become. I have an idea what he is going to do and it's deadly to my family."

In return to the large script, the comment was:

"I won't let you squeal on me Stupid. I control you. You may fight it sometime but your not strong enough nor will I let you get so."

The statement ended in large print: "Please Help Me!!"

His daughter reported an incident in June 1983 when she awoke to see her

father next to the bed with a hammer in his hand. He threatened the police, and then picked up a Bible and started praying. Once he took a phone from her hands and hit her on the head while she was talking to a boyfriend; another time he took the back of her head and smashed her face into the bedroom mirror.

A woman who had dated Mr. A earlier in the year recounted that he had four personalities, one of whom was violent, and that Mr. A was afraid that he might hurt her. Another indicated that she spoke to Mr. A when he was Billy Ray, and Ms. B had told her how Billy Ray put a knife to her throat in the spring of 1985. In April or May, Ms. B was forced to strip naked while he ran a steak knife along her body. Ms. B also told this friend about "Harry," another personality, who was nice and quiet. A male friend described Mr. A as a nice guy until he went into his split personality who would threaten to hurt people. This friend saw Mr. A as Billy Ray on at least nine occasions. One psychiatrist was concerned as early as 1976 about his homicide potential.

Mr. A had had at least 17 hospitalizations since October 1975. Eight times at one hospital from 1975 to 1983, the longest was two months, the shortest two days. He was hospitalized twice at a state hospital, three times at a VA Center, once for 8½ months, and four times at the psychiatric unit of a general hospital. His last discharge was eight months before the homicide.

Diagnoses have included: schizophrenia, latent type; multiple personality;

dissociative reaction; mild drug overdose, nocard; hysterical neurosis, dissociative type; paranoid schizophrenia; major affective disorder, bipolar, depressed; cyclothymic personality; bipolar disorder, mixed type; major depression, recurrent; dependent personality; overdose, lithium; psychotic depressive reaction; overdose, Desyrel; bipolar disorder with psychotic features; adjustment disorder with depression, alcohol abuse; acute alcohol intoxication; and manic depressive reaction.

At times he was hallucinatory. In April 1982, he spoke of an inner voice telling him to kill his family. In 1980 he reported being watched and thought others could read his mind. Suicide attempts have involved medication, alcohol, and hanging. A Social Security judge ruled that he was mentally disabled since September 1979.

Information as Provided by Mr. A

Mr. A's story was that Ms. B decided to stay with a friend so that she could lose weight. She left August 13 and when he heard from her the next day, she did not make sense and sounded "high." He denied ever hearing from her again. On August 28, he was taken for questioning and was arrested; he did not know the basis for his arrest, but he knew that blood had been found in the apartment. He acknowledged that on August 24 he reported to the wife of the building superintendent that he had spoken to the victim the day before (no reason was given). "It's possible that Billy Ray did it, yes," said Mr. A, and described Billy Ray as a nasty, violent, arrogant per-

son—"That's what everybody says. I don't know anything myself. That's the way he's described to me—not a very pleasant person."

Of his suicide attempts, he remarked, "I couldn't take Billy Ray any more. Every time something happened, he messed up my life." In April 1984, he (Billy Ray) threatened two ambulance people with a knife for which he spent two weeks in jail.

His last psychologist reported two other personalities—Harry, a "cool" personality, and Ralph, a homosexual. He has no personal recollection or awareness of these personalities. At the Detention Center he was continued on medication that he had been taking for three or four years—lithium 1200 mg a day, thioridazine 200 mg a day, and triazolam for sleep.

Other Background Information

He did recall some sex play with a sister three years older when he was 12 or 13. When he was 19, one brother fondled his penis, this brother was later charged with incest with his own child. "Harry" told one of his psychiatrists about being locked in a closet by his mother when he was four or five over a period of a year. He denied sexual contact with his mother. At age seven he was accused of setting a fire to bushes and at age 13 of breaking another boy's arm, but had no personal recollection of these events.

In 1979 he was charged with taking \$8,000 from a religious organization. He claims that the name Billy Ray was on

the checks, and was found not guilty by reason of insanity.

When he was in the Army for 16 months, he reportedly did well, but was discharged when his mother claimed hardship and initiated discharge proceedings without his assent. He was resentful of this because he liked the Army and felt that his siblings placed the care of the mother on him. For five years during his marriage he had another girlfriend; this was reported as his own involvement, not that of Billy Ray.

