

Dissociative identity disorder in forensic field:
Case report and literature review

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Abstract

Dissociative identity disorder is characterized by the disintegration of identity into two or more distinct personality states and the inability to recall everyday events, important personal information, and/or traumatic events. The distinctive elements, which constitute the core symptoms of the disorder, are identity confusion, identity alteration, and amnesia.

We present the case of a 47-year-old man who contacted a hitman to kill his wife's mother-in-law. After being arrested, the man claimed to know nothing about the affair and to be possessed by his father-in-law, who had died a few years earlier in a car accident. According to the defendant's narration, the father-in-law possessed the man and planned the death of his daughter and wife in revenge. A forensic psychopathological evaluation was performed to determine whether the man was suffering from DID or whether he was simulating possession.

The assessment of these cases remains a very complex challenge from a medico-legal point of view and for court decisions. The assessment of the patient should be carried out by several independent psychiatrists by means of multiple tests (i.e. Dissociative Experiences Scale, Dissociative Disorders Interview Schedule, self-assessment questionnaires, analysis of verbal and non-verbal behaviour) and a multidisciplinary approach. In this way, an evidence-based approach can be developed to answer the fundamental question: how to distinguish real pathology from a simulation?

Keywords: Dissociative identity disorder; Forensic Medicine; Forensic Psicopathology; Malingering; Psycho-forensic analysis

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Dissociative identity disorder in forensic field: Case report and literature review

Introduction

Dissociative identity disorder (DID) is introduced in the DSM-III as multiple personality disorder and it is characterized by the disintegration of identity into two or more distinct personality states and the inability to recall everyday events, important personal information, and/or traumatic events. The distinctive elements, which constitute the core symptoms of the disorder, are identity confusion, identity alteration, and amnesia (Steinberg, 1994).

According to the DSM-5, the dissociative personality disorder is characterized by two or more distinct personality states or an experience of possession, recurrent episodes of amnesia, recurrent and unexplained intrusions into one's conscious functioning and identity, alterations of self-sense, bizarre changes in perception; intermittent neurological symptoms (APA, 2013).

Dissociative identity disorder has a complex etiology, characterized by the combination of factors such as a history of trauma, the ability to activate dissociative processes, psychosocial conditions, and social characteristics of the construction of the self (Dorahy et al., 2014). In DID, traumatic information is stored in different parts of the identity, the so-called «alter» (Kabane, 2022).

In this sense, Kluft (1984) identifies four key factors:

Ability to implement dissociation as a defensive strategy against the experience of past trauma;

Presence of a shocking and overwhelming traumatic experience that cannot be managed with normal coping strategies and other defensive operations;

Peculiarities of the influences and substrates available in determining which form of dissociative defense will be implemented in the formation of the other personality or personalities;

Absence of reassuring and restructuring contacts with significant figures.

Frequent, in particular, are patients who report having experienced emotional, physical and sexual abuse and neglect during childhood. Therefore, the literature underlines the link between DID and severe and chronic childhood traumatic experiences (Dorahy et al., 2014).

However, trauma alone is not sufficient to cause the disorder: in addition to the overwhelming experience that exceeds the child's coping capacities, the child must be able to implement a repeatable dissociative defense strategy, which, over time, determines the definition of autonomous identities that will take shape according to the context and the needs of the subject. At greater risk are children who are particularly imaginative or easily hyp-

notizable, so that if they are subjected to situations of great stress, these conditions can be diathesis for the development of DID (Hooley et al., 2017).

Dissociative identity disorder can be expressed with or without possession, and it is cultural factors that determine which of the two manifestations will take over. Generally in Western societies, where an individualistic conception of the individual, autonomous and independent prevails, we find subjects who develop internal dissociation. On the other hand, in non-Western cultures, oriented towards the interdependence of the self and the perception of one's own identity with respect to the expectations and needs of others (Dorahy et al., 2014), the dissociative experience can take the form of external possession by generally supernatural forces, which reflect the cultural and religious background of reference.

Dissociation not only determines the specific diagnosis of dissociative disorders, but is also a condition that accompanies multiple psychiatric illnesses, and which influences their phenomenology and treatment (ar, 2016). In particular, there is a link with depressive disorders, post-traumatic stress disorder, substance use disorders, borderline personality disorder, panic disorder, and psychotic disorders.

