

Multiple Personality Disorder [Dissociative Identity Disorder]

"...students often ask me whether multiple personality disorder (MPD) really exists. I usually reply that the symptoms attributed to it are as genuine as hysterical paralysis and seizures..."

[Excerpt from an article by Dr. Paul McHugh]

Psychologist Nicholas P. Spanos argues that repressed memories of childhood abuse and multiple personality disorder are "rule-governed social constructions established, legitimated, and maintained through social interaction." In short, Spanos argues that most cases of MPD have been created by therapists with the cooperation of their patients and the rest of society. The experts have created both the disease and the cure. This does not mean that MPD does not exist, but that its origin and development are often, if not most often, explicable without the model of separate but permeable ego-states or "alters" arising out of the ashes of a destroyed "original self."

... the task of convincing therapists who treat MPD to accept Spanos' way of thinking is Herculean. How could it be possible that most MPD patients have been created in the therapist's laboratory, so to speak? How could it be possible that so many people, particularly female people [85% of MPD patients are female], could have so many false memories of childhood sexual abuse? How could so many people behave as if their bodies have been invaded by numerous entities or personalities, if they hadn't really been so invaded? How could so many people actually experience past lives under hypnosis, a standard procedure of some therapists who treat MPD? How could the defense mechanism explanation for MPD, in terms of repression of childhood sexual trauma and dissociation, not be correct? How could so many people be so wrong about so much? Spanos' answer makes it sound almost too easy for such a massive amount of self-deception and delusion to develop: it's happened before and we all know about it. Remember demonic possession?

Most educated people today do not try to explain epilepsy, brain damage, genetic disorders, neurochemical imbalances, feverish hallucinations, or troublesome behavior by appealing to the idea of demonic possession. Yet, at one time, all of Europe and America would have accepted such an explanation. Furthermore, we had our experts--the priests and theologians--to tell us how to identify the possessed and how to exorcise the demons. An elaborate theological framework bolstered this worldview, and an elaborate set of social rituals and behaviors validated it on a continuous basis. In fact, every culture, no matter how primitive and pre-scientific, had a belief in some form of demonic possession. It had its shamans and witch doctors who performed rituals to rid the possessed of their demons. In their own sociocognitive contexts, such beliefs and behaviors were seen as obviously correct, and were constantly reinforced by traditional and customary social behaviors and expectations.

Most educated people today believe that the behaviors of witches and other possessed persons--as well as the behaviors of their tormentors, exorcists, and executioners--were

enactments of social roles. With the exception of religious fundamentalists (who still live in the world of demons, witches, and supernatural magic), educated people do not believe that in those days there really were witches, or that demons really did invade bodies, or that priests really did exorcise those demons by their ritualistic magic. Yet, for those who lived in the time of witches and demons, these beings were as real as anything else they experienced. In Spanos' view, what is true of the world of demons and exorcists is true of the psychological world filled with phenomena such as repression of childhood sexual trauma and its manifestation in such disorders as MPD.

Spanos makes a very strong case for the claim that "patients learn to construe themselves as possessing multiple selves, learn to present themselves in terms of this construal, and learn to reorganize and elaborate on their personal biography so as to make it congruent with their understanding of what it means to be a multiple." Psychotherapists, according to Spanos, "play a particularly important part in the generation and maintenance of MPD." According to Spanos, most therapists never see a single case of MPD and some therapists report seeing hundreds of cases each year. It should be distressing to those trying to defend the integrity of psychotherapy that a patient's diagnosis depends upon the preconceptions of the therapist. However, an MPD patient typically has no memory of sexual abuse upon entering therapy. Only after the therapist encourages the patient do memories of sexual abuses emerge. Furthermore, the typical MPD patient does not begin manifesting "alters" until after treatment begins (Piper 1998). MPD therapists counter these charges by claiming that their methods are tried and true, which they know from experience, and those therapists who never treat MPD don't know what to look for.*