He saw no way to get rid of Billy Ray, and the only alternatives as the death penalty, life in prison, life in a prison hospital, or suicide. He added, "From what I've been told, Billy Ray has done the killing. Someone has to pay the penalty, life imprisonment, or life in a mental institution. . . . It makes no difference. . . . Prison or a mental hospital would be the same. The lesser of the three would be the death penalty."

Mental Status Review

Mr. A was examined on three occasions for a total of six hours. He was at that time a man of 49 who looked his stated age. At times he was tremulous and would hold his shaking hands. He was a mild-mannered, pleasant, cooperative, articulate, friendly, but rather bland individual who showed little emotion or modulation of tone. He spoke slowly as if he were dictating a letter. His memory was quite good when discussing matters that he did recall. His commentary was relevant and usually well expressed. There were no indications of disorganized thought, paranoid think-

ing, delusions, or hallucinations. No extremes of mood were noted. On the WAIS (Wechsler Adult Intelligence Scale) he performed on an above-average level with 8 of 11 subscales: 5 verbal, 3 performance. He had prorated scores of 122 on the verbal, 103 on performance, and a full scale score of 114. His Rorschach was nonspecific with 26 mostly commonly perceived responses. Some dependency traits were noted, but no unusual or bizarre perceptions. The Thematic Apperception Test reflected some depressive tones but not in a pervasive, fixed manner. Thus the mental status review 11 months after the homicide uncovered no signs or symptoms of overt mental illness.

Conclusions as Presented to the Prosecutor

The following section in its entirety constitutes the discussion section of the report to the prosecutor.

"This has been a most complex matter to evaluate. Because of the relative rarity of the condition at issue, I studied a number of articles dealing with multiple personality and discussed this case with those in the field more familiar with this condition which has come to the forefront in recent years and is no longer a medical oddity.

"In any case dealing with a claim of multiple personality one is concerned about the possibility of malingering, particularly since examination at any given time does not show signs of mental illness as it usually will, for example, with chronic paranoid schizophrenia. There-

fore, adequate review of reliable history is most important.

“The very extensive records in this case support such findings, and they date back nine years before the events at issue, strongly supporting the reliability of the data.

“The records and observations confirm the existence of a severe and chronic condition.

“In support of the diagnosis are suggestions of rejection in childhood, parental abuse, early sexual stimulation, and possible early behavioral problems. A full history is difficult to obtain because of variable and periodic amnesias and the inconsistent patterns characteristic of the condition.

“Numerous people have noted observances of at least one of the adjunct personalities—Billy Ray. The reported fugue states are in keeping with such a diagnosis, as are the reported psychotic-like episodes, sometimes depressive, sometimes paranoid.

“The chaotic picture is not atypical, and the problems in diagnosis and treatment are common. Somatic therapies work poorly. The inner chaos, suicide attempts, and variable presenting pictures also are part of the typical picture. Transient psychotic episodes are not uncommonly seen.

“In general, my observations and findings are fully compatible with those of (the defense psychiatrist).

“Multiple personality raises unique medicolegal issues. No exact information is available concerning the events at issue, and theoretically one is confronted with deciding whether the acts

involved were those of the primary or host personality, or those of a subpersonality. In view of the long history and the chaotic behavior patterns, it is not unreasonable to attribute the behaviors to the subpersonality. On the other hand, one can also view the person as a composite of a severely disrupted personality structure with a lack of psychologic integration so that theoretically it may not be necessary to make this distinction.

“The matter is complicated by the fact that there are indications that adverse behaviors may indeed have been a result of actions of the host personality. There are inconsistencies that are difficult to explain, such as his reporting conversations with the deceased after her death. It is therefore possible that he has used the concept of multiple personality to explain away some of his actions.

“However, the probability at this time would seem to be that the overall picture could be explained by his complex mental disorder. This opinion is not as firm as one would like, particularly since no confirmation of multiple personality has been reported (from his present incarceration).

“Treatment is extremely difficult. Despite efforts in this case, there has been a stepwise deterioration over the years with threatened explosive episodes fraught with violence and destruction. No readily available measuring stick exists by which to measure either progress or predictability. The bizarre violence in association with this condition is an ominous sign.