DID is a highly debated topic in the forensic and court setting. However, there are no clear indications and what has been published so far does not always meet scientific requirements. The diagnosis of DID has been used as a possible defense element in both civil and criminal contexts. In particular, in the criminal context, a defendant may argue that their dissociative conditions make them not guilty by reason of mental illness. Dissociated experiences during criminal behavior can, therefore, be considered mitigating evidence to reduce the level of criminal intent or the duration of the sentence (Scott, 2022).

The lack of specific diagnostic criteria in the DSM-5 and ICD-10 makes it very difficult to distinguish between dissociative identity disorder and simulation of the same.

We present the case of a 47-year-old man who contacted a hitman to kill his wife's mother-in-law. After being arrested, the man claimed to know nothing about the affair and to be possessed by his father-in-law, who had died a few years earlier in a car accident. According to the defendant's narration, the father-in-law possessed the man and planned the death of his daughter and wife in revenge. A forensic psychopathological evaluation was performed to determine whether the man was suffering from DID or whether he was simulating possession.

Case report

A 47-year-old man was arrested on charges of planning the double murder of his wife and mother-in-law. The criminal plan was taken over by the hitman who was hired to commit the double murder by simulating a car accident. The idea was to push the car with the two women into a slope. After the hitman's statements and confession to the police, environmental and telephone wiretaps were carried out. On the day of the arrest, the man declared himself innocent and completely unaware of the facts, despite the evidence against him. On the day of interrogation, the defendant told of feeling the presence of his deceased father-in-law and began to speak as if possessed by his spirit. According to the statement during the apparent state of possession, the deceased father-in-law took possession of his son-in-law's body in order to plan the death of his wife and daughter for reasons of personal revenge. According to this version, the man under investigation was unaware of the murderous plan.

Therefore, a forensic psychiatric evaluation was performed to determine whether the man was suffering from DID or was faking it.

Four psychodiagnostic interviews, a remote meeting with the offended parties, as well as the study of the documentation, the subject's custodial clinical diary and the analysis of the results of the psychodiagnostic tests administered (MCMI and MMPI-2) were carried out.

According to the psychoforensic investigation, the man had had a peaceful childhood and his father's death occurred during his university studies. He subsequently met his future wife whom he married three years later. The wife's family was close to a subculture of esotericism, the occult and superstition. Several years later his father-in-law (on bad terms with his daughter and ex-wife) died in a car accident. Following the dismissal and continuous family stress, the defendant began to suffer visions of his wife's grandmother (a positive figure with reassuring messages) and his father-in-law (a harsh and hostile presence, threatening and foretelling the death of his daughter and ex-wife respectively). According to the man's statements, the visions and possessions occurred when he was alone or in the exclusive presence of his wife and mother-in-law.

The suspect reported that the possessions lasted a few minutes and constituted a mental blackout. The event of possession always presented itself in a similar manner: at first, the man was possessed by his father-in-law, who threatened the two women with death; then, his wife's grandmother intervened, who had a benevolent attitude and promised to fix all the problems.

During the investigation, several contradictions emerged in the man's account: on one occasion he exposed the experience of possession as if he was conscious and aware of what was happening, while at other times he claimed to be suffering a mental blackout. During the interrogation he reported a premonition of the impending intrusion, but later the man declared his total unpredictability and inability to foresee the moments of trance.

Furthermore, according to the investigation, the deceased father-in-law did not know the hitman involved and on some occasions the defendant contacted the hitman simultaneously with messages and phone calls to other persons.

The man could not explain how he had never been aware of the relations with the hitman and of the large withdrawals of money made to pay the down payment. Furthermore, the defendant had never realised that he had the maps and photographs handed over to the hitman in his car.

Finally, according to the victims' statements, the belief in the occult arts was more characteristic of the defendant, clearly reversing the position of the man who always maintained his scepticism in his statements.

According to the analyses performed, the defendant did not suffer from psychiatric pathology and was of sound mind at the time of the commission of the crime. The man was considered capable of standing trial with full compatibility between his health and the detention regime in a prison environment. What happened was interpreted as an attempt of simulation to exclude or reduce the sentence.

Discussion

Distinguishing between genuine dissociative disorders and malingering is a significant challenge in forensic settings (Brand 2017a, 2017b). Malingering refers to the intentional presentation of exaggerated or false physical or psychological symptoms to obtain personal gain (Walczyk et al. 2018; American Psychiatric Association 2013).

