

case study:

MULTIPLE PERSONALITY DISORDER (MPD) and BIPOLAR DEPRESSION (BPD)

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## I. PRESENTATION OF THE PRIMARY PATIENT

An adult male presents for therapy with a diagnosis of BPD (bipolar depression) suffering from disruptive emotional mood swings and mildly grandiose thinking. The patient is living at home with his parents. The patient has a Christian background and has been testing his life's spiritual limits with the pursuit of Druidism and morbid subjects. The patient's primary life issue centers on an on/off romantic relationship with his girlfriend, with whom he had broken off the romance because of the stress of his girlfriend's emotional volatility. He reports his girlfriend revealed her parents, although outwardly stable and devout Christians, to be practicing occultists who had abused her throughout her childhood.

The patient's girlfriend moved away after he broke off the romantic relationship, but they continued to be in very close contact. The patient has more contact with his long distance girlfriend than with anyone else. The girlfriend has since made several visits to the primary patient. This in spite of this patient's conclusions that a renewed relationship with this girlfriend would be disastrous for him. This patient continued to protect his girlfriend's self perception that her behavioral problems were due to her allegedly abusive parents, rather than her own emotional fears, in spite of his doubts. This patient continued to seek the therapist's opinions on his renewed close contact with his girlfriend.

The patient is noted to be very motivated by Biblical perspectives and had begun to receive and apply counseling well. In subsequent therapy, the patient's BPD is responding well to a combination of therapy and medications, which empowers the patient to better maintain his calm and composure during BPD bouts.

## II. DSM IV OF THE PRIMARY PATIENT

1) AXIS I - BPD (bipolar depression); 2) AXIS II - dependent personality disorder (dependant, fearful, insecure); 3) AXIS III - general medical condition to be determined; 4) AXIS IV - psychosocial and environmental stressors long distance close friendship on/off romance with girlfriend diagnosed with MPD; living at home with

parents as an adult; doubts about his Christian Faith; 5) AXIS V - global assessment functioning shows increased stability and composure during bipolar depressive mood swings; noted improvement with psychiatric medications and therapy.

### III. PRESENTATION OF THE SECONDARY PATIENT

The secondary patient is an adult female in her 20's seeking therapy for ongoing emotional and personality problems. After attending several psychiatric seminars, this patient sought out a number of therapists until she found one who reinforced her self diagnosis that she is suffering from Multiple Personality Disorder (MPD). Her current therapist emphasizes a strong focus on MPD as this patient's source of emotional and personality problems. This patient reports being adopted as a child to her current adoptive parents, whom she claims were practicing hidden occultists in spite of their outward Christian appearance who had abused her as a child.

This patient's primary life focus is presently her on/off romantic relationship with the primary patient presented above. The boyfriend had broken off the romance and this patient had then moved away, but continues to have heavy contact with the primary patient whom she calls, writes and visits often. She has voiced discomfort with her boyfriend's therapist on the grounds that he does not "believe in MPD," which she attributes as her primary problem and utilizes to cope with difficult emotional issues.

### IV. DSM IV OF THE SECONDARY PATIENT

1) AXIS I - MPD (Multiple Personality Disorder); 2) AXIS II - borderline personality disorder (conflict prone; increased suicidality; increased self abuse; unreal belief system; possibly abused as a child; faulty self identity; difficulty feeling loved by GOD or people); 3) AXIS III - general medical conditions to be determined; 4) AXIS IV - psychosocial and environmental stressors include long distance close relationship and on/off romance with boyfriend diagnosed with Bipolar Depression; strained relationships with parents related to actual or perceived child abuse; adopted as a child to present parents; rule out overly focused with validating her own present diagnosis of MPD related to shopping for therapist who places heavy emphasis on same; 5) AXIS V -

global assessment functioning to be determined.

#### V. THERAPY FOR THE BPD PATIENT

A therapy strategy for the depressed patient is as follows: 1) GUILT: Discern the source of guilt, then let GOD be one's judge and not oneself or others. "There is therefore now no condemnation to them which are in Christ Jesus." [ROMANS 8:1a]. 2.) GOD IS SOVEREIGN: Everything that happens in our lives can be used for our own good if we acknowledge GOD's sovereignty over us. "There hath no temptation taken you but such as is common to man: but God is faithful, Who will not suffer you to be tempted above that ye are able." [1 CORINTHIANS 10:13a]. 3) FALSE NEEDS: If we put GOD first in our lives, He will provide - not necessarily all that we want - but all that we need. "Every good gift and every perfect gift is from above, and cometh down from the Father of lights." [JAMES 1:17a].