“Mr. A thus shows a long history of significant mental disease. While not a

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pure psychotic condition and usually not classified as such, transient psychotic-like phenomena occur. Because of the nature of this condition, the host personality is not able to fully know right from wrong or even to "know" the nature and quality of the act.

"It is reasonable to conclude that Mr. A does not meet the standards required for criminal responsibility (as I understand them). The unique aspects of this condition raise medico-legal questions which may have to be ultimately addressed further by the courts or legislature. In any event, in view of the history and what has occurred, Mr. A remains a potentially dangerous individual with a disorder that is difficult to manage under the best of conditions and where predictability may be almost impossible."

Results of the Case of Mr. A

In November 1986 Mr. A was found not guilty by reason of insanity by the judge who reviewed the submitted data. In accord with the practices in the state covering NGRI acquittees, periodic reviews by the committing court have been held to determine if further institutionalization at the state facility for the criminally insane is necessary.

The April 1990 report to the court indicated fugue states as far back as 1967 and initial psychiatric out-patient contact in 1970. No particular abnormalities were noted on the mental status review other than an expression of hopelessness and his feeling of distress on learning of another personality. He has been treated with doxepin 100 mg and

alprazolam 1 mg daily. Earlier in this hospitalization he exhibited self-mutilating behavior (not specified), and he periodically showed depressive symptoms. His individual therapist reported the emergence of another "negative personality." Diagnosis was major affective disorder, bipolar with multiple personality disorder, manifested by seven distinct personalities. "One of these personalities is "Billy Ray," a sociopath, who is vicious and whose behavior is highly bizarre, dangerous, and violent." Constant, close supervision in a highly structured environment was recommended with the comment that Mr. A is a danger to himself and others when "Billy Ray," the sociopathic personality emerges.

This report confirms the diagnosis of multiple personality and indicates that during the four years of institutionalization, the staff has specifically observed behavior patterns consistent with this disorder with no indication of malingering.

Other Cases Reported in the Legal Literature

Subsequent to the case of Mr. A, I became aware of several relevant cases. An Ohio case, *State v. Grimsley*⁹ reviewed the appeal of a woman who had pled no contest to a charge of driving while under the influence of alcohol (0.21%). One element of her appeal was that at the time she was dissociated from her primary personality (Robin) and in the state of consciousness of a secondary personality (Jennifer). Therefore her claim was that she acted unconsciously, or involuntarily without volition and

therefore had committed no crime. She had previously been diagnosed as having multiple personality and in fact had been in psychotherapy for a few years. She claimed that she had been psychologically traumatized by the report of a lump in her breast and so dissociated into Jennifer who is impulsive, angry, fearful, and alcoholic. Robin denied any control or memory of Jennifer's actions.

The court concluded that the evidence did not establish the fact that Jennifer was either unconscious or acting involuntarily.

"There was only one person driving the car and only one person accused of drunken driving. It is immaterial whether she was in one state of consciousness or another, so long as in the personality then controlling her behavior, she was conscious and her actions were a product of her own volition. The evidence failed to demonstrate that Jennifer was unconscious or otherwise acting involuntarily."

A second claim was that since Robin had only a minimal recollection of what Jennifer did, she could not respond to questions on the stand because she was not conscious of the conduct. The court stated simply,

"If we were to allow the bare existence of a defendant's multiple personality disorder to excuse criminal behavior, we would also relieve from responsibility for their criminal acts all defendants whose memories are blocked."

The court also rejected an insanity defense concluding the evidence did not establish by a preponderance a mental disorder that so impaired her reason that she, as Robin or Jennifer or both, did not know that drunken driving was wrong or that she did not have the ability to refrain from driving while drunk.

Thus the court made the point that as long as the person in whatever personality at the time had awareness and volition, that person would be held responsible.

In *Kirkland v. State* in Georgia in 1983,¹⁰ the defendant was found guilty but insane, a category imposed by law after the acts in question but before Kirkland's trial. Phyllis Kirkland was a woman who faced two charges of bank robbery. In each robbery she wore a wig, large sunglasses, and a jogging suit, threatened employees with a gun and mace, and escaped in a black Cadillac with dark windows. When she was caught fleeing the second robbery, her two small children were in the car with her. She discussed the robberies and freely confessed, leading the police to the places where she threw the wig and other disguises, stating that she and her husband were heavily in debt. She told of hidden money and other criminal activities.

