

“An Office Mental Status Examination
For Complex Chronic Dissociative Symptoms
And Multiple Personality Disorder”

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A quick reference guide of his questions
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A colleague recently shared this gem of an article with me and I found it so useful that I am sharing it with you, along with a “cheat sheet” of the questions he often asked as he explored more than 30 aspects of dissociation. The article, while long, is a quick read. While the diagnostic label has changed, the wealth of detail is a real treasure and may lead you down many very fruitful paths of understanding and discovery with your clients who have, or may have, a dissociative disorder. One of the aspects of this article that I so appreciated is that he gives a typical answer for each of the questions that he might have asked in his mental status exam, so the questions and their logic really make sense. So reading the article will make this summary of his questions more useful.

At the time he published this, Dr. Loewenstein was the Senior Psychiatrist and Director of Dissociative Disorders Programs, Department of Psychiatry and Medicine, Sheppard and Enoch Pratt Hospital; and Assistant Clinical Professor, Department of Psychiatry and Behavioral Science, University of Maryland School of Medicine, Baltimore, Maryland.

As part of my summary, I begin by quoting much of his introductory remarks in their entirety, pages 568, and 570-572, where he describes the experience and quality of the interview itself.

“There are several general principles that are important in evaluating dissociative symptoms in the MSE. First, dissociation and MPD are primarily hidden phenomena.²⁷ Patients may deny, minimize, or rationalize their presence. In addition, symptoms of dissociation often have a broad differential diagnosis and are typically embedded in a poly-symptomatic matrix.³⁷ Differences may be quite subtle between symptoms produced by a dissociative process and similar ones generated by other disorders.^{22,23,37} This may require a very detailed inquiry for differential diagnosis with extensive exploration of the subjective phenomenology of symptoms to derive from the patient a comprehensive account of his or her experience. In so doing, one may need to ask the same MSE question in a number of different ways. It is not uncommon for an MPD patient to admit to a symptom in one part of the interview and deny it in another.³⁷ Kluff²³ notes that symptoms of MPD may only be present during a “window of diagnosibility,” remaining hidden or latent at other times. The clinician faces the situation in which a single diagnostic exploration may not be sufficient to detect a dissociative process. He or she

must be alert to the emergence of MPD throughout treatment, even years after beginning therapy.

THE CLINICAL MENTAL STATUS EXAMINATION FOR COMPLEX DISSOCIATIVE SYMPTOMS

In subsequent sections, I will report basic interview questions for dissociation that can be incorporated into the general assessment of all psychiatric patients. This interview is structured heuristically into six symptom clusters listed in Table 1.³³ Symptoms are grouped into (1) process (MPD) symptoms; (2) amnesia symptoms; (3) autohypnotic symptoms; (4) PTSD symptoms; (5) somatoform symptoms; and (6) affective symptoms. To some extent, these symptom clusters overlap. For example, psychogenic amnesia can be a prominent aspect of autohypnosis or of PTSD.

Any patient displaying many symptoms from clusters 2 to 6 will likely also show symptoms in cluster 1.²⁴ Thus, such a patient would almost certainly qualify for a diagnosis of a complex chronic dissociative disorder, primarily MPD or DDNOS. My discussion will emphasize evaluation clusters 1 to 4, because clinicians are least likely to have received systematic training in their assessment. Somatoform and affective symptoms will be discussed primarily in terms of their examination in the patient with a dissociative disorder. Because of space considerations, the discussion will not focus on all aspects of the clinical interview and differential diagnosis of MPS. For a complete discussion of these topics, the reader is referred to Putnam.³⁷

Appearance

MPD patients come from all social classes, professional and occupational groups, and are found among all races and religions. MPD patients may dress in casual or elegant outfits. They may be men or women, highly educated or uneducated. A subgroup of patients will wear tinted glasses or sunglasses to hide eye changes related to switching. Sometimes MPD patients will appear dressed simultaneously in several different styles of hair, clothes, shoes, jewelry, and so on, leading to a very odd or mismatched appearance. MPD patients may have obvious self-mutilation scars or may wear clothing that covers the arms or legs in order to hide evidence of self-injury.³⁷

