

Who is the real me?

Simon Wessely

on how

therapists have

encouraged

patients to blame

their antisocial

behaviour on

alternative selves

Oscar Wilde wrote: "I am certain that I have three separate or distinct souls." Would he nowadays have been diagnosed as suffering from multiple personality disorder?

The problem of individuals with a single body, but who behave as if they are two or more personalities, has a long history. Perhaps the most famous example was Eve White, a shy withdrawn girl being treated for unexplained headaches, who during psychotherapy suddenly would become another person, Eve Black, who was bright, flirtatious and over-confident.

A third personality, Jane, made her appearance after more psychotherapy. Thigpen and Cleckley, a psychologist and a psychiatrist, revealed her story in the book *The Three Faces of Eve*. Eve was not the first, but was certainly the best known, case of multiple personality disorder (MPD).

Thirty years later, Thigpen and Cleckley returned to the subject of MPD. In a 1984 paper they discussed the epidemic of MPD that had swept the United States since the



be pleased with this recognition, but they were not.

Thigpen and Cleckley revealed that since the publication of *The Three Faces of Eve* they had been referred many thousands of people who strenuously sought to be diagnosed as having MPD. In order to see the doctors, many of the patients used various voices on the telephone, or wrote letters to them in different handwriting. However, Thigpen and Cleckley diagnosed only one further case of MPD.

The authors noted that many of these patients went from therapist to therapist

who would accept the label of MPD. Thigpen and Cleckley noted with regret that a competition seemed to have developed among some doctors to see who could diagnose the most cases. They might also have added "and whose cases could have the most personalities".

A recent survey showed that the average MPD patient in the US now has eight separate personalities. A recent book was written by one sufferer who had 95 personalities, known as the "Troops", most of whom had contributed to the text.

MPD has become an epidemic in America, with its own journal. Frequent conferences are held on the topic, during which, as one observer put it, "therapists show videos of their patients producing their latest cute tricks".

Some have suggested that MPD is a form of psychosis, others that it is a modern variation of spirit possession. Most favour either psychological or social explanations. One is reminiscent of the Jekyll and Hyde story. MPD may provide a way in which subjects can escape responsibility for those aspects of their personality they find unacceptable.

Another survey noted that it was common among cases to attribute antisocial acts that they had performed to their other selves as a way of avoiding blame. In America, MPD has been used as a successful defence in rape and other serious crimes.

The most notorious example was the case of Kenneth Bianchi, known as the "Hillside Strangler", responsible for a series of horrific murders

or young women in Los Angeles. Bianchi's defence was one of multiple personality.

Psychiatrists experienced in MPD were convinced by his performance, until a more sceptical expert proved Bianchi to be faking. Far from being psychologically naïve, as he claimed, he had in fact previously impersonated a psychologist, and had a considerable knowledge of psychological methods and jargon. He originally claimed to be two people, but when casually told by the psychiatrist that most cases of MPD had three personalities, promptly produced a third one.

One of the defence psychiatrists later admitted that it had never occurred to him that subjects, even when facing the death penalty, might lie.

Usually people who claim to have MPD have long histories of a variety of psychiatric disorders. Most have been in therapy for some years. Many report traumatic childhoods, with stories of neglect, deprivation and abuse.

Proponents of MPD argue that the experience of abuse at an early age has led to the child developing psychological coping mechanisms including denial of what is happening, ignoring its meaning, or retreating into a fantasy life. This leads to a psychological defence known as dissociation, in which different aspects of personality and memory can, at times, be repressed.

All of us act in different

ways at different times. To be inconsistent is normal, even if inconvenient for ourselves and others. All of us have experienced our "minds going blank", or have forgotten things we would rather not remember. In a recent survey, 65 per cent of children had imaginary playmates.

Critics of MPD argue that in disturbed individuals, these traits become amplified in a manner that is only quantitatively, and not qualitatively, different from normal.

In this country the diagnosis is almost unknown. Is this simply because we don't look for it? Perhaps, but more likely it is because British psychiatrists do not act in a way that will lead to the creation of multiple personalities in our patients. We fail to respond to the cues that might lead a distressed, suggestible patient, trying to come to terms with

an awful past, to develop symptoms of MPD.

Some of our American colleagues, in a similar situation, behave differently. Some therapists now use hypnosis to uncover the alternative personality, or in other ways actively encourage the patient to dissociate and produce more and more alternative personalities.

In America a frequent technique is to address the different personalities as if they are different people — giving each an age, name, sex, profession and complete biography.

This has led to the farcical situation reported in a Wiscon-

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sin court in which a witness was sworn in three times, once for each of her personalities. Another 40 did not give evidence, including one which "evolved from a small animal which lives beneath the table and growls when frightened".

Dr Tom Fahy, of the Institute of Psychiatry, a critic of MPD, has described cases in which the number of alternate personalities is proportional to the number of years in therapy. Patients who develop MPD may be subjects, who have learnt to cope with previous trauma by dissociation, but now have found a therapist who will collude in this new, dramatic piece of theatre. The therapist is thus acting as the midwife for the new personalities.

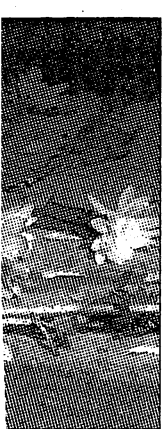
We must beware in this country of an uncritical acceptance of the existence of MPD. Digby Tantam, Professor of Psychotherapy at Warwick University, says that before a new psychiatric diagnosis is accepted, certain safeguards are needed.

First, that the diagnosis itself does not create new symptoms. Second, that the diagnosis does not increase disability. Third, that it does not lead to dependency on the therapist.

At the moment, MPD fails all three tests. Professor Tantam concluded that he found the business of MPD embarrassing. As long as British psychiatrists remain embarrassed, and not fascinated, by this phenomenon, multiple personality disorder may remain restricted to fiction and American court rooms.

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Nursing homes should let elderly residents keep animals