The court provided a short discourse on psychogenic fugue and its similarity to MPD—"the doctors could only with great difficulty explain the difference or even say if there is a clear difference. In the facts of this case, the purported fugal personality, "Bad Sharon," is a well-developed, rational and conscious personality, so for legal purposes we will not distinguish them."

"The conditions of multiple personality and its less refined cousin, psychogenic fugue, are extremely rare and certainly not fully understood nor perhaps fully accepted even by psychiatry. In general, the affected individual uncon-

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sciously “develops” alternate personalities to deal with trauma (e.g., child or sexual abuse) that the individual otherwise cannot endure. The alternate personalities are separate identities with highly individualized traits, behavior patterns, and complex social activities, even to the point of possessing different family histories, different ages, or even different nationalities. When faced with stressful situations, the individual may be dominated by one or more separate personalities; the “core” individual most often has no knowledge of the existence of any other personalities, but may sometimes hear “voices” and will “lose time.” She may wake up in a strange city thousands of miles from home, and find herself in possession of unfamiliar and uncharacteristic clothing and objects. The “core” personality has no control over the personality which is in domination, or consciousness: the transition to the alternate is involuntary and unknowing. She has no memory of what the other personality does. The alternate personality may stay in control for hours, months, or years. A particular alternate personality may be, and often is, as its *raison d’être*, a well-developed and complete personality in itself, rational, and quite functional. Naturally the core personality often stays confused, and may even ultimately abdicate altogether in favor of another (or a platoon of others) who will separately function in society to the limit of their respective abilities.”¹¹

The Georgia court found only the Grimsley case as a guideline and adopted its reasoning: “we will not begin

to parcel criminal accountability out among the various inhabitants of the mind.”

The appeals court endorsed the finding of the trial judge who accepted that Kirkland suffered from a multiple personality problem “but ruled that the personality (be she Phyllis or Sharon, or both) who robbed the banks did so with rational, purposeful criminal intent, and with the knowledge that it was wrong.”

The court’s account would seem to indicate that Kirkland was well aware of what she was doing but the court did reiterate that amnesia or claimed amnesia cannot be used as a defense when other evidence establishes that the individual acted with the requisite criminal intent.

In the 1984 Hawaii case of *State v. Rodrigues*,¹² the court decided that a defense of MPD did not *per se* require a finding of acquittal. The charges in this case were three counts of sodomy and one count of rape, all the victims being young girls lured into secluded areas. Initially the defendant, Rodrigues, was found unable to assist in his own defense and he was hospitalized at the state hospital for 1½ years. When he was found fit to proceed, a hearing was held on his request for acquittal. The trial judge granted the motion, and the state appealed. In Hawaii the presumption of sanity rules, but with evidence to the contrary the burden of proving sanity beyond a reasonable doubt shifts to the state. The defendant brought in five psychiatrists to rebut the presumption of sanity.

Hawaii’s rule on criminal responsibil-

ity is based on the American Law Institute-Model Penal Code. Psychiatrist No. 1 testified that personality A had no control or knowledge of personality B and that B was not capable of understanding the charges against him. He expressed no opinion as to whether A or B could control their actions or understand the wrongfulness of their conduct as separate personalities. Psychiatrist No. 2 stated that the defendant as a whole could appreciate the wrongfulness of his conduct, but was not capable of conforming his conduct to the requirements of the law. He stated that A could conform his conduct to the law, but B could not. Psychiatrist No. 3 stated that B committed the offenses; that B knew what he was doing, and that B had some control over his actions. Psychiatrist No. 4 made a diagnosis of sexual perversion, pedophilia, and added that the defendant knew his acts were wrong and could conform his behavior to the requirements of the law, though it was difficult to do so. Psychiatrist No. 5 stated that A and B knew the acts were wrong, but this did not matter to B who performed the acts. He also testified that A and B could exercise control under the law. Psychiatrist No. 6 was the psychiatrist who treated the defendant at the state hospital. The court reported that he had treated Rodrigues for about 600 hours. Psychiatrist No. 6 finally came to the conclusion that there were three personalities: personality A, Rod, was the normal waking one; personality B, David, emerged at 16 and was the mediator between Rod and personality C, Lucifer, who had emerged at age three

and had taken over at the time of the offenses. He felt that the defendant as a whole lacked the capacity to appreciate the wrongfulness of his conduct and to conform his behavior to the requirements of the law. Psychiatrist No. 6 further testified that A and B knew the acts were wrong and had the capacity to conform their conduct, but C did not care about either. Thus one psychiatrist said that A did the acts, four said that B did them, and one attributed the acts to C.