Malingering in forensic contexts has detrimental consequences, leading to increased costs within the criminal justice system (Walczyk et al. 2018).

Simulating dissociation is relatively easy, and there is a concerning overlap between simulated symptoms and dissociative phenomena (Merckelbach, 2017).

Structured interviews, personality inventories, questionnaires, and scales can be employed to differentiate between malingering and genuine dissociative disorders (Lanfranco et al., 2023). The Minnesota Multiphasic Personality Inventory (MMPI/ MMPI-2) can identify specific psychometric signs (Lanfranco et al. 2023).

The Personality Assessment Inventory (PAI) includes valuable tools like the malingering index (MAL), Rogers discriminant function (RDF), and Negative impression (NIM), which are useful questionnaires for distinguishing between malingering and pathology. RDF has high sensitivity for DID patients, while RDF and MAL have high sensitivity for malingering (Lanfranco et al. 2023; Roger et al., 2012).

A recent scientific study identified helpful indicators for distinguishing between dissociative disorders and simulated conditions (Pietkiewicz et al., 2021). The differentiation should be sought in the subjects' internal dynamics and psychological mechanisms (Pietkiewicz et al., 2021)

rather than in the observed symptoms. Individuals with dissociative identity disorder typically try to conceal their condition and manage their daily lives by avoiding the resurfacing of traumatic experiences or the exposure of dissociative symptoms. Consistent with most psychiatric patients, individuals with DID are reluctant to report their symptoms and feel embarrassed by identity intrusions. In contrast, simulators enthusiastically recount their experiences, often in an exaggerated manner, visibly aimed at convincing others of the genuineness of their conditions. Regarding amnesia, individuals with DID often are unaware of amnesic episodes or try to ignore having performed actions they have no memory of, fearing being overwhelmed by disturbing memories. Simulators, on the other hand, often use amnesia to justify their behaviour or seek attention.

In presenting themselves and recounting their stories, simulators would always use the first person, with an absence of depersonalization traits and an exaggerated willingness to describe in detail. Finally, simulators generally discuss their disorder in clinical terms, suggesting a prior thorough search for information.

However, it is crucial to pay particular attention to the evaluation of validity scales indicative of malingering/exaggeration, especially in previously traumatized individuals (especially in the context of reported childhood traumas and/or high dissociative symptoms) (Brand et al., 2021; Elhai et al., 2001; Klotz et al., 2003).

Several approaches have been used in forensic settings for forensic assessment. The «alter in-control» approach considers the mental state of the identity of the alter that was in control when the violation was committed. In the «each-alter» approach, all alternate identities are assessed for accountability for the crime. Finally, the «host» approach examines whether the host personality was not capable of assessing the nature and quality of the alter's conduct (Kabane, 2022).

Saks (1995) proposed a theory of non-responsibility for individuals with DID, considering the identities within a person as separate and arguing that the Court should not consider a DID patient guilty unless all existing identities within are involved in a crime. The assumption is that if an individual acts under the influence of an «alter,» then the mental disorder may have interfered with culpability (Paris, 2019).

While dissociative disorders can undoubtedly affect memory, it is debatable whether complete amnesia can occur or whether there are exclusively responsible «alters» (Paris, 2019).

In recent decades, the established diagnosis of dissociative identity disorder (DID) has been increasingly rejected as a defense in legal proceedings. This stems from several factors, including the questionable status of DID as a mental illness under the M'Naghten Rules and concerns regarding its scientific validity.

One of the reasons why DID has been rejected by the courts as a defence in recent decades is the strong social response and the enormous controversy that arose after

the first not guilty verdicts (Kabane, 2022). There is also scepticism about the scientific reliability of the DID diagnosis method, and in the era of evidence-based practice, it is very difficult for courts to recognize not guilty verdicts based on diagnoses that cannot be fully verified with scientific rigor (Paris, 2019).

Particularly in the US and in recent decades, the diagnosis of DID has been proposed as an element of the defendant's defence.

One of the first cases occurred in 1978 (*State v Milligan*, 1978) in which a man was acquitted by reason of insanity after raping, assaulting, and robbing three college students. This court decision sparked strong controversy and upset public opinion for years.

In 1979, Juanita Maxwell brutally beat and suffocated a man to death, but the woman was found not guilty because she suffered from DID with six different identities. Years later, the woman was arrested again for two bank robberies and claimed that this happened because she did not receive adequate treatment. (Kabane, 2022).