Multiple selves exist, and have existed in other cultures, without being related to the notion of a mental disorder, as is the case today in North America. According to Spanos, "Multiple identities can develop in a wide variety of cultural contexts and serve numerous different social functions." Neither childhood sexual abuse nor mental disorder is a necessary condition for multiple personality to manifest itself. Multiple personalities are best understood as "rule-governed social constructions." They "are established, legitimated, maintained, and altered through social interaction." In a number of different historical and social contexts, people have learned to think of themselves as "possessing more than one identity or self, and can learn to behave as if they are first one identity and then a different identity." However, "people are unlikely to think of themselves in this way or to behave in this way unless their culture has provided models from whom the rules and characteristics of multiple identity enactments can be learned. Along with providing rules and models, the culture, through its socializing agents, must also provide legitimation for multiple self enactments." Again, Spanos is not saying that MPD does not exist, but that the standard model of (a) abuse, (b) withdrawal of original self, and then (c) emergence of alters, is not needed to explain MPD. Nor is the psychological baggage that goes with that model: repression, recovered memory of childhood sexual abuse, integration of alters in therapy. Nor are the standard diagnostic techniques: hypnosis, including past life regression, and Rorschach tests.

It should be noted that books and films have had a strong influence on the belief in the nature of MPD, e.g., *Sybil*, *The Three Faces of Eve*, *The Five of Me*, or *The Minds of Billy Milligan*. These mass media presentations influence not only the general public's beliefs about

MPD, but they affect MPD patients as well. For example, Flora Rheta Schreiber's *Sybil* is the story of a woman with sixteen personalities allegedly created in response to having been abused as a child. Before the publication of *Sybil* in 1973 and the 1976 television movie starring Sally Fields as *Sybil*, there had been only about 75 reported cases of MPD. Since *Sybil* there have been some 40,000 diagnoses of MPD, mostly in North America.

Sybil has been identified as Shirley Ardell Mason, who died of breast cancer in 1998 at the age of 75. Her therapist has been identified as Cornelia Wilbur, who died in 1992, leaving Mason \$25,000 and all future royalties from *Sybil*. Schreiber died in 1988. It is now known that Mason had no MPD symptoms before therapy with Wilbur, who used hypnosis and other suggestive techniques to tease out the so-called "personalities." *Newsweek* (January 25, 1999) reports that, according to historian Peter M. Swales (who first identified Mason as *Sybil*), "there is strong evidence that [the worst abuse in the book] could not have happened."

Dr. Herbert Spiegel, who also treated "*Sybil*", believes Wilbur suggested the personalities as part of her therapy and that the patient adopted them with the help of hypnosis and sodium pentothal. He describes his patient as highly hypnotizable and extremely suggestible. Mason was so helpful that she read the literature on MPD, including *The Three Faces of Eve*. The *Sybil* episode seems clearly to be symptomatic of an iatrogenic disorder. Yet, the *Sybil* case is the paradigm for the standard model of MPD. A defender of this model, Dr. Philip M. Coons, claims that "the relationship of multiple personality to child abuse was not generally recognized until the publication of *Sybil*."

The MPD community suffered another serious attack on its credibility when Dr. Bennett Braun, the founder of the International Society for the Study of Disassociation, had his license suspended over allegations he used drugs and hypnosis to convince a patient she killed scores of people in Satanic rituals. The patient claims that Braun convinced her that she had 300 personalities, among them a child molester, a high priestess of a satanic cult, and a cannibal. The patient told the *Chicago Tribune*: "I began to add a few things up and realized there was no way I could come from a little town in Iowa, be eating 2,000 people a year, and nobody said anything about it." The patient won \$10.6 million in a lawsuit against Braun, Rush-Presbyterian-St. Luke's Hospital, and another therapist.

Read the entire article (including the counter-arguments) at:
<http://www.skeptdic.com/mpd.html>