The first New Jersey case was that of *State v. Badger*¹³ in which a defendant having at least eight different personalities attempted to use MPD as a basis for finding of unfitness to stand trial, claiming that the dominant personality could not remember acts committed by alternate personalities. The charge was attempted burglary, the incident occurring one day after the defendant was released from prison for a similar offense. He had been institutionalized at a county institution most of his life and since age 17 was diagnosed as having MPD. The dominant personality, "Christopher," denied knowing about the crime which "Philip" could describe readily. Badger was hospitalized after a suicide attempt in jail (hanging). After five months of hospitalization, the psychiatrist defined two personalities each of whom, he felt, knew right from wrong. Badger was found incompetent to stand trial for the attempted burglary. Sent to a state hospital, he was found to be mentally competent to stand trial. "His only claim is that, based on his multiple personality, he has complete amnesia for the incident itself, and cannot therefore fully coop-

erate with counsel in the preparation of his defense.”

The county institution psychiatrist reiterated that though both “Christopher” and “Philip” knew the difference between right and wrong, only “Philip” could relate the facts and cooperate in his defense. Secondly at any time “Christopher” could switch to “Philip” who would not be aware of what happened (and vice-versa), and this could occur at trial. The court handled this possibility by stating that should it occur, the defense attorney could explain to the new personality what had transpired. The court noted the lack of precedent in multiple personality cases, but noted that New Jersey had flatly refused to allow amnesia concerning a crime to be a bar to prosecution, discussing the issue of amnesia as comparable to that of multiple personality disorder. Courts are not willing to allow persons with a claim of amnesia to escape prosecution. The court also noted Christopher’s awareness of Philip’s performance. The conclusion was that “competence to stand trial” was not an appropriate plea when multiple personality is claimed.

Discussion

Multiple personality represents a peculiar clinical syndrome with which most psychiatrists and lawyers have little experience. The Bianchi case has cast doubt on the capacity of forensic specialists to offer opinions to the degree of reasonable or probable medical or scientific certainty generally required in the courts. This paper has not delved into the issue of treatment and the measure-

ment of a standard for recovery or integration. The sporadic nature of the “symptoms” and the fusing and interlacing of personalities do raise questions about the concept of viewing an individual for legal purposes as an entity made of separate beings some of whom are good, some bad, some mentally ill and some not.¹³ The possibility of conscious manipulation in combination with MPD is another consideration as alleged by Orne in the Bianchi case.

The cases presented do offer some guidelines. Evolving concepts in psychiatry are quickly utilized in criminal law. The legal system then will weigh conflicting interests and develop a social standard that is considered best for society or best because of evidentiary reasons. A few examples will suffice. The law will generally not excuse behaviors resulting from substance abuse such as alcohol, even though such chemicals clearly affect behavior. There are good reasons for this. Symptoms are transitory and usually unverifiable; therefore problems of proof are overwhelming. Secondly, society may say that the behaviors are so unacceptable that society will draw the line, so that, if misbehavior occurs as a result of voluntary ingestion, the person will be held responsible.

Concluding on a personal note, I now feel that if I were to be involved again in a case like this, I would present the same data and clinical description, but would refer to the prior cases as a guideline and therefore indicate that the condition was a questionable basis for a finding of non-responsibility with the probable result that the courts in the state involved

would have to deal with the issue and set the social policy. The courts will face problems after a NGRI finding when, as in New Jersey, release can be considered when the individual is no longer mentally ill and dangerous.

MPD remains a curious, poorly predictable, and bizarre phenomenon that at this time challenges the mental health professions in its complexity. It is not surprising that its applicability to law remains unclear and subject to argument. Hopefully, the courts in each state will clarify the standards for forensic psychiatrists.

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