Nicholas Humphrey and Daniel C. Dennett, 1989, “Speaking for our selves: an assessment of multiple personality disorder”, *Raritan*, 9:1, 68-98.

SPEAKING FOR OUR SELVES[1]

Thus play I in one person many people, and none contented.
Shakespeare, *Richard II.*

In the early 1960's when the laws of England allowed nudity on stage only if the actor did not move, a tent at the Midsummer Fair in Cambridge offered an interesting display. "The one and only Chamaeleon Lady," the poster read, "becomes Great Women in History". The inside of the tent was dark. "Florence Nightingale!" the showman bellowed, and the lights came up on a naked woman, motionless as marble, holding up a lamp. The audience cheered. The lights went down. There was a moment's shuffling on the stage. "Joan of Arc!", and here she was, lit from a different angle, leaning on a sword. "Good Queen Bess!", and now she had on a red wig and was carrying an orb and scepter. . . "But it's the same person," said a know-all schoolboy.

Imagine now, thirty years later, a commercial for an IBM computer. A poster on a tent announces, "The one and only IBM PC becomes Great Information Processors of History". The tent is dark. "WordStar!" shouts the showman, and the lights come up on a desktop computer, displaying a characteristic menu of commands. The lights go down. There is the sound of changing disks. "Paintbrush!", and here is the computer displaying a different menu. "Now, what you've all been waiting for, Lotus 123!". . "But it's just a different programme," says the schoolboy.

Somewhere between these two scenarios lies the phenomenon of multiple personality in human beings. And somewhere between these two over-easy assessments of it lie we. One of us (NH) is a theoretical psychologist, the other (DCD) is a philosopher, both with a long-standing interest in the nature of personhood and of the self. We have had the opportunity during the past year to meet several "multiples," to talk with their therapists, and to savor the world from which they come. We give here an outsider's inside view.

We had been at the conference on Multiple Personality Disorder for two full days before someone made the inevitable joke: "The problem with those who don't believe in MPD is they've got Single Personality Disorder." In the mirror-world that we had entered, almost no one laughed.

The occasion was the 5th International Conference on Multiple Personality/Dissociative States in Chicago in October 1988, attended by upwards of five hundred psychotherapists and a large but unquantifiable number of former patients.

The Movement or the Cause (as it was called) of MPD has been undergoing an exponential growth. 200 cases of multiplicity reported up till 1980, 1,000 known to be in treatment by 1984, 4,000 now. Women outnumber men by at least four to one, and there is reason to believe that the vast majority – perhaps 95% – have been sexually or physically abused as children. We heard it said there are currently more than 25,000 multiples in North America.[2]

The accolade of "official diagnosis" was granted in 1980, with an entry in the clinician's handbook, *DSM-III*:[3]

> Multiple Personality. 1. The existence within an individual of two or more distinct personalities, each of which is dominant at a particular time. 2. The personality that is dominant at any particular time determines the individual's behavior. 3. Each individual personality is complex and integrated with its own unique behavior patterns and social relationships.

Typically there is said to exist a "host" personality, and several alternative personalities or "alters". Usually, though not always, these personalities call themselves by different names. They may talk with different accents, dress by choice in different clothes, frequent different locales.

None of the personalities is emotionally well-rounded. The host is often emotionally flat, and different alters express exaggerated moods: Anger, Nurturance, Childishness, Sexiness. Because of their different affective competence, it falls to different alters to handle different social situations. Thus one may come out for love-making, another for playing with the kids, another for picking a fight and so on.

The host personality is on stage most of the time, but the alters cut in and displace the host when for one reason or another the host cannot cope. The host is usually amnesic for those episodes when an alter is in charge; hence the host is likely to have blank spots or missing time. Although general knowledge is shared between them, particular memories are not.

The life experience of each alter is formed primarily by the episodes when she or he is in control. Over time, and many episodes, this experience is aggregated into a discordant view of who he or she is – and hence a separate sense of self.

The number of alters varies greatly between patients, from just one (dual personality), to several dozen. In the early literature most patients were reported to have two or three, but there has been a steady increase, with a recent survey suggesting the median number is eleven. When the family has grown this large, one or more of the alters is likely to claim to be of different gender.

Such at least is how we first heard multiplicity described to us. It was not however until we were exposed to particular case histories, that we ourselves began to have any feeling for the human texture of the syndrome or for the analysis being put on it by MPD professionals. Each case must be of course unique. But it is clear that common themes are beginning to emerge, and that, based on their pooled experience, therapists are beginning to think in terms of a "typical case history".[4] The case that follows, although in part a reconstruction, is true to type (and life).

Mary, in her early thirties, has been suffering from depression, confusional states and lapses of memory. During the last few years she has been in and out of the hospital, where she has been diagnosed variously as schizophrenic, borderline, and manic depressive. Failing to respond to any kind of drug treatment, she has also been suspected of malingering. She ends up eventually in the hands of Doctor R, who specialises in treating dissociative disorders. More trusting of him than of previous doctors, Mary comes out with the following tell-tale information.

Mary's father died when she was two years old, and her mother almost immediately remarried. Her stepfather, she says, was kind to her, although "he sometimes went too far". Through childhood she suffered from sick-headaches. She had a poor appetite and she remembers frequently being punished for not finishing her food. Her teenage years were stormy, with dramatic swings in mood. She vaguely recalls being suspended from her high school for a misdemeanor, but her memory for her school years is patchy. In describing them she occasionally resorts – without notice – to the third person ("She did this. . . That happened to her"), or sometimes the first person plural ("We [Mary] went to Grandma's"). She is well informed in many areas, is artistically creative and can play the guitar; but when asked where she learnt it, she says she does not know and deflects attention to something else. She agrees that she is "absent-minded" – "but aren't we all?": for example, she might find there are clothes in her closet that she can't remember buying, or she might find she has sent her niece two birthday cards. She claims to have strong moral values; but other people, she admits, call her a hypocrite and liar. She keeps a diary – "to keep up," she says, "with where we're at".

