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and Agency: Implications for Dissociative Identity Disorder

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SOCIAL, COGNITIVE,
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CONSTRAINTS ON
SUBJECTIVITY AND
AGENCY: *Implications
for Dissociative
Identity Disorder*

PETER Q. DEELEY



IN THIS COMMENTARY, I consider Matthew's argument after making some general observations about dissociative identity disorder (DID). In contrast to Matthew's statement that "cases of DID, although not science fiction, are extraordinary" (p. 148), I believe that there are natural analogs of the disorder that, when considered, make it seem less puzzling and exotic. After discussing these examples, I examine the relations between social, cognitive, and neural processes supporting subjectivity and agency, to identify sources of personal identity in cases of DID that can be used as a basis for assessing Matthew's points against Behnke and Sinnott-Armstrong. I am not proposing a comprehensive theory, but rather identifying what I believe are components of such a theory. I then outline an approach to determining criminal responsibility in DID, drawing on analogies with other psychiatric disorders.

DISSOCIATIVE IDENTITY DISORDER

DID is a disorder described in DSM-IV, which "is characterised by the presence of two or more distinct identities or personality states that recurrently take control of the individual's behaviour accompanied by an inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness" (American Psychiatric Association, p. 519).

RECOGNIZING PERSONAL IDENTITY

How is personal identity recognized in normal cognition? If we take personhood to involve recognition of continuity of social, psychological, and physical identity for a given individual, then such judgments are routinely made rapidly and automatically as an aspect of what has come to be termed *social cognition* (Adolphs 2003). There is likely to be considerable redundancy in

the types of information used to make judgments about whether a person is the same as one who was previously encountered, or perhaps heard about—for example, facial features, movement patterns, speech prosody, dress, speech content, gender, ethnicity, social role, among other features, all provide information about individual identity, and hence personhood. When uncertainty exists, it is likely to reflect a loss or alteration of cues that would ordinarily be used in a rapid, automatic, unexamined way (Adolphs 2003). In such extreme cases (for example, severe mental illness or disfigurement), the problem of identification becomes the subject of explicit reasoning (and hence of potential disagreement, because we then engage in post hoc rationalizations to establish criteria for determining personhood, whereas normally we rely on essentially automatic, implicit abilities that work in most circumstances, some of which make little use of linguistic representations and formal reasoning—for example, individual facial identity recognition, which may occur as quickly as 170 ms after stimulus onset [Adolphs 2003]). Nevertheless, examining our judgments and intuitions in cases that force us to explicitly consider whether personal identity is preserved may provide analogies and clues for how we should proceed with DID. Let us consider, then, some natural analogs of DID.

NATURAL ANALOGS OF DID

Method Acting

I suggest that method acting is an analog of DID (Manderino 1985). *Method acting* refers to an approach to acting training and performance in which emphasis is placed on intensely imagining and identifying with the mental life of the character being portrayed. Training courses and manuals list many techniques and practices that can be used to facilitate absorption in a role, drawing on different kinds of memory—for example, experiential memories, memories of others, general knowledge (semantic memory), and memories of sensations and feelings, to create a vivid sense of the subjective experience and actions of the character. Manderino, a method acting teacher, comments:

“it is important to investigate the way in which your own mental makeup can improperly influence a character. Insecurities, self-consciousness, shyness or self-doubts can maintain a strong hold, and permitting any of these feelings to enter a performance is to remain the actor and not enter into the mental life of the character. For some, acting allows personal problems to be left behind, and they are thankful for the complete escape that is afforded by dissolving their identity in order to completely create another.” (1985, p. 104)

This quotation suggests both that accomplished method actors are able to separate their habitual dispositions from a role, and that the method enactment of a role can be experienced as a radical departure from normal subjectivity and agency, so much so that familiar subjectivity can be temporarily forgotten. It sounds, in fact, like an individually and contextually controlled version of DID.

Does the method actor whose normal sense of subjectivity and identity has been eclipsed by their enacted role remain the same person? On the one hand, the audience and even actor can be taken in, convinced by the apparently distinct personhood of the enacted role. But this reflects something like the “suspension of disbelief” suggested by Coleridge as a precondition for appreciating a dramatic work (Coleridge, 1907). More normal assumptions about reality and personal identity are never far from being reasserted, and at the very least will be reestablished at the end of even the greatest performance. I suggest that our recognition—if pressed—that the actor is the same person, appearances in the play notwithstanding, reflect in part a recognition that the enacted role is dependent on the bodily and psychological existence and skills of the actor as a unique individual; and, further, that the character being portrayed is fictional. The recognition of continuing personal identity despite a radical change in subjectivity, agency, and self-representation (features that we might normally take to constitute personality), suggest that recognition of personal identity entails acceptance of causal continuity (bodily, psychological, and social) between person-stages, even when personality (or the appearance of personality) temporarily changes.