In some cases, the patient may appear changeable from session to session with alterations in style of clothing, hair, makeup, eyeglasses, posture, level of motor activity, jewelry, handedness, taste and habits (e.g., the patient reports he or she doesn't drink coffee, then arrives at a session carrying a cup of coffee), tone of voice, accent, memory, and so on. This may be very subtle in some cases with differences manifested only by a particular clothing color or a particular item of jewelry. Also, even relatively obvious changes in appearance may not be appreciated as manifestations of dissociation if the clinician does not have an index of suspicion.³⁷

Behaviors

An experienced observer frequently may notice subtle facial or body shifts by the dissociating patient during the interview. At times, the patient may appear younger or older, smaller or larger, shift position or posture, or modulate affective tone or intensity in ways that convey a subtle switching between relatively different crystallized

behavioral states. Handedness may switch during the interview with the gestural language changing from right-handed to left-handed and back again.

Also, it may be possible to see manifestations of overlap phenomena between MPD alters with a facial expression that uncannily seems made up of more than one face. The impression is like that of a “ghost” on a television screen in which the main figure appears to overlap with another. There may be a discrepancy between the patient’s eyes and the rest of his or her own physiognomy. Occasionally, patients will appear to have two (or even more) different facial expressions, dividing the face horizontally or vertically. Facial lines may also seem to be more or less prominent during the interview, reflecting covert switching or overlap processes.³⁸

Eye findings are important. During interviews, patients may display eye closure, frequent blinking, eyelid fluttering, and even a full eye-roll.^{2,21,38,46,48} In addition, common “grounding” gestures in dissociative patients include covering the mouth or the face and repetitive light facial touching. These gestures often seem relaxed to anxiety, brief amnesias, blocking, and shifts in facial expression or affective tone that may signal a brief intrusion by another alter. Grounding may also signal that a full switch has occurred and the new alter is “settling into the body.”³⁸

Involuntary movements such as rocking, intense rhythmic leg or foot jiggling, and finger twisting that the patient cannot easily control are common in dissociative patients. For example, one patient leaned the full weight of both her arms and head on her jiggling leg but could not stop it from moving. Instead, her whole body shook. Another patient repeatedly held her arms behind her back as if she were being tied to the chair. These behaviors may appear and disappear abruptly, usually related to covert switching or passive-influence phenomena.

Eye contact may be difficult for the MPD patient. The head may be downcast; hair may be pulled over the face to conceal dissociative changes. The patient may turn his or her back to the interviewer. The interviewer must keep in mind the possibility that such behaviors reflect anxiety over revealing obvious dissociative phenomena. In addition, the transference meaning of an intense interview with a potentially powerful authority figure may trigger covert posttraumatic reactions in the MPD patient.³²

Impact on the Interviewer

It is impossible to discuss fully here the impact of the MPD patient on the clinician. The clinical field created by these patients may be quite intense, however. The interviewer may experience some of the autohypnotic and dissociative experiences manifested by the patient, such as feeling depersonalized, “spaced-out”, floating, confused, day-dreamy, sleepy, blocked in thinking, and forgetful or amnesic during the interview. If these are noted and cannot be wholly accounted for on the basis of the clinician’s own difficulties (such as illness, being overtired, other problems), they may be indicators of a dissociative process in the patient.³²

THE SYMPTOM CLUSTER METHOD FOR THE ASSESSMENT OF MPD AND DISSOCIATIVE DISORDERS

Symptoms will be discussed according to the cluster method described above. In each section I will give an overview of the symptom, typical mental status questions that might be asked, and responses by MPD patients to these questions.