Dr. R (who already has four multiples in treatment), is beginning to recognise a pattern. When, some months into treatment, he sees Mary's diary and observes that the

handwriting varies from one entry to the next, as if written by several different people, he decides (in his own words) "to go for gold". With Mary's agreement, he suggests they should undertake an exploratory session of hypnosis. He puts her into a light trance and requests that the "part of Mary that hasn't yet come forward" should make herself known. A sea-change occurs in the woman in front of him. Mary, until then a model of decorum, throws him a flirtatious smile. "Hi, Doctor," she says, "I'm Sally.. Mary's a wimp. She thinks she knows it all, but I can tell you . . "

But Sally does not tell him much, at least not yet. In subsequent sessions (conducted now without hypnosis) Sally comes and goes, almost as if she were playing games with Dr R. She allows him glimpses of what she calls the "happy hours", and hints at having a separate and exotic history unknown to Mary. But then with a toss of the head she slips away – leaving Mary, apparently no party to the foregoing conversation, to explain where she has been.

Now Dr R starts seeing his patient twice a week, for sessions that are several hours in length. In the course of the next year he uncovers the existence not just of Sally but of a whole family of alter personalities, each with their own characteristic style. "Sally" is coquettish, "Hatey" is angry, "Peggy" is young and malleable. Each has a story to tell about the times when she is "out in front"; and each has her own set of special memories. While each of the alters claims to know most of what goes on in Mary's life, Mary herself denies anything but hearsay knowledge of their roles.

To begin with, the change-over from one personality to another is unpredictable and apparently spontaneous. The only clue that a switch is imminent is a sudden look of vacancy, marked perhaps by Mary's rubbing her brow, or covering her eyes with her hand (as if in momentary pain). But as their confidence grows, it becomes easier for Dr. R to summon different alters "on demand".

Dr. R's goal for Mary now becomes that of "integration" – a fusing of the different personalities into one self. To achieve this he has not only to acquaint the different alters with each other, but also to probe the origins of the disorder. Thus he presses slowly for more information about the circumstances that led to Mary's "splitting". Piecing together the evidence from every side, he arrives at – or is forced to – a version of events that he has already partly guessed. This is the story that Mary and the others eventually agree upon:

When Mary was four years old, her stepfather started to take her into his bed. He gave her the pet name Sandra, and told her that "Daddy-love" was to be Sandra's and his little secret.. He caressed her and asked for her caresses. He ejaculated against her tummy. He did it in her bottom and her mouth.. Sometimes Mary tried to please him. Sometimes she lay still like a doll. Sometimes she was sick and cried that she could take no more. One time she said

that she would tell – but the man hit her and said that both of them would go to prison. Eventually, when the pain, dirt and disgrace became too much to bear, Mary simply "left it all behind": while the man abused her, she dissociated and took off to another world. She left – and left Sandra in her place.

What happened next is, Dr R insists, no more than speculation. But he pictures the development as follows. During the next few crucial years – those years when a child typically puts down roots into the fabric of human society, and develops a unitary sense of "I" and "Me" – Mary was able to function quite effectively. Protected from all knowledge of the horror, she had a comprehensible history, comprehensible feelings, and comprehensible relationships with members of her family. The "Mary-person" that she was becoming was one person with one story.

Mary's gain was however Sandra's loss. For Sandra knew. And this knowledge, in the early years, was crippling. Try as she might, there was no single story that she could tell that would embrace her contradictory experiences; no one "Sandra-person" for her to become. So Sandra, in a state of inchoateness, retreated to the shadows, while Mary – except for "Daddy-love" – stayed out front.

Yet if Mary could split, then so could Sandra. And such, it seems, is what occurred. Unable to make it all make sense, Sandra made sense from the pieces – not consciously and deliberately, of course, but with the cunning of unconscious design: she parcelled out the different aspects of her abuse-experience, and assigned each aspect to a different self (grafting, as it were, each set of memories as a side-branch to the existing stock she shared with Mary). Thus her experience of liking to please Daddy gave rise to what became the Sally-self. Her experience of the pain and anger gave rise to Hatey. And her experience of playing at being a doll gave rise to Peggy.

Now these descendants of the original Sandra could, with relative safety, come out into the open. And before long, opportunities arose for them to try their new-found strength in settings other than that of the original abuse. When Mary lost her temper with her mother, Hatey could chip in to do the screaming. When Mary was kissed by a boy in the playground, Sally could kiss him back. Everyone could do what they were "good at" – and Mary's own life was made that much simpler. This pattern of what might be termed "the division of emotional labour" or "self-replacement therapy" proved not only to be viable, but to be rewarding all around.

Subsequently this became the habitual way of life. Over time each member of the family progressively built up her own separate store of memories, competencies, idiosyncrasies, and social styles. But they were living in a branching house of cards. During her teenage years, Mary's varying moods and waywardness could be passed off as "adolescent

rebelliousness". But in her late twenties, her true fragility began to show – and she lapsed into confusion and depression.

Although we have told this story in what amounts to cartoon form, we have no doubts that cases like Mary's are authentic. Or, rather, we should say we have no doubts that there are real people and real doctors to whom this case history could very well apply. Yet – like many others who have taken a sceptical position about MPD – we ourselves have reservations about what such a case history in fact amounts to.

How could anyone know for sure the events were as described? Is there independent confirmation that Mary was abused? Does her story match with what other people say about her? How do we know the whole thing is not just an hysterical invention? To what extent did the doctor lead her on? What transpired during the sessions of hypnosis? And, anyway, what does it all really mean? What should we make of Dr R's interpretation? Is it really possible for a single human being to have several different "selves"?

The last problem – that of providing a philosophically and scientifically acceptable theory of MPD – is the one we have a special interest in addressing. You might think, however, we ought to start with a discussion of the "factual evidence": for why discuss the theoretical basis of something that has not yet been proven to exist? Our answer is that unless and until MPD can be shown to be theoretically possible – i.e. to be neither a logical nor a scientific contradiction – any discussion of the evidence is likely to be compromised by a priori disbelief.

As Hume remarked in his Essay on Miracles: "it is a general maxim worthy of our attention .. that no testimony is sufficient to establish a miracle unless the testimony be of such a kind that its falsehood would be more miraculous than the fact which it endeavours to establish."[5] In the history of science there have been many occasions in which seemingly miraculous phenomena were not and perhaps could not be taken seriously until some form of theoretical permission for them had been devised (the claims of acupuncture, for example, were assumed by Western scientists to make no sense – and hence be false – until the discovery of endogenous opiates paved the way for a scientific explanation). We shall, we hope, be in a better position to assess the testimony concerning MPD – that is to be both critical and generous – if we can first make a case that the phenomenon is not only possible but even (in certain circumstances) plausible.

Many people who find it convenient or compelling to talk about the "self" would prefer not to be asked the emperor's-new-clothes question: just what, exactly, is a "self"? When confronted by an issue that seems embarrassingly metaphysical, it is tempting to temporise and wave one's

hands: "It's not a thing, exactly, but more a sort of, well, a concept or an organising principle or . ." This will not do. And yet what will?