Subsequently, in several cases of murder (*State v Darnell* 1980, *State v Jones* 1988, *State v Greene* 1998), drunk driving (*State v Grimsley* 1982), and rape (*State v Lockhart* 2000), the defense based on the alleged diagnosis of DID was completely unsuccessful.

An emblematic case is that of Thomas Huskey, who raped and killed four women in Knoxville between 1991 and 1992. Recordings during the crimes revealed a completely different vocabulary, tone, and manner of speaking (Haliman, 2015). However, the forensic psychological assessment concluded that the man was a simulator and had a great ability to manipulate people.

In the case of Goering Orndorff (Nakic and Thomas 2012), the woman killed her husband and modified the crime scene to appear her actions as self-defence. During the trial, she was diagnosed with DID, but it later emerged that she had simulated the psychiatric condition to invoke insanity.

Even in the present case report, there are numerous contradictions and unclear aspects that raise doubts about the validity of the DID claim.

One first element of contrast can be found in the way the disorder is presented. Psychiatric patients with DID have a tendency to hide or minimize their condition, trying to live their daily lives avoiding all those situations that could trigger the dissociative response. This tendency also extends to the interview with the clinician, with whom patients feel embarrassed to report their symptoms and ashamed of the intrusions they are forced to undergo. The discomfort is accompanied by a strong internal conflict, expressed through intense negative emotions, small involuntary facial movements, and/or changes in tone of voice.

In the case presented, the manner in which the man recounts his experiences of possession departs from this model. He recounts his experience of dissociation without any qualms and going into detail. He manipulates the discourse not to avoid the subject, but to insist on the pres-

ence of the disturbance, even when recalling its existence is useless for the expert's questions, and on his suffering. He says he is embarrassed by his condition, his tone of voice, style of speech, and bodily posture suggesting more the intent to pity the listener, he blinks remembering the terror he feels towards his mother-in-law (behaviour quite different from the almost imperceptible changes in facial features) or he reveals the discomfort given by the impending intrusions with moans such as 'you are here too, no please'. Rather than concealing the disturbance, the man appears nagging and exuberant, repetitive in recounting episodes in which he describes himself without a shadow of a doubt as a victim, and with a certain ability to deflect uncomfortable questions by invariably falling back on the subject of his own suffering.

With regard to the stability of the disorder over time and, above all, the solidity of the structure and content of the intrusive entities, one could at first reading confirm the proximity with the DDI. According to his narrative, the suspect has been afflicted by the disorder for three years continuously and quite pervasively. The structure and characteristics of the entities invading his consciousness are established and fixed, as are their attitudes and demands, which remain unchanged regardless of external influences, and their distinct, non-overlapping figures. Here, too, however, there seems to be an overlap: firstly, the man's disturbance changes seemingly without reason from hallucinatory symptoms, with the visions, to symptoms of possession. Although, moreover, the characteristics of the two spirits are indeed stable, they are never presented as autonomous entities, but rather as extensions of the suspect's recollection of the two figures in such a way as to give the two subjects functional and easy-to-manage goals and characters. The father-in-law is the evil spirit, the one who points towards death; the ex-wife's grandmother is goodness and salvation: in this way the man surrounds himself with two figures with such generic characters that, depending on the circumstances, he can exploit them to justify any of his behaviour. This is how the crime itself can be read: Ettore's cruelty is what sets up the criminal design, Laura's goodness is what allows the investigators to uncover the diabolical plot and arrest the man before he can commit something terrible.

A further element to be emphasised is that the DID in a timeframe too short for the onset of psychiatric pathology. According to the man's narrative, the only relevant event was the dismissal that occurred three years before the murder plot. The impact of this event would have to be specifically assessed in relation to all the conditions of the subject, lifestyle consequences, social consequences, economic consequences, psychological impact, presence or absence of a support network, individual response to stress, etc.

A previous study (Orne et al., 1984) identified another element of fundamental importance in defining the simulation, namely the testimony of persons close to the subject in support of the pathology. Unfortunately, we do not

have the testimony of Andrea's mother and sister, who could certainly offer a complete overview of the subject's life history and the presence of any pathology. His wife and mother-in-law did not report the presence of visible disorders, nor did they report unexplained changes in identity and behaviour, or intermittent amnesia. The only noteworthy reports concern the man's behaviour in the last few months and days before the arrest, in which he is described as particularly tired, detached, and with more bizarre behaviour than usual.