If the answer to any of these MSE questions is positive, the interviewer should ask for specific examples of the symptom.³⁷ The detailed experiences of the patient may be helpful in differential diagnosis (e.g., memory loss due to a seizure or head injury), as well as in countering concern that the symptom is not genuine or produced only for secondary gain. Further, the patient's description of his or her experience often begins to focus his or her attention to the extent of the dissociation.

In general, it is optimal to leave specific inquiry about multiplicity or switching until the latter part of the diagnostic interview for suspect MPD. It is best to begin with more oblique questions about other dissociative symptoms such as amnesia, passive-influence experiences, PTSD, and autohypnotic phenomena.^{22,24,27,37} On the other hand, in some cases, the patient is obviously switching from the beginning of the interview. Here, it may be most helpful to the patient to have this recognized and addressed in some way. More comprehensive discussion of these matters can be found in the reviews of Putnam, Ross,⁴⁰ and Kluft.^{20,22,27}

In order to follow the process of a typical diagnostic interview, this discussion will begin with amnesia, autohypnotic, and PTST symptoms, followed by a discussion of MPD process symptoms, and finally a review of somatoform and affective symptoms in MPD. “ (pp. 568, 570-572)

Amnesia Symptoms

Blackouts/Time loss

MSE Questions

1. Do you ever have blackouts? Blank spells? Memory lapses?
2. Do you “lose” time?
3. Do you have gaps in your experience of time?
4. What is the longest period of time you have lost? Minutes? Hours? Days? Weeks? Months? Years?

Disremembered Behavior

MSE Questions

1. Do you find evidence that you have said and done things that you do not recall?
2. Do people tell you of behavior you have engaged in that you cannot recall?
3. Was this behavior typical of your usual behavior?
4. Are you often unsure whether you have actually done something or just thought about/imagined/dreamed about doing it?*

* (Question has been specifically adapted form the DES of Bernstein and Putnam)

Fugues

MSE Questions

1. Do you ever find yourself in a place and not know how you got there? Were you able to recall anything of the intervening time since you last had a clear memory of your circumstances? How much time had you lost?
2. Did you ever start out to go somewhere and find yourself somewhere else without knowing how you got there?
3. Have you ever traveled a considerable distance without recollection of how you did this or where you went exactly

Unexplained Possessions

MSE Questions

1. Do you find objects in your possession (such as clothes, personal items, groceries in your grocery cart, books tools, equipment, jewelry, vehicles, weapons and so on) that you do not remember acquiring? Out of character items? Items a child might have? Toys? Stuffed animals?
2. Do you find that objects disappear from your possession in ways for which you cannot account?
3. Do you find writings, drawings, or artistic productions in your possession that you must have created but do not recall creating?
4. Do you find evidence that you have spent money on things with credit cards, checks and the like but don't recall having done so?

Inexplicable Changes in Relationships

MSE Questions

1. Do you find that your relationships with people frequently change in ways that you cannot explain? For example, do you find that people seem to be displeased or angry with you based on behavior that you do not recall? People are pleased/closer to you/more loving to you based on behavior you do not recall?

Fluctuations in skills, Habits, Knowledge

MSE Questions

1. Do you find that sometimes you can do things with amazing ease that seem much more difficult or impossible at other times? (* = *Question has been specifically adapted from DES of Bernstein and Putnam.*)
2. Have you been told or found evidence that you have talents or abilities, such as musical, artistic, mechanical, literary, or athletic, of which you were unaware? Do your tastes in food preference, personal habits, music, or clothes seem to fluctuate?
2. Does your handwriting change frequently? A little? A lot? Do you ever write in a childlike way?
3. Are you right-handed or left-handed? Do you find you do things with the other hand at times?

4. When you were in school did your grades change at times for reasons you couldn't explain? Did you ever have the experience in school that you didn't know something that the teacher insisted you had been taught and that everyone else seemed to have been taught?
5. Do you find that your physical responses/capacities, such as eyesight, blood pressure, response to alcohol or medications, change in ways you can't explain?