Spirit Possession

Janice Boddy, an anthropologist, reports that in Northern Arabic-speaking Sudan, numerous women—and very few men—are diagnosed to be suffering at some point in their lives from illness attributed to *zar*, a type of spirit possession. In Hofriyat, a village on the Nile some kilometers downstream from Khar-toum, I found that in different years, 42 percent (1977) and 47 percent (1984) of women ever married and over the age of 15 have succumbed to this affliction. (Boddy 2002, p. 399)

The *zairan* are red jinn that are “pleasure-seeking, capricious, ambivalent beings that bring milder forms of illness which, though initially distressful, never result in death or severe mental dysfunction” (Boddy 2003, p. 403). A possessed woman will attend a *zar* ceremony in which she gains some control over the symptoms attributed to possession by accepting a possession diagnosis, then by undergoing a curing ceremony “during which she enters, via trance, into a contractual relationship with the spirit(s) responsible for her lapse in health” (p.403). To placate the *zairan*, women continue to attend *zar* ceremonies, in which the hedonistic *zar* gains “a venue for access to the human world in ceremonial contexts in which it can be entertained”; “one by one, throughout an evening’s drumming, the spirits ‘descend’ (*nazal*) into their hosts in the order that their chants are played” (p. 404); “since an adept may be possessed by several different spirits at once, a woman might be in and out of trance all night as her various spirits descend and manifest themselves for up to 20 minutes each. When not entranced she participates in the drumming and chanting while observing other women who are” (p. 404). Boddy says of the *zar* ceremony, “despite its solemn aim to alleviate suffering, it can be a great deal of fun, mixing comedy, satire, and intellectual challenge in a heady atmosphere where nothing is quite as it seems” (p. 404). It is interesting to note that amongst the *zairan* are “the spirit analogues of Muslim saints, Turkish administrators, ‘Europeans’ (including North Americans, Hindus, and Chinese), Ethiopians, Syrian gypsies, Western Africans, nomadic Arabs, and Southern Sudanese, in short, of all the

human groups with whom Hofrayati have had contact over the past 150 years or more” (p. 404).

The *zar* possession cult is relevant to our discussion for several reasons. It demonstrates the cultural embeddedness of dissociative personality changes, in which local schemata pattern subjectivity, agency, and self-representation; it also demonstrates the importance of social context, modeling, and suggestion for eliciting dissociative phenomena. Also of note is the ambiguous relationship between illness and emotional and social gain as a result of dissociative presentations, which is relevant to discussions of to what extent DID should be regarded as motivated or unsolicited (Littlewood 2002). I would also suggest that *zar* possession demonstrates that—from a cross-cultural perspective—dissociative personality changes are not as “extraordinary” as Matthews suggests, at least not in a statistical sense.

Is the person undergoing *zar* possession the same person when possessed? Unlike attitudes toward the characters played by method actors, Hofrayati people accept the independent reality of the *zairan*, suggesting that the answer would be *no*; rather, they temporarily become whatever *zar* has possessed them. From our perspective, the *zairan* are not ontologically independent agentive entities; they are cultural and psychological constructs that inform specific forms of subjectivity, agency, and self-representation, with social, psychological, and bodily consequences for the individual who exhibits possession and trance. I suggest that *zar* possession is so deeply situated, causally and consequentially, in the process of an individual life, that we should regard the same person to be present during trance, despite the convincing appearance of “takeover” by an independent entity.

Considered together, the alterations in subjectivity, agency, and self-representation associated with method acting and *zar* possession are similar to those of DID, although are subject to greater social and individual control. If dissociative identity phenomena are role-congruent enactments informed by internalized local representations, what cognitive and neural mechanisms exist to implement them?