Two extreme views can be and have been taken. Ask a layman what he thinks a self is, and his unreflecting answer will probably be that a person's self is indeed some kind of real thing: a ghostly supervisor who lives inside his head, the thinker of his thoughts, the repository of his memories, the holder of his values, his conscious inner "I". Although he might be unlikely these days to use the term "soul", it would be very much the age-old conception of the soul that he would have in mind. A self (or soul) is an existent entity with executive powers over the body and its own enduring qualities. Let's call this realist picture of the self, the idea of a "proper-self".

Contrast it however with the revisionist picture of the self which has become popular among certain psychoanalysts and philosophers of mind. On this view, selves are not things at all, but instead are explanatory fictions. Nobody really has a soul-like agency inside them: we just find it useful to imagine the existence of this conscious inner "I" when we try to account for their behaviour (and, in our own case, our private stream of consciousness). We might say indeed that the self is rather like the "centre of narrative gravity" of a set of biographical events and tendencies; but, as with a centre of physical gravity, there's really no such thing (with mass or shape or colour).[6] Let's call this non-realist picture of the self, the idea of a "fictive-self".

Now maybe (one might think) it is just a matter of the level of description: the plain man's proper-self corresponds to the intrinsic reality, while the philosopher's fictive-selves correspond to people's (necessarily inadequate) attempts to grasp that intrinsic reality. So, for example, there is indeed a proper-Nicholas-Humphrey-self that actually resides inside one of the authors of this essay, and alongside it there are the various fictive-Humphrey-selves that he and his acquaintances have reconstructed: Humphrey as seen by Humphrey, Humphrey as seen by Dennett, Humphrey as seen by Humphrey's mother, and so on.

This suggestion, however, would miss the point of the revisionist critique. The revisionist case is that, to repeat, there really is no proper-self: none of the fictive-Humphrey-selves – including Humphrey's own first-hand version – corresponds to anything that actually exists in Humphrey's head.

At first sight this may not seem reasonable. Granted that whatever is inside the head might be difficult to observe, and granted also that it might be a mistake to talk about a "ghostly supervisor", none the less there surely has to be some kind of a supervisor in there: a supervisory brain program, a central controller, or whatever. How else could anybody function – as most people clearly do function – as a purposeful and relatively well-integrated agent?

The answer that is emerging from both biology and Artificial Intelligence is that complex systems can in fact function in what seems to be a thoroughly "purposeful and integrated" way simply by having lots of subsystems doing their own thing without any central supervision. Indeed most systems on earth that appear to have central controllers (and are usefully described as having them) do not. The behaviour of a termite colony provides a wonderful example of it. The colony as a whole builds elaborate mounds, gets to know its territory, organises foraging expeditions, sends out raiding parties against other colonies, and so on. The group cohesion and coordination is so remarkable that hard-headed observers have been led to postulate the existence of a colony's "group soul" (*vide* Marais' "The Soul of the White Ant"). Yet in fact all this group wisdom results from nothing other than myriads of individual termites, specialised as several different castes, going about their individual business – influenced by each other, but quite uninfluenced by any master-plan.[7]

Then is the argument between the realists and the revisionists being won hands down by the revisionists? No, not completely. Something (some thing?) is missing here. But the question of what the "missing something" is, is being hotly debated by cognitive scientists in terms that have become increasingly abstruse. Fortunately we can avoid – maybe even leapfrog – much of the technical discussion by the use of an illustrative metaphor (reminiscent of Plato's Republic, but put to quite a different use).

Consider the United States of America. At the fictive level there is surely nothing wrong with personifying the USA and talking about it (rather like the termite colony) as if it had an inner self. The USA has memories, feelings, likes and dislikes, hopes, talents, and so on. It hates Communism, is haunted by the memory of Vietnam, is scientifically creative, socially clumsy, somewhat given to self-righteousness, rather sentimental. But does that mean [here is the revisionist speaking] there is one central agency inside the USA which embodies all those qualities? Of course not. There is, as it happens, a specific area of the country where much of it comes together. But go to Washington and ask to speak to Mr American Self, and you'd find there was nobody home: instead you'd find a lot of different agencies (the Defense Department, the Treasury, the courts, the Library of Congress, the National Science Foundation, etc.) operating in relative independence of each other.

To be sure [and now it is the realist speaking], there is no such thing as Mr American Self, but as a matter of fact there is in every country on earth a Head of State: a President, Queen, Chancellor, or some such figurehead. The Head of State may actually be non-executive; certainly he does not himself enact all the subsidiary roles (the US President does not bear arms, sit in the courts, play baseball, or travel to the Moon ..). But nevertheless he is expected at the very least to take an active interest in all these national pursuits. The President is meant to appreciate better than anyone the "State of the Union". He is meant to represent

different parts of the nation to each other, and to inculcate a common value system. Moreover – and this is most important – he is the "spokesman" when it comes to dealing with other nation states.

That is not to say that a nation, lacking such a figurehead, would cease to function day-to-day. But it is to say that in the longer term it may function much better if it does have one. Indeed a good case can be made that nations, unlike termite colonies, require this kind of figurehead as a condition of their political survival – especially given the complexity of international affairs.

The drift of this analogy is obvious. In short, a human being too may need an inner figurehead – especially given the complexities of human social life. Consider, for example, the living body known as Daniel Dennett. If we were to look around inside his brain for a Chief Executive Module, with all the various mental properties we attribute to Dennett himself, we would be disappointed. None the less, were we to interact with Dennett on a social plane, both we and he would soon find it essential to recognise someone – some figurehead – as his spokesman and indeed his leader. Thus we come back full circle, though a little lower down, to the idea of a proper-self: not a ghostly supervisor, but something more like a "Head of Mind" with a real, if limited, causal role to play in representing the person to himself and to the world.[8]

If this is accepted (as we think it should be), we can turn to the vexed question of self-development or self-establishment. Here the Head of State analogy may seem at first less helpful. For one thing, in the USA at least, the President is democratically elected by the population. For another, the candidates for the presidency are pre-formed entities, already waiting in the wings.

Yet is this really so? It could equally be argued that the presidential candidates, rather than being pre-formed, are actually brought into being – through a narrative dialectical process – by the very population to which they offer their services as president. Thus the population (or the news media) first try out various fictive versions of what they think their "ideal president" should be, and then the candidates adapt themselves as best they can to fill the bill. To the extent that there is more than one dominant fiction about "what it means to be American", different candidates mould themselves in different ways. But in the end only one can be elected – and he will of course claim to speak for the whole nation.