Further: 4) FAITH: Faith gives hope to replace depression. "Now faith is the substance of things hoped for, the evidence of things not seen." [HEBREWS 11:1]. 5) HOPE: GOD strengthens us through and delivers us from sorrow. "The Lord knoweth how to deliver the godly out of temptations." [2 PETER 2:2]. 6) PRAYER: GOD forgives the repentant humble man who seeks Him in prayer and delivers him from trouble. "I will confess my transgressions unto the LORD; and Thou forgavest the iniquity of my sin." [PSALMS 32:5b]. 7) PATIENCE: Patience is holding onto promise more than disappointments, even though deliverance may not come instantaneously, but gradually. "But if we hope for that we see not, then do we with patience wait for it." [ROMANS 8:25].

#### VI. THERAPY FOR THE MPD PATIENT

A therapy strategy for the patient with MPD is as follows: 1) the therapist must be genuine; honest; permissive but not a facilitator of more personalities; patient. 2) identify what personality is active in the present; 3) identify the persona who knows what is happening; 4) identify the persona who is searching for a safe zone; 5) keep in mind the veracity of traumatic memories is not as important as how those traumatic

memories hurt the patient in the present; 6) keep in mind a different persona may well emerge for each emotional state; 7) recognize processing - switching between personas because the patient does not want to deal with present identity, anxiety distress; 8) teach the patient that they can face the past or deja vue experiences without dissociation; confronting - assure the patient he can experience various states of minds and emotions without switching personas by the power and love of JESUS CHRIST.

## VII. BIBLICAL FOUNDATIONS FOR THERAPY

1) This male patient must be reassured that GOD is able to lift depression from men if we but submit to Him. “Why art thou cast down, O my soul? And why art thou disquieted within me? Hope thou in GOD: for I shall yet praise Him, Who is the health of my countenance, and my GOD.” [PSALMS 42:11]. JESUS said, “Peace I leave with you, My peace I give unto you: not as the world giveth, give I unto you. Let not your heart be troubled, neither let it be afraid.” [JOHN 14:27].

2) This female patient must be reassured that GOD’s perfect love is upon all who are His. “Know therefore that The LORD your GOD is GOD; He is the faithful GOD, keeping His covenant of love to a thousand generations of those who love Him and keep His commands.” [DEUTERONOMY 7:9]. “But GOD, Who is rich in mercy, for His great love wherewith He loved us, Even when we were dead in sins, hath quickened us together with CHRIST, (by grace ye are saved;) And hath raised us up together, and made us sit together in heavenly places in CHRIST JESUS.” [EPHESIANS 2:4-6].

3) Seeing as both patients are deeply attached to each other, and continue to spend time together though being unmarried, they should both be reminded of GOD’s plan for intimacy only within marriage - should they mutually decide on that path. “Therefore shall a man leave his father and his mother, and shall cleave unto his wife: and they shall be one flesh.” [GENESIS 2:24]. “Marriage is honorable in all, and the bed undefiled.” [HEBREWS 13:4a].

### VIII. FINAL OBSERVATIONS

The most vital message to be reinforced with the primary patient - this male patient suffering from BPD - is that there is hope in JESUS CHRIST centered therapy for the treatment of his condition. Without independent means of verifying the secondary patient's claims of having been abused as a child, it is not possible to verify her claim. Regardless, further work with the secondary patient should center, not on the accuracy of repressed traumatic memories, but rather on how those actual or perceived memories effect the patient's emotional state. These perceptions of the emotional pain in the secondary patient, left untreated, only serves as the engine that is forever driving this MPD patient to spawn new personas when that emotional pain becomes unmanageable.

It must be reinforced to this female patient suffering from MPD that there is also hope in JESUS CHRIST centered therapy for the treatment of her condition as well. For both patients, individually and jointly, the most important message the Christian therapist can offer is that there is recovery available through the perfect love of GOD. The Christian therapist is called to be the carrier of that Divine message.