Fragmentary Recall of Life History

MSE Questions

1. Do you have gaps in your memory of your life? Are you missing parts of your memory for your life history?
2. If your lifetime were marked on a straight line, do you feel that there are parts missing or segments taken out of that line?
3. Do you remember your childhood? At what age do the memories of our life start? What is your first memory? The next one after that? The next one?
4. Are you missing memories of some important events in your life, such as weddings, birthdays, graduations, pregnancies, births of children?
5. Do you recall some life events as if you just heard about them, read about them, saw photos of them, but not as if they really happened to you?
6. Are there parts of your childhood you remember and parts you don't? For example, are you more able to remember school than home?

Chronic Mistaken Identity Experiences

MSE Questions

1. Do people whom you don't know frequently approach you, insisting that they know you? Do they call you by a different name? Describe things you've done together that you don't recall? (*Question has been specifically adapted from DES of Bernstein and Putnam.*)

"Micro" Dissociations

MSE Questions

1. Do you lose track of or tune out of conversations or therapy sessions as they are occurring? Do you find that while you are listening to someone talk, you did not hear all or part of what was just said? (*Question has been specifically adapted from DES of Bernstein and Putnam*)
2. Has this happened while we've been talking today? What will you remember of our conversation today?
3. If subject actually appears to be dissociating: What just happened now? Can you tell me what we've been talking about? Were you aware of tuning (spacing, blanking) out? Can you try to get back the information? If so, how does this occur?

Autohypnotic Symptoms

Spontaneous Trances

MSE Questions

1. Do you frequently space out, trance out, block out, or withdraw from the world around you? Perhaps by putting yourself in a pleasant scene or place inside your mind or by focusing your attention on something inside or outside of you?
2. Do you know how to do this whenever you want? Or does it just happen?
3. Do you remember the first time this happened? The first time you realized you could do this?

Enthrallment

MSE Questions

1. Do you get so wrapped up in a book or a movie that you can completely block out everything else around you, as if the world could end and you'd still be completely engrossed in that activity?

Spontaneous Age Regression

MSE Questions

1. Do you ever feel as if you get "little", as if you become a child or an adolescent again? When this happens, does it feel as if your body changes in size? Do you experience it in your mind only or does your whole perception of yourself and the world change also?
2. Do you feel that you are different ages at different times?
3. Have people ever told you that you behave like a child at times?
4. When this occurs do you feel as if you have moved inside or outside yourself so that you see or observe this happening as if you were a different person?

Negative Hallucinations

MSE Questions

1. Do you ever *not* see or hear what is going on around you? Do you or can you block out people or things altogether?
2. Do you ever seem to not recognize friends, family members or familiar people?*
3. Can you make things or people disappear if you want to? How do you do that?

Voluntary Anesthesia/Analgesia

MSE Questions

1. Are you able to block out (ignore) physical pain if you want to?* Wholly? Partly? Always? Sometimes?
2. When did you first learn you could do this? Do you know how to make this happen or does it just happen to you?

Out-Of-Body Experiences/Depersonalization

MSE Questions

1. Do you frequently have the experience of feeling as if you are outside of yourself, beside yourself, watching yourself as if you were another person?
2. Do you ever feel disconnected from yourself or with your body as if you or your body were not real?
3. Do you frequently experience the world around you as unreal? As if you are a fog or a daze?

Trance Logic

MSE Questions

1. (Questions for alters). Do you believe that you share the same body or that if another alter or the body is killed or hurt that all of you will die or be basically hurt?
2. Do all the alters/entities share a feeling, thought, or memory if one of you has it?
3. (Observations). Does the interviewer note logical contradictions or the tolerance of logical inconsistency, such as, an entity that claims to live entirely in the past but also exhibits contemporary memories; a “child” personality with an age-progressed vocabulary and sophistication; a supposedly “dead” alter that indicates its presence with an ideomotor signal, and other inconsistencies?