SOCIAL, COGNITIVE, AND NEURAL CONSTRAINTS ON SUBJECTIVITY AND AGENCY

Leslie's view of mentalizing or *Theory of Mind*—the processes by which mental states such as belief, desire, and intention are ascribed to others—entails that representations of imaginary circumstances are “decoupled” from reality (Leslie 1994; Gallagher and Frith 2003). Mentalizing involves running up to several decoupled representations simultaneously—for example, “Peter *supposes* that Sarah *thinks* that Simon *believes* that Sarah *would like* to go out with Peter” (Dunbar 2000). Running decoupled representations appears to be specifically supported by a medial prefrontal region, the anterior paracingulate cortex, integrated with social signals processed particularly in the superior temporal gyrus, and semantic knowledge, especially social scripts representing standardized patterns of action within specific social contexts, stored in the anterior temporal poles (Gallagher and Frith 2003). Of particular interest is the finding that medial prefrontal regions are also activated in self-reports of mental state, suggesting that meta-representations contributing to self-awareness are a kind of reflexive mentalizing (Frith 2001).

I suggest that running one or more alternate personalities in DID, with or without simultaneous awareness of the host personality, involves running decoupled representations informed by alternate self-schemata. The alternate self-schemata draw upon (*parasitize*, to put it pejoratively), explicit and implicit memories that are more usually recruited to inform normal self-awareness, guide self-representation, and interpret the actions of others. A key question here is what neurocognitive systems are involved in tagging these alternate sources of subjectivity as self-referent, rather than as representations of others? Contributions of the temporal, parietal, and frontal lobes to differentiating self-referent from allo-referent experience are discussed in Austin (2000). Another question is, how is the derivation of an alternate self regulated by the mechanisms controlling normal selfhood (implying individual motivation); or, alternatively, how and why does the normal integration of the outputs of these regulative mechanisms fragment in DID

(implying unsolicited psychopathology)? Oakley's (1999) neurocognitive model of autosuggestive phenomena (and by extension, allosuggestive phenomena) is relevant to these questions.

DID PRESUPPOSES A PRIOR DEVELOPMENTAL HISTORY OF EMBODIED PERSONHOOD

The point of the above is not to attempt to provide a comprehensive social neurocognitive account of DID, but rather to identify fundamental processes constraining forms of subjectivity and agency. The key implication of this account is that the emergence of an alternate is dependent on the preservation of bodily continuity, and the developmental history of the prior dominant self, which has resulted in the acquisition of explicit and implicit memories, and associated competences, which are sampled to create a coherent subjectivity and self-representation for the alternate (not just memories, but social cognitive abilities such as mentalizing require the developing child to be embedded in a social environment). In other words, the alternate cannot emerge in the absence of a prior, specific, developmental history, but is dependent on the physical, neural, cognitive, and social development of the host individual to support its novel form of subjectivity and agency. Thus, we should expect the characteristics of the alternate to be clearly constrained by the development of the dominant self, with the consequence that the alternate should not exhibit competences not present or conceivably available to the dominant self; for example, the alternate should not speak fluent Arabic if the dominant self had no exposure to Arabic; should not have access to the knowledge and skills of an adult if the dominant self is 6 years of age; would not be able to sprint if the dominant self were wheelchair bound due to an organic pathology; and would not be expected to have an IQ of 130 if the dominant self had an IQ of 70 (although the converse might apply). Even a great method actor cannot act a role for which they do not possess the requisite schemata or bodily skills; nor can an alternate emerge beyond the knowledge and competences of the host individual.

On these grounds, the argument is less: how can we identify the minimum necessary and suf-

ficient conditions to determine identity between person-stages of the same biological individual? It is rather, what grounds are there for believing that the alternate is anything other than a derivative, more or less coherent, version of the dominant, embodied self? As the DSM-IV puts it, “it is a disorder characterized by identity fragmentation rather than a proliferation of separate personalities” (APA p. 519); that is to say, a truly separate personality would imply a distinct individual social and psychophysical existence, which is not the case in DID. The alternates derive from a host personality—a coherent form of subjectivity, agency, and self-representation—arising within the constraints of a specific social, cognitive, and neural bodily developmental history.