Overall, this case psycho-forensic analysis clearly demonstrates the defendant's attempt at simulation through the analysis of his personal narrative.

The study of the offender's narratives must take into account certain fundamental factors: a) the individual sphere and personal life history of the subject, and in this regard we can refer to what Canter (1994) defines as the 'inner secret narratives' that lead the subject to commit a crime and that the criminologist must study in order to understand how the life stories end up being reflected in the criminal act; b) the macroscopic framework in which the subject and the narrative fit in; c) the presence of an interlocutor, who conditions the narrative.

Bearing these three aspects in mind, it is possible to state that the subject constructs the narrative of the crime from his or her own personal history, adapting it in such a way as to be acceptable in relation to the context of reference and the interlocutor at the time. The narrative, therefore, is never a neutral account of the facts: on the contrary, it is dictated by the subject's need to integrate an element of rupture (the crime) into his or her personal history and the social context to which he or she belongs, elaborating a discourse to justify his or her actions. In this case, the narrative provided by the man, in fact, can be said to be characterised by a plus of narrative 'which is often placed at a level of substantial mystification with respect to oneself and to others, both with respect to the victims of the crimes and to those who subsequently demand that the offender tell about himself and his crime' (Green, 2016).

The construction of the narrative in the offender can be outlined as a defence mechanism used by the subject to cope with and minimise the distress that the crime itself has created. In our case, we can note the use of at least a couple of neutralisation techniques, which we term responsibility denial and victim denial (Sykes in Matza, 1957).

Denial of responsibility is characterised by exoneration by attributing one's behaviour to causes or forces beyond one's control. It is not the suspect who is guilty, but others who are responsible for his actions. Although in the two sociologists' theory the denial of responsibility refers to the unfavourable social circumstances in which the offender finds himself, it is possible to rearrange this technique to our case by identifying as a force beyond one's control that of the father-in-law, whose evil spirit possesses the man. Several times in his narrative, the offender denies

being aware of the state of possession, and all the more so of the behaviours enacted in those circumstances, which are completely beyond his power.

The victim's denial, on the other hand, is an attempt to overturn the accusations towards the victims, who are described as deserving of the act, insofar as they were the instigators of the instigating behaviour that led to the crime. The suspect's exasperating recriminations against his wife and mother-in-law, with the often out-of-context references to the battering he was constantly subjected to, are framed here. In fact, the man never seems to recognise his wife and mother-in-law as victims: on the contrary, with their nagging and hostile behaviour, they are pointed at as the culprits of the visions and possessions he is forced to endure.

Moreover, the victims are characterised by naivety about the motives that drove a subject to commit a crime; as well as a tendency to define the speaker in terms of similarity or, more often, dissimilarity to the offender. In recounting the events of the last few months, the two women emphasise the offender's bizarre behaviour, such as the fact that he often feels he is being watched, his frequent state of obvious nervousness, and his new disturbing passion for cemeteries; they state that they see him as strange, so much so that they have advised him to undergo some medical examinations. They report the emotional detachment that the man showed in recent times, as well as the tendency to frequent the marital home less and less. All this, underlining not only the man's change from the past, but the profound difference between him and them.

We can imagine that the two women wanted to describe a situation that, on the one hand, would put them in a position of total innocence with respect to the accusations with which the suspect's narrative is laden; and on the other hand, would aim to point out the distance that now separates them from the man, who is different from them and from the normal husband and son-in-law they have always known.

Narratives alone cannot provide an explanation for the criminal act: it is undeniable, however, that they provide a number of useful clues for understanding the crime and the offender himself. From the examples we have chosen to present, it clearly emerges how, especially with people's narratives, and even more so with the discourses produced by the offender, the criminologist must always bear in mind that he or she is analysing biased narratives, which are influenced by the social and cultural context of reference, the situation and the interlocutor.

In conclusion, the assessment of these cases remains a very complex challenge from a medico-legal point of view and for court decisions. The assessment of the patient should be carried out by several independent psychiatrists by means of multiple tests (i.e. Dissociative Experiences Scale, Dissociative Disorders Interview Schedule, self-assessment questionnaires, analysis of verbal and non-verbal behaviour) and a multidisciplinary approach. In this way, an evidence-based approach can be developed to answer

the fundamental question: how to distinguish real pathology from a simulation?

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