Eye Roll with Switching

MSE Questions

1. (Observations). Does the interviewer note spontaneous eye roll during the interview? With or without switching? Eyelid flutter? Eye closure? What is the patient’s score on the eye-roll sign of the Hypnotic Induction Profile? If an eye roll is noted, the patient may be asked: Do you notice that sometimes you roll your eyes (all the way) up into your head? Do you have any idea why you do that?

Posttraumatic Stress Symptoms

Psychological Trauma

MSE Questions

1. Who did the discipline in your family? How often did it occur? Who was disciplined? You? Siblings? Anyone singled out for punishment? Did you observe others being punished? How did you react?
2. (If physical discipline is described). What were you struck with? Hands, fists, feet, belts, brush, coat hanger, broom stick, switch, frying pan? How old were you when you were first punished like this? How long a time would each episode of punishment take? Over how much of your childhood were you punished in this way? How often did this occur? Daily? Weekly? Monthly? Yearly? Did the punishment leave marks? Broken bones? Knocked unconscious? Were you kept home from school because of this? Sent to the hospital? Were your family members ever reported for abuse?

3. Were you verbally or emotionally punished? Called names? Put down? Criticized?
4. Did you witness violence between your family members? Between other people? See people struck? Hurt? Killed?
5. When your farther (or other relative) was drinking (using drugs), did he (she or they) ever become violent in any way? Verbally? Physically? Sexually? Were the police called? Describe.
6. While you were growing up, did anyone, an older child, a person outside the family, or even someone in your family, ever have unwanted sexual contact with you? Describe the experiences to the extent that this is comfortable for you right now. Were there any other experiences you had like this? Alternative: Would it be all right now if I asked you about any sexual experiences you might have had in childhood?
7. When you were a child, did you tell anyone about these experiences? What happened? Have you ever told anyone before now?
8. As an adult, have you ever been hurt or traumatized in any way?
9. As an adult, have you had any unwanted sexual experiences? With whom? Describe.
10. As a child, what made you feel safe? Was anybody kind or supportive to you?

Intrusive Imagery/Revivifications/Flashbacks

MSE Questions

1. Do you ever have flashbacks? (The interviewer may need to ask the patient to define his or her understanding of flashback.)
2. Do you feel as if you are living through experiences again that you have lived through before?
3. Do you see it at a distance like an image on a screen? Or is it as if it is happening all over again: You can see it, hear it, taste it, smell it, fell all the feelings you had at that time?

Nightmares

MSE Questions

1. Do you have nightmares? How often? What is the content? When did they start? Do you have any repeated nightmares?
2. After a nightmare, do you ever not know where you are?
3. After a nightmare, do you ever find yourself somewhere else? Out of bed? On the floor? In the closet? Anywhere else?

Reactivity to Triggers/Panic/Anxiety

MSE Questions

1. Are there specific events, types of people, situations, objects that are associated with your being “triggered”, panicky, anxious, upset, distressed, or in a flashback? That are associated with your losing time?

Hyperarousal Symptoms

MSE Questions

1. Are you a very jumpy person? Easily startled?
2. Are you aware of a relation of this to specific situations, people, experiences in your past?
3. (Observation). Patient is extremely startled, literally jumps, at ordinary external stimuli, e.g., phone rings in the office, a door slams down the hall, someone softly calls the patient's name on the ward.

Numbing/Avoidance/Detachment

MSE Questions

1. Do you commonly avoid situations, people, things that remind you of traumatic or overwhelming experiences or that seem associated with being flooded with emotion?
2. Can you block out your feelings? Detach yourself from your feelings? Can you do this if you want to? Do you feel disconnected from your feelings?