In very much a parallel way, we suggest, a human being first creates – unconsciously – one or more ideal fictive-selves and then elects the best supported of these into office as her Head of Mind. A significant difference in the human case, however, is that there is likely to be considerably more outside influence. Parents, friends, and even enemies may all contribute to the image of "what it means to be me", as well as – and maybe over and above – the internal

news media. Daddy, for example, might lean on the growing child to impose an invasive fictive-self.

Thus a human being does not start out as single or as multiple – she starts out without any Head of Mind at all. In the normal course of development, she slowly gets acquainted with the various possibilities of selfhood that "make sense" – partly through her own observation, partly through outside influence. In most cases a majority view emerges, strongly favouring one version of "the real me", and it is that version which in installed as her elected Head of Mind. But in some cases the competing fictive-selves are so equally balanced, or different constituencies within her are so unwilling to accept the result of the election, that constitutional chaos reigns – and there are snap elections (or coups d'état) all the time.

Could a model inspired by (underlying, rendering honest) this analogy account for the memory black-spots, differences in style, and other symptomatology of MPD? Certainly the analogy provides a wealth of detail suggesting so. Once in office a new Head of State typically downplays certain "unfortunate" aspects of his nation's history (especially those associated with the rival Head of State who immediately preceded him). Moreover he himself, by standing for particular national values, affects the course of future history by encouraging the expression of those values by the population (and so, by a kind of feedback, confirming his own role).

Let's go back to the case of Mary. As a result of her experience of abuse, she (the whole, disorganised, conglomeration of parts) came to have several alternative pictures of the real Mary, each championed by different constituencies within her. So incompatible were these pictures, yet so strong were the electoral forces, that there could be no lasting agreement on who should represent her. For a time the Mary constituency got its way, overriding the Sandra constituency. But later the Sandra forces subdivided, to yield Sally, Hatey, Peggy; and when the opportunities arose, these reformed forces began to win electoral battles. She became thus constitutionally unstable, with no permanent solution to the question of "who I really am". Each new (temporarily elected) Head of Mind emphasised different aspects of her experience and blocked off others; and each brought out exaggerated character traits.

We have talked here in metaphors. But translations into the terms of current cognitive science would not be difficult to formulate. First, what sense can be given to the notion of a "Head of Mind"? The analogy with a spokesman may not be far off the literal truth. The language-producing systems of the brain have to get their instructions from somewhere, and the very demands of pragmatics and grammar would conspire to confer something like Head of Mind authority on whatever subsystem currently controls their input. E. M. Forster once remarked "How can I tell what I think until I see what I say?". The four "I"'s in this sentence are meant to refer to the same thing. But this grammatical tradition may depend – and always

have depended – on the fact that the thought expressed in Forster's question is quite literally self-confirming: what "I" (my self) thinks is what "I" (my language apparatus) says.

There can, however, be no guarantee that either the speaker or anyone else who hears him over an extended period will settle on there being just a single "I". Suppose, at different times, different subsystems within the brain produce "clusters" of speech that simply cannot easily be interpreted as the output of a single self. Then – as a Bible scholar may discover when working on the authorship of what is putatively a single-authored text – it may turn out that the clusters make best sense when attributed to different selves.

How about the selective amnesia shown by different Heads of Mind? To readers who have even a passing knowledge of computer information processing, the idea of mutually inaccessible "directories" of stored information will already be familiar. In cognitive psychology, new discoveries about state-dependent learning and other evidence of modularisation in the brain, have led people to recognise that failure of access between different subsystems is the norm rather than the exception. Indeed the old Cartesian picture of the mind "transparent to itself" now appears to be rarely if ever achievable (or even desirable) in practice. In this context the out-of-touchness of different selves no longer looks so startling.

What could be the basis for the different "value systems" associated with rival Heads of Mind? At another level of analysis, psychopharmacological evidence suggests that the characteristic emotional style of different personalities could correspond to the brain-wide activation or inhibition of neural pathways that rely on different neurotransmitter chemicals. Thus the phlegmatic style of Mary's host personality could be associated with low norepinephrine levels, the shift to the carnal style of Sally with high norepinephrine, and the out-of-control Hatey with low dopamine.

Even the idea of an "election" of the current Head of Mind is not implausible. Events very like elections take place in the brain all the time – whenever coherent patterns of activity compete for control of the same network. Consider what happens, for example, when the visual system receives two conflicting images at the two eyes. First there is an attempt at fusion; but if this proves to be unstable, "binocular rivalry" results, with the input from one eye completely taking over while the other is suppressed. Thus we already have, at the level of visual neurophysiology, clear evidence of the mind's general preference for single-mindedness over completeness.

These ideas about the nature of selves are by no means altogether new. C. S. Peirce, for instance, expressed a similar vision in 1905:[9]

> A person is not absolutely an individual. His thoughts are what he is "saying to himself," that is, is saying to that other self that is just coming into life in the flow of time.

From within the psychoanalytic tradition, Heinz Kohut wrote (in "On Courage"):[10]

> I feel that a formulation which puts the self into the centre of the personality as the initiator of all actions and as the recipient of all impressions exacts too high a price... If we instead put our trust in empirical observation .. we will see different selves, each of them a lasting psychological configuration, .. fighting for ascendancy, one blocking out the other, forming compromises with each other, and acting inconsistently with each other at the same time. In general, we will witness what appears to be an uneasy victory of one self over all others.

Robert Jay Lifton has defined the self as the "inclusive symbol of one's own organism"; and in his discussions of what he calls "proteanism" (an endemic form of multiplicity in modern human beings) and "doubling" (as in the double-life led by Nazi doctors) he has stressed the struggle that all human beings have to keep their rival self-symbols in symbiotic harmony.[11]

These ideas have however been formulated without reference to the newly-gathered evidence on MPD. Moreover the emphasis of almost all the earlier work has been on the underlying continuity of human psychic structure: a single stream of consciousness manifesting itself in now this, now that configuration. Nothing in the writings of Kohut or of Lifton would have prepared us for the radical discontinuity of consciousness that – if it really exists – is manifest in the case of a multiple like Mary.

Which brings us to the question that has been left hanging all along: does "real MPD" exist? We hope that, in the light of the preceding discussion, we shall be able to come closer to an answer.

