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LEVEL: 9

[Chapter 1]

Case Study: Multiple Personalities

[URL: MultiplePersonalities]

SECTIONS (& perhaps subsections):

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The ways of relating perspective can clarify our understanding and treatment of multiple personality disorder. This clarification will serve both to give a practical example of the perspective and to assist therapists in their discourse with multiples.

I The Concept of MPD/DID

Multiple Personality Disorder (MPD) is a psychological condition in which someone acts as if she – most multiples are women – were two (or more) different people, with different personalities emerging at different times and situations. The distinguishing characteristic of MPD is that at least some of these personalities are unaware of the others' existence, so that the “dominant” (or at least the most frequently seen) personality finds herself having to deal with people she never met, commitments she never made, and so on.

MPD is thought to originate in conditions of extreme vulnerability and abuse, particularly when, as in childhood, those being abused have few external reference points or other resources to hold their personalities together. In such circumstances, dissociation allows the victim to preserve one personality which remains more or less intact while another takes the pain of the

abuse. But why is it necessary to hide the existence of the fear from conscious knowledge?

There seem to be two main reasons. First, it might be simply too terrifying to admit to oneself that it is happening. What meaning can one keep in a world in which such abuse can be visited upon one? Far better to deny it is really happening. Second, the abuser might be especially angry at the child's showing the abuse occurred, and as a child you're too young to recognize that there are resources that could in fact stop the abuse.¹ In such circumstances the child may believe it of utmost importance that s/he be able to appear as if no abuse is occurring.

In the ways of relating perspective, then, MPD looks like nothing more than an extreme case of the inauthenticity we all experience. Last night I swore to myself that I would write some thank-you letters I owe, and I left out stationary and stamps to remind myself. Now I find myself typing this instead and wondering why the heck I thought it was so important to write them today. If I were suffering from MPD, the thank-you letters would not even occur to me today, and I would be confused where the stationary and stamps came from. There is little difference between the two situations except in degree. Since I feel both guilty about my neglected correspondence and resentful of obligations that distract me from this writing, I find it hard to get my book-writing persona and my thank-you persona to talk to each other, even though each is aware of the other's existence. If my feelings of guilt and resentment were a hundred times more powerful, however, I could see how one or both of the two personalities could act without any conscious awareness of the other at all.

¹This is not always so, of course. In the past – some would say in the present as well –, people who might be expected to intervene in abuse situations to protect children have tended to deny that abuse is occurring or have not known what to do about it. This includes parents, relatives, police, social workers, teachers, ministers, etc. – all the resources one would ordinarily turn to.

If we include demonic possession as a likely instance of it, cases of MPD have occurred for thousands of years. Freud noted the existence of what are now known as “Freudian slips”. The most recent awareness of the condition, however, came from two popular books: *The Three Faces of Eve* (Thigpen & Cleckley 1957/1992) and *Sybil* (Schreiber 1973/1995). Since then, a great deal of psychological, theoretical, and therapeutic work has been done on it.²

II Controversies

It has been used in service of the growing awareness of sexual abuse, raising issues of repressed memories, false memories, ritual abuse, and so on. A variety of controversies have arisen as a result of this new awareness and the uses to which the concept of MPD has been put. Before describing MPD more fully, therefore, I situate the ways of relating perspective within these controversies.

A. Name

“Multiple Personality Disorder” is now termed “Dissociative Identity Disorder”, or DID, in the [xx DSRM II?]. MPD, the earlier term, emphasizes the complete separateness of different personalities, as did the even earlier term, “possession” (as in, “demonic possession”). “DID”, on the other hand, emphasizes the underlying mechanism of dissociation instead of its outward manifestation and is therefore more helpful for treatment. Another advantage of “DID” is its natural acceptance of a range of dissociation. Everyone dissociates to some extent; some people to a greater extent; and a few to the extent of appearing to have multiple full-blown personalities.

²See xx (19xx) for a massive bibliography of (at least some of) this literature.

“DID” facilitates recognition of this continuity. On the other hand, “MPD” is useful in pointing to a particular constellation of symptoms instead of a presumed mechanism. Since both symptoms and mechanism seem to me to be important, and since “MPD” still seems to be the more popular term, I will refer to the condition as “MPD/DID”. Reference here to either MPD or DID implies both.

B. Existence

All of this assumes that the condition exists at all – is accurately recognized in the first place and that the symptoms arise from a definable condition known as MPD/DID instead of from other conditions or causes. Some psychologists question the very existence of MPD/DID at all.³ They argue that the appearance of MPD/DID has several other explanations. It seems pretty clear that the symptoms of MPD could arise from psychosis, bipolar disorder, schizophrenia, or other disorders. There are other possibilities as well: the client’s desire to get attention by having a popular, dramatic condition; her desire to excuse her behavior by blaming it on some personality not under her control; her hypochondriacal susceptibility to a new disorder; or her desire to meet the expectations of a therapist’s tentative diagnosis.⁴ I note these arguments without agreeing with them – or at least without agreeing that they account for all cases of MPD/DID-like symptoms. I have personally known, and counseled with, a multiple, and if she were fooling me,

³xx (19xx) states this position. xx (19xx:xx-xx) discusses the issue from the other side of the debate. [xx check this:]

⁴This last is called an “iatrogenic disorder”. Critics also note that the prevalence of MPD/DID-like behavior rises or falls over time, apparently more related to changes in people knowing about it than to changes in any underlying (and thus slow-changing) causes. This is a weak argument, however, because the same would likely be true of any genuine condition.

she did a damn good job. I note also that xx's (19xx) discreetly, dignifiedly vitriolic work is founded only on experimental and second-hand clinical work. Even if MPD/DID symptoms can be created in the laboratory, this refutes only the claim that *everyone* looking like a multiple must indeed be a multiple. This refutation is useful for curbing over-enthusiastic therapists who see MPD/DID at every turn, but it goes no farther than that.

III Therapy

Therapy⁵ consists of doing no more than the ordinary talking to the various personas and getting them to talk to each other. Sometimes you can do this with one persona alone, so that this dominant (or at least “front”) persona reaches toward the others. Sometimes you can have access to the other personalities, either by prompting them or having them come out themselves, and then working all sides toward integration. This can be done by working on the original circumstances causing the dissociation, or by having the various personalities confront a life issue *seriatim*, round & round, or both. I don't know what drugs would help, although I assume therapists would use the standard ones for anxiety and depression. [xx I'll go on to talk about this on the basis of what I know about counseling multiples – *Sybil* and *The Three Faces of Eve* and another source I have.]

⁵Note that I'm talking about therapy for normal dissociation, not therapy for dissociative disorders associated with psychosis, etc.