Process Symptoms

Alter Attributes/Presence of Alters

MSE Questions

1. Do you act so differently in one situation compared with another situation that you feel almost as if you are two different people?
2. Do you ever feel that there is more than one of you? More than one part of you or side of you?
3. Do you ever feel divided inside as if there are several independent parts or sides of you?
4. Does that part (parts) of you have its (their) own independent way(s) of thinking, perceiving, and relating to the world and the self? With its (their) own memories, thoughts, and feelings?
5. Is there more than one part of the mind listening here now? Has there been more than one part of the mind talking with me today?
6. Do these parts or sides of the mind have names?

Passive-Influence Symptoms/Interference Phenomena

MSE Questions

1. Do you ever have thoughts or feelings that come from inside you (outside you) that you can't explain or that don't feel like thoughts or feelings you would have? That seem like thoughts or feelings that are not under your control?
2. Do you ever have impulses to do things that seem to come from inside you (outside you) that don't feel like they belong to you? To do things that you ordinarily wouldn't do?

3. Have you ever felt that your body engaged in behavior that did not seem under your control? For example, saying things, going places, buying things, writing things, drawing or creating things, hurting yourself or others?
4. Do you ever feel like your body doesn't belong to you?*
5. Do you ever feel controlled by a part, presence, force, person, or entity within you? Outside you?
6. Do you ever feel like your thoughts or feelings are being withdrawn from your mind by some inside (outside force, presence, or entity)?
7. Do you ever feel you have to struggle against another part of you that seems to want to do or say something you don't wish to do or say?
8. Do you ever feel that there is a force (pressure, part) inside you that tries to stop you from doing or saying something?

Hallucinations/Pseudohallucinations

MSE Questions

1. Do you ever hear voices, sounds, or conversations in your mind? That seem to be discussing you? Commenting on what you do? Telling you to do or not do certain things? To hurt yourself or others? That seem to be warning you or trying to protect you? That try to comfort, support, or soothe you? That provide important information about things to you?
2. Do you hear men's, women's, and/or children's voices? Are the voices located on one side of your head or another? Can you always make out what they are saying? Do they all seem to be talking at once? Talking, fighting, or arguing among themselves? Do all the voices have names?
3. Does it ever get very loud and distracting? If you really pay attention to the voices do you lose track of what's going on around you?
4. Do these voices, sounds, conversations ever come from outside your head? When this happens can you see the person who is talking?
5. Do you ever see things that other people don't? Do you ever see faces or people that others don't? Do they talk to you? Do they have names?
6. Do you ever see scenes of events that happened to you before?
7. Do you ever look in the mirror and not recognize yourself? * See a different person there?

Linguistic Usage

MSE Questions

1. Did you notice that you just referred to yourself as "we" ("he"/"she")? Could you explain your understanding of why this occurred? Your reaction to this?

Switching

MSE Questions

1. I would like to talk with that part (side, aspect, facet) of you (of the mind) that is called the 'Angry One' (the Little Girl, Janie, that went to Atlantic City last weekend and spent lots of money, and so on). Can that part come forward now, please?

2. You appeared really uncomfortable after I asked that question. Can you tell me what you were experiencing/feeling?

Somatoform Symptoms

MSE Questions

1. Do you ever get physical sensations or pain that you can't explain or were told had no medical explanation? For example, have you had headaches, groin pain, abdominal pain or other medical symptoms for which no medical explanation could be found such as paralysis, fainting, fits or seizures, lump in your throat, shortness of breath, muscular symptoms, symptoms associated with menstruation or sexual activity?

Affective Symptoms

MSE Questions

1. When you feel depressed (activated, energized, moods fluctuate) does it feel as if it is *your* mood or feeling, or does it seem to come from a part of or place inside you that doesn't feel like you? Does this feeling suddenly appear or disappear?
2. Do your moods change so rapidly that you don't know what you're going to feel from one minute to the next?
3. When you attempted to kill yourself/hurt yourself, did you feel in control of that behavior? Do you actually remember what happened? All of it? Part of it?