What would it mean for MPD to be "real"? We suggest that, if the model we have outlined is anything like right, it would mean at least the following:

1. The subject will have, at different times, different "spokesmen", corresponding to separate Heads of Mind. Both objectively and subjectively, this will be tantamount to having different "selves" because the access each such spokesman will have to the memories, attitudes and thoughts of other spokesmen will be, in general, as indirect and intermittent as the access one human being can have to the mind of another.

2. Each self, when present, will claim to have conscious control over the subject's behaviour. That is, this self will consider the subject's current actions to be her actions, experiences to be her experiences, memories to be her memories, and so on. (At times the self out front may be conscious of the existence of other selves – she may even hear them talking in the background – but she will not be conscious with them).

3. Each self will be convinced – as it were by "her own rhetoric" – about her own integrity and personal importance.

4. This self-rhetoric will be convincing not only to the subject but also (other things being equal) to other people with whom she interacts.

5. Different selves will be interestingly different. That is, each will adopt a distinctive style of presentation – which very likely will be associated with differences in physiology.

To which we would add – not necessarily as a criterion of "real multiplicity" but none the less as an important factual issue – that:

6. The "splitting" into separate selves will generally have occurred before the patient entered therapy.

Now, what are the facts about MPD? The first thing to say is that in no case do we know that all these criteria have been met. What we have to go on instead is a plethora of isolated stories, autobiographical accounts, clinical reports, police records, and just a few scientific studies. Out of those the following answers form.

Does the phenomenon exist?

There can be no doubt that what might be called a "candidate phenomenon" exists. There are literally thousands of people living today who, in the course of clinical investigation, have presented themselves as having several independent selves (or "spokesmen" for their minds). Such cases have been described in reputable scientific journals, recorded on film, shown on television, cross-examined in law courts. We ourselves have met with several of them and have even argued with these separate selves about why we should believe the stories that they tell us. Skeptics may still choose to doubt what the phenomenon amounts to, but they should no longer doubt that it occurs.

Do multiples themselves believe in what they are saying?

Certainly they seem to do so. In the clinic, at least, different selves stoutly insist on their own integrity, and resist any suggestion that they might be "play-acting" (a suggestion, which, admittedly, most therapists avoid). The impression they make is not of someone who is acting, but rather of a troubled individual who is doing her best – in what can only be described as difficult circumstances – to make sense of what she takes to be the facts of her experience.

As persuasive as anything is the apparently genuine puzzlement that patients show when confronted by facts they can't make sense of. Thus one woman told us of how, when – as frequently happened – she came home and found her neat living-room all messed up, she suspected that other people must be playing tricks on her. A young man described how he found himself being laughed at by his friends for having been seen around gay bars: he tried over several months to grow a beard to prove his manhood, but as soon as the stubble began to sprout, someone – he did not know who – shaved it off. A woman discovered that money was being mysteriously drawn from her bank account, and told the police that she was being impersonated. We have heard of a case of a highly sceptical patient who refused to accept her therapist's diagnosis until they both learned that one of her alters was seeing another therapist.

That is not to say that such stories would always stand up to critical examination: examination, that is, by the standards of "normal human life". But this, it seems, is quite as much a problem for the patient as for anyone else. These people clearly know as well as anybody that there is something wrong with them and that their lives don't seem to run as smoothly as other people's. In fact it would be astonishing (and grounds for our suspicion) if they did not: for, to coin a phrase, they were not born yesterday, and they are generally too intelligent not to recognise that in some respects their experience is bizarre. We met a woman, Gina, with a male alter, Bruce, and asked Bruce the obvious "normal" question: when he goes to the bathroom, does he choose the Ladies or the Gents. He confessed that he goes to the Ladies – because "something went wrong with my anatomy" and "I turned out to be a male living in a woman's body".

For several years a multiple newsletter – S4OS (Speaking for Our Selves) – circulated, in which patients shared with each other their experiences and strategies. In September 1987 S4OS claimed 691 subscribers.[12]

Do they succeed in persuading other people to believe in them?

We have no doubt that the therapist who diagnoses MPD is fully convinced that he is dealing with several different selves. But, from our standpoint, a more crucial issue is whether other people who are not already au fait with the diagnosis accept this way of looking at

things. According to our analysis (or indeed any other we can think of) selves have a public as well as a private role to play: indeed they exist primarily to handle social interactions. It would therefore be odd, to say the least, if some or all of a patient's selves were to be kept entirely secret from the world.

On this point the evidence is surprisingly patchy. True enough, in many cases the patient herself will – in the context of the therapeutic situation – tell stories of her encounters in the outside world. But what we need is evidence from a third source: a neutral source that is in no way linked to the context in which splitting is "expected" (as might still be the case with another doctor, or another patient or even a television journalist). We need to know whether the picture of her multiple life that the therapist and patient have worked out together jibes with what other people have independently observed.

Prima facie, it sounds like the kind of evidence it would be easy to obtain – by asking family, friends, workmates or whomever. There is the problem of course that certain lines of enquiry are ruled out on ethical grounds, or because their pursuit would jeopardise the patient's ongoing therapy, or would simply involve an unjustifiable amount of time. None the less it is disappointing to discover how few such enquiries have been made.

Many multiple patients are married and have families; many have regular employment. Yet, again and again it seems that no one on the outside has in fact noticed anything peculiar – at least not so peculiar. Maybe, as several therapists explained to us, their patients are surprisingly good at "covering up" (secrecy, beginning in childhood, is part and parcel of the syndrome – and in any case the patient has probably learned to avoid putting herself or others on the spot). Maybe other people have detected something odd and dismissed it as nothing more than inconstancy or unreliability (after all, everyone has changing moods, most people are forgetful, and many people lie). Gina told us of how she started to make love to a man she met at an office party but grew bored with him and left – leaving "one of the kids" (another alter) cringing in her place. The man, she said, was quite upset. But no one has heard his side of the story.

To be sure, in many cases, perhaps even most, there is some form of post-diagnostic confirmation from outside: the husband who, when the diagnosis is explained to him, exclaims "Now it all makes sense!", or the boyfriend who volunteers to the therapist tales of what it is like to be "jerked around" by the tag-team alters of his partner. One patient's husband admitted to mixed emotions about the impending cure or integration of his wife: "I'll miss the little ones!".

The problem with such retrospective evidence is, however, that the informant may simply be acceding to what might be termed a "diagnosis of convenience". It is probably the general rule that once multiplicity has been recognised in therapy, and the alters have been

"given permission" to come out, there are gains to be had all round from adopting the patient's preferred style of presentation. When we ourselves were introduced to a patient who switched three times in the course of half an hour, we were chastened to discover how easily we ourselves fell in with addressing her as if she were now a man, now a woman, now a child – a combination of good manners on our part and an anxiety not to drive the alter personality away (as Peter Pan said "Every time someone says 'I don't believe in fairies,' there is a fairy somewhere who falls down dead").

Any interaction with a patient involves cooperation and respect, which shade imperceptibly into collusion. The alternative might be surreptitious observation in extra-clinical situations, but this would be as hard to justify as to execute. The result is that one is limited to encounters that--in our limited experience-have an inevitable séance-like quality to them.

Therapists with whom we have talked are defensive on this issue. We have to say, however, that, so far as we can gather, evidence for the external social reality of MPD is weak.

Are there "real" differences between the different selves?

One therapist confided to us that, in his view, it was not uncommon for the different selves belonging to a single patient to be more or less identical – the only thing distinguishing them being their selective memories. More usually, however, the selves are described as being manifestly different in both mental and bodily character. The question is: do such differences go beyond the range of "normal" acting out?

At the anecdotal level, the evidence is tantalising. For example a psychopharmacologist (whom we have reason to consider as hard-headed as they come) told us of how he discovered to his astonishment that a male patient, whose host personality could be sedated with 5mg of valium, had an alter personality who was apparently quite impervious to the drug: the alter remained as lively as ever when given a 50mg intravenous dose (sufficient in most people to produce anaesthesia).

Any would-be objective investigator of MPD is soon struck by the systematic elusiveness of the phenomena. Well-controlled scientific studies are few (and for obvious reasons difficult to do). None the less, what data there are all go to show that multiple patients – in the context of the clinic – may indeed undergo profound psycho-physiological changes when they change personality state. There is preliminary evidence, for example, of changes in handedness, voice-patterns, evoked-response brain-activity, and cerebral blood flow. When samples of the different handwritings of a multiple are mixed with samples by different hands, police handwriting experts have been unable to identify them. There are data to suggest differences in allergic reactions and thyroid functioning. Drug studies have shown differences

in responsivity to alcohol and tranquillisers. Tests of memory have indicated genuine cross-personality amnesia for newly acquired information (while, interestingly enough, newly acquired motor-skills are carried over).[13]

When and how did the multiplicity come into being?

The assumption made by most people in the MPD Movement – and which we so far have gone along with – is that the splitting into several selves (with all the sequelae we have been discussing) originates in early childhood.[14] The therapist therefore brings to light a pre-existing syndrome, and in no way is he (or she, for many therapists are women) responsible for creating MPD. But an alternative possibility of course exists, namely that the phenomenon – however genuine at the time that it is described – has been brought into being (and perhaps is being maintained) by the therapist himself.

We have hinted already at how little evidence there is that multiplicity has existed before the start of treatment. A lack of evidence that something exists is not evidence that it does not, and several papers at the Chicago meeting reported recently discovered cases of what seems to have been incipient multiplicity in children. None the less, the suspicion must surely arise that MPD is an "iatrogenic" condition (i.e. generated by the doctor).

Folie à deux between doctor and patient would be, in the annals of psychiatry, nothing new.[15] It is now generally recognised that the outbreak of "hysterical symptoms" in female patients at the end of the last century (including paralysis, anaesthesia, and so on) was brought about by the over-enthusiastic attention of doctors (such as Charcot) who succeeded in creating the symptoms they were looking for. In this regard, hypnosis, in particular, has always been a dangerous tool. The fact that in the diagnosis of multiplicity hypnosis is frequently (although not always) employed, the closeness of the therapist-patient relationship, and the intense interest shown by therapists in the "drama" of MPD, are clearly grounds for legitimate concern.

This concern is in fact one that senior members of the MPD Movement openly share. At the Chicago conference a full day was given to discussing the problem of iatrogenesis. Speaker after speaker weighed in to warn their fellow therapists against "fishing" for multiplicity, misuse of hypnosis, "fascination" by the alter personalities, the "Pygmalion effect", uncontrolled "countertransference", and what was bravely called "major league malpractice" (i.e. sexual intimacy with patients). Although the message was that there is no need to invent the syndrome since you'll recognise the real thing when you see it, it is clear that those who have been in the business for some time understand only too well how easy it is to be misleading and misled.

A patient presents herself with a history of, let's call it, "general muddle". She is worried by odd juxtapositions and gaps in her life, by signs that she has sometimes behaved in ways that seem strange to her; she is worried she's going mad. Under hypnosis the therapist suggests that it is not her, but some other part of her that is the cause of trouble. And lo, some other part of her emerges. But since this is some other part, she requires – and hence acquires – another name. And since a person with a different name must be a different person, she requires – and hence acquires – another character. Easy; especially easy if the patient is the kind of person who is highly suggestible and readily dissociates, as is typical of those who have been subjected to abuse.

Could something like this possibly be the background to almost every case of MPD? We defer to the best and most experienced therapists in saying that it could not. In some cases there seems to be no question that the alternate personality makes its debut in therapy as if already formed. We have seen a videotape of one case where, in the first and only session of hypnosis, a pathetic young woman, Bonny, underwent a remarkable transformation into a character, calling herself "Death", who shouted murderous threats against both Bonny and the hypnotist. Bonny had previously made frequent suicide attempts, of which she denied any knowledge. Bonny subsequently tried to kill another patient on the hospital ward and was discovered by a nurse lapping her victim's blood. It would be difficult to write off Bonny/Death as the invention of an overeager therapist.

On the general run of cases, we can only withhold judgement, not just because we do not know the facts, but also because we are not sure a "judgmental" judgment is in order. Certainly we do not want to align ourselves with those who would jump to the conclusion that if MPD arises in the clinic rather than in a childhood situation it cannot be "real". The parallel with hysteria is worth pursuing. As Charcot himself demonstrated only too convincingly, a woman who feels no pain when a pin is stuck into her arm feels no pain – and calling her lack of reaction a "hysterical symptom" does not make it any the less remarkable. Likewise a woman who at the age of thirty is now living the life of several different selves is now living the life of several different selves – and any doubts we might have about how she came to be that way should not blind us to the fact that such is now the way she is.

According to the model we proposed, no one starts off as either multiple or single. In every case there has to be some sort of external influence that tips the balance this way or that (or back again). Childhood may indeed be the most vulnerable phase; but it may also very well be that in certain people a state of incipient multiplicity persists much longer, not coming to fruition until later life.

The following story is instructive. A patient, Frances, who is now completely integrated, was telling us about the family of selves she used to live with – among whom she

counted Rachel, Esther, Daniel, Sarah, and Rebecca. We were curious as to why a white-anglo-saxon-protestant should have taken on these Hebrew names, and asked her where the names had come from. "That's simple," she said, "Dad used to play Nazis and Jews with me; but he wanted me to be an innocent victim, so every time he raped me he gave me a new Jewish name."

Here, it seems, that (as with Mary) the abuser at the time of the abuse explicitly, even if unwittingly, suggested the personality structure of MPD. But suppose that Frances had not had the "help" of her father in reaching this "solution". Suppose she had remained in a state of self confusion, muddling through her first thirty years, until a sympathetic therapist provided her with a way out (and a way forward). Would Frances have been less of a multiple than she turned out to be? In our view, No.

There must be of course a world of difference between an abuser's and a therapist's intentions in suggesting that a person contains several separate selves. None the less the consequences for the structure of the patient/victim's mind would not be so dissimilar. "Patrogenic" and "iatrogenic" multiplicity could be – and in our view would be – equally real.

Forty years ago two early commentators, W. S. Taylor and M. F. Martin, wrote:[16]

> Apparently most ready to accept multiple personality are (a) persons who are very naive and (b) persons who have worked with cases or near cases.

The same is still largely true today. Indeed the medical world remains in general hostile to – even contemptuous of – MPD. Why?

We have pointed to several of the reasons. The phenomenon is considered by many people to be scientifically or philosophically absurd. We think that is a mistake. It is considered to be unsupported by objective evidence. We think that is untrue. It is considered to be an iatrogenic folly. We think that, even where that's so, the syndrome is a real one none the less.

But there is another reason, which we cannot brush aside: and that is the cliquish – almost cultish – character of those who currently espouse the cause of MPD. In a world where those who are not for MPD are against it, it is perhaps not surprising that "believers" have tended to close ranks. Maybe it is not surprising either that at meetings like the one we attended in Chicago there is a certain amount of well-meaning exaggeration and one-upmanship. We were however not prepared for what – if it occurred in a church – would amount to "bearing witness."

"How many multiples have you got?" one therapist asks another over breakfast in Chicago, "I'm on my fifth." "Oh, I'm just a novice – two, so far." "You know Dr. Q – she's got fifteen in treatment; and I gather she's a multiple herself." . . At lunch: "I've got a patient whose eyes change collor." "I've got one whose different personalities speak six different languages, none of which they could possibly have learned." "My patient Myra had her fallopian tubes tied, but when she switched to Katey she got pregnant." . . At supper: "Her parents got her to breed babies for human sacrifice; she was a surrogate mother three times before her eighteenth birthday." "At three years old, Peter was made to kill his baby brother and eat his flesh." "There's a lot of it about: they reckon that a quarter of our patients have been victims of satanic rituals."

To be fair, this kind of gossip belies the deeper seriousness of the majority of therapists who deal with MPD. But that it occurs at all, and is seemingly so little challenged, could well explain why people outside the Movement want to keep their distance. Not to put too fine a point on it, there is everywhere the sense that both therapists and patients are participators in a Mystery, to which ordinary standards of objectivity do not apply. Multiplicity is seen as a semi-inspired, semi-heroic condition: and almost every claim relating either to the patients' abilities or to the extent of their childhood suffering is listened to in sympathetic awe. Some therapists clearly consider it a privilege to be close to such extraordinary human beings (and the more of them in treatment, the more status the therapist acquires).

We were struck by the fact that some of the very specialists who have conducted the scientific investigations we mentioned earlier are sympathetic also to wild claims. We frankly cannot accept the truth of many of the circulating stories, and in particular we were unimpressed by this-year's-favourite – namely all the talk of the "satanic cult" origins of many cases of MPD.

However, an astronomer who believes in astrology would not for that reason be untrustworthy as an astronomical observer, and it would be wrong to find the phenomenon of multiplicity guilty by association. The climate in which the discussion is currently occurring is regrettable but probably unavoidable, not because all the true believers are gullible and all the opponents narrow-minded, but because those who have worked with cases know they have seen something so remarkable as to defy conventional description, and, in the absence of an accepted conceptual framework for description, they are driven by a sense of fidelity to their own experience to making hyperbolic claims.

We draw, for the time being, the following conclusions.

1. While the unitary solution to the problem of human selfhood is for most people socially and psychologically desirable, it may not always be attainable.

2. The possibility of developing multiple selves is inherent in every human being. Multiplicity is not only biologically and psychologically plausible, but in some cases it may be the best – even the only – available way of coping with a person's life experience.

3. Childhood trauma (usually, though not necessarily, sexual) is especially likely to push a person towards incipient multiplicity. It is possible that the child may progress from there to becoming a full-fledged multiple of his or her own accord; but in general it seems more likely that external pressure – or sanction – is required.

4. The diagnosis of MPD has become, within a particular psychiatric lobby, a diagnostic fad. Although the existence of the clinical syndrome is now beyond dispute, there is as yet no certainty as to how much of the multiplicity currently being reported has existed prior to therapeutic intervention.

5. Whatever the particular history, the end result would appear to be in many cases a person who is genuinely split. That is, the grounds for assigning several selves to such a human being can be as good as – indeed the same as – those for assigning a single self to a normal human being.

It remains the case that even in North America, the diagnosis of MPD has become common only recently, and elsewhere in the world it is still seldom made at all. We must surely assume that the predisposing factors have always been widely present in the human population. So where has all the multiplicity been hiding?

To end with further questions, and not answer them, may be the best way of conveying where we ourselves have got to. Here are some (almost random) puzzles that occur to us about the wider cultural significance of the phenomenon.

In many parts of the world the initiation of children into adult society has, in the past, involved cruel rites, involving sexual and physical abuse (sodomy, mutilation, and other forms of battering). Is the effect (maybe even the intention) of such rites to create adults with a tendency to MPD? Are there contexts where an ability to split might be (or have been thought to be) a positive advantage – for example when it comes to coping with physical or social hardship? Do multiples make better warriors?

In contemporary America, many hundreds of people claim to have been abducted by aliens from UFO's. The abduction experience is not recognised as such at first, and is described instead as "missing time" for which the person has no memories. Under hypnosis, however, the subject typically recalls having been kidnapped by humanoid creatures who did harmful things to her or him – typically involving some kind of sex-related surgical operation (for example, sharp objects being thrust into the vagina). Are these people recounting a mythic version of an actual childhood experience? During the period described as missing time, was another personality in charge – a personality for whom the experience of abuse was all too real?

Plato banned actors from his Republic on the grounds that they were capable of "transforming themselves into all sorts of characters" – a bad example, he thought, for solid citizens. Actors commonly talk about "losing" themselves in their roles. How many of the best actors have been abused as children? For how many is acting a culturally-sanctioned way of letting their multiplicity come out?

The therapists we talked to were struck by the "charisma" of their patients. Charisma is often associated with a lack of personal boundaries, as if the subject is inviting everyone to share some part of him. How often have beguiling demagogues been multiples? Do we have here another explanation for the myth of the "wound and the bow"?

Queen Elizabeth I, at the age of two, went through the experience of having her father, Henry VIII, cut off her mother's head. Elizabeth in later life was notoriously changeable, loving and vindictive. Was Elizabeth a multiple? Joan of Arc had trances, and cross-dressed as a boy. Was she?

1. Originally commissioned by the *New York Review of Books*; later published as Nicholas Humphrey and Daniel C. Dennett, 1989, “Speaking for our selves: an assessment of multiple personality disorder”, *Raritan*, 9:1, 68-98.

2. For the statistics cited on MPD, see F.W. Putnam et al., 1986, "The clinical phenomenology of multiple personality disorder: Review of 100 recent cases," *Journal of Clinical Psychiatry*, 47, 285-293.

3. DMS-III is Diagnostic and Statistical Manual III, Washington, DC: American Psychiatric Association, 1980.

4. Among the autobiographical accounts, by far the best written is Sylvia Fraser, 1988, *My Father's House*, New York: Ticknor and Fields. Many short case histories have been published in the clinical literature. J. Damgaard, S. Van Benschoten, and J. Fagan, 1985, "An updated bibliography of literature pertaining to multiple personality," *Psychological Reports*, 57, 131-137, provides a comprehensive bibliography. For a more sceptical treatment, see Thomas A. Fahy, 1988, "The Diagnosis of Multiple Personality Disorder: a Critical Review," *British Journal of Psychiatry*, 153, 509-606 .

5. David Hume, 1748/1985, *Essay on Miracles*, Part I, p.32, La Salle: Open Court Classics.

6. See Daniel Dennett, 1988, "Why we are all novelists", *Times Literary Supplement*, Sept 16-22, 1016-29.

7. Eugene Marais, 1937, *The Soul of the White Ant*, London: Methuen. Douglas Hofstadter has developed the analogy between mind and ant colony in the "Prelude ... Ant Fugue" flanking chapter 10 of *Gödel Escher Bach*, New York: Basic Books, 1979. The "distributed control" approach to designing intelligent machines has in fact had a long history in Artificial Intelligence, going back as far as Selfridge's early "Pandemonium" model of 1959, and finding recent expression in Marvin Minsky's *The Society of Mind*, New York: Simon & Schuster, 1985.

8. The social function of self-knowledge has been stressed particularly by Nicholas Humphrey in *Consciousness Regained*, Oxford: Oxford University Press, 1983, and in *The Inner Eye*, London: Faber & Faber, 1986. For a suggestive discussion of "active symbols" as something not unlike our notion of a Figurehead of Mind, see Douglas Hofstadter: *Gödel Escher Bach*, loc.cit., and *Metamagical Themas*, New York: Basic Books, 1985, especially, pp. 646-665.

9. C. S. Peirce, 1905, "What Pragmatism Is," *The Monist*, reprinted as "The Essentials of Pragmatism," in *Philosophical Writings of Peirce*, ed. J. Buchler, p. 258, New York: Dover,

1955.

10. Heinz Kohut, "On Courage", (early 1970's), reprinted in H. Kohut, 1985, *Self Psychology and the Humanities*, ed. Charles B. Strozier, p. 33, New York: W. W. Norton.

11. Robert Jay Lifton, 1979, *The Broken Connection*, New York: Simon & Schuster; 1986, *The Nazi Doctors*, New York: Basic Books.

12. S4OS – *Speaking For Our Selves: a Newsletter By, For, and About People With Multiple Personality*, P.O. Box 4830, Long Beach, California, 90804, published quarterly between October 1985 and December 1987, when publication was suspended (temporarily, it was hoped) due to a personal crisis in the life of the editor. Its contents have unquestionably been the sincere writings and drawings of MPD patients, often more convincing--and moving--than the many more professional autobiographical accounts that have been published.

13. Frank W. Putnam, 1984, "The Psychophysiologic Investigation of Multiple Personality Disorder," *Psychiatric Clinics of North America*, 7, March, pp.31-39; Scott D. Miller, 1988, "The Psychophysiological Investigation of Multiple Personality Disorder: Review and Update," in *Dissociative Disorders,*, ed. B. G. Braun, p. 113, Chicago: Dissociative Disorders Program; Chicago; Mary Jo Nissen, James L. Ross, Daniel B. Willingham, Thomas B. MacKenzie, Daniel L. Schachter, 1988, "Memory and Awareness in a Patient with Multiple Personality Disorder," *Brain and Cognition*, 8, 117-134, and, 1994, "Evaluating Amnesia in Multiple Personality Disorder," in *Psychological Concepts and Dissociative Disorders*, ed. R. M. Klein and B.K.Doane, Hillsdale, NJ: Erlbaum..

14. On incipient MPD in children, see David Mann and Jean Goodwin, 1988, "Obstacles to Recognizing Dissociative Disorders in Child and Adolescent Males," in *Dissociative Disorders,*, ed. B. G. Braun, p. 35, Chicago: Dissociative Disorders Program; Carole Snowden, 1988, "Where are all the Childhood Multiples? Identifying Incipient Multiple Personality in Children," op. cit., p. 36; Theresa K. Albini, 1988, "The Unfolding of the Psychotherapeutic Process in a Four Year Old Patient with Incipient Multiple Personality Disorder," op. cit., p. 37.

15. For a fascinating discussion of how individuals may mould themselves to fit "fashionable" categories, see Ian Hacking, 1986, "Making Up People," in *Reconstructing Individualism*, ed. Thomas C. Heller, Morton Sosna, and David E. Wellbery, pp. 222-36, Berkeley: Stanford University Press.

16. W.S. Taylor, and M.F. Martin, 1944, "Multiple personality", *Journal of Abnormal and Social Psychology*, 39, 281-300.