IMPLICATIONS FOR MATTHEW’S CRITIQUE OF BEHNKE AND SINNOTT-ARMSTRONG

It should be clear from the above that like Matthews, Behnke, and Sinnott-Armstrong, I reject the Multiple Persons thesis, in which “a patient with DID has one body that contains quite literally more than one person” (p. 144), and advocate “the Single Person Thesis,” which Matthews clearly summarizes as entailing that

individuals with DID have a disorder that has the effect of fragmenting one’s existing personality. The patient is to be regarded morally and legally as a single person whose psychiatric symptoms, among other effects, cause delusions of identity. The alleged alter personalities are not to be thought of as literally separate persons, but rather states in which patients lose control of what they are doing, and are globally deceived about who they are. (p. 144)

What, then, of the core of the paper—Matthew’s rejection of the sufficiency test of Behnke and Sinnott-Armstrong? Behnke and Sinnott-Armstrong argue that two person-stages belong to the same person if some conjunction of brain identity and autobiographical (experiential) memory is present (Matthews 2003, p. 145).

Matthews rejects the condition that two person-stages belong to the same person if they share brain identity, on the grounds that

the debate over personal identity in cases of DID proceeds against the undisputed background assumption that there is just one brain . . . The presence of a

single functioning human brain merely settles the trivial issue of whether in fact *some* person is present or not, rather than the substantive question concerning the person’s identity. This shows that the brain identity condition is one that misses the mark. (p. 145)

Against this, I would argue that the brain identity condition does much of the work in establishing personal identity between two distinct person-stages, once the implications of that embodied brain’s developmental history is recognized. For the brain, when considered as the principal organ of experience and behavior, cannot be understood in isolation from its embodied history of social and cognitive development. The presence of a brain implies a specific, unique, developmental history, imposing deep constraints on the possible forms of subjectivity and agency it may support. *Zar* possession, Victorian double consciousness, and MPD in the United States in the 1980s and 1990s all reflect local constraints on the brain function of the individuals experiencing and exhibiting these phenomena (see also Littlewood 2002). Thus, person-stages associated with the same body and brain can be regarded as sharing identity, because the latter stage is deeply constrained by the former, even if the self-ascription of identity is lost.

THE NECESSITY OF MEMORY

Behnke and Sinnott-Armstrong single out experiential memories as being particularly important in establishing personal identity, rather than other kinds of explicit or implicit memory (2000, p. 10). They argue that two person-stages can be considered to share identity if both person-stages share, or could share after psychotherapy, a memory of a single experience from a prior person stage (2000, p. 18). Matthews’ objections are that “in ordinary cases, a shared memory back to a single experience may be enough to claim personal identity because, unlike DID cases, there is no background conceptual disagreement surrounding personal identity” (p. 149); but where there is such disagreement, the condition of a (potentially) single shared memory does not suffice.

A second objection is that the “memory convergence of the small magnitude suggested by Behnke and Sinnott-Armstrong is simply too flim-

sy to constitute the basis for personal identity" (Matthews 2003, p. 149). Matthews wants much more than one or a few (potentially) convergent memories to provide the "worm" of conscious access between person-stages to do the job of establishing personal identity.

I would argue that in cases of DID, psychological connections between the person-stages are very extensive, yet do not typically include many convergent autobiographical memories. In fact, autobiographical or self-referent episodic memory is the one feature of personal continuity that is most likely to be impaired in the disorder, because its normal accessibility would interfere with the convincing maintenance of an alternate subjectivity. The active psychological connections comprise the semantic memories, competences, and other cognitive systems that support the emergence and maintenance of the alternate personality as a distinct form of subjectivity and agency. I agree with Matthews, then, who points out that "it is *definitive* of DID cases that some of the alter personalities lack memory access to one another and to the host personality" (2003, p. 149). I do not accept that a worm of conscious access to autobiographical memories between person-stages is required to establish personal identity.

DETERMINING CRIMINAL RESPONSIBILITY IN DID

DID confronts observers with a fundamental problem posed by many psychiatric disorders, particularly dissociative disorders: should it be regarded as in some way a product of motivated agency, or rather an unsolicited psychopathology (see Littlewood [2002] for an extensive discussion of these issues). If the former, it would seem easier to assign criminal responsibility for actions committed by an alternate to the host personality. Yet it is a feature of such cases that the dominant personality denies awareness of and control over the actions of the alternate. Rather, DID presents as "states in which patients lose control of what they are doing, and are globally deceived about who they are" (Matthews 2003, p. 144).

For this reason, I do not believe there is basis for holding the dominant personality responsible for committing a crime ascribed by the dominant personality to an alternate personality, except if there were evidence (secret videotape, for example), of the accused confiding that they were faking having been an alternate, or if they admitted that even if they were an alternate at the time of the offence, there was some degree of control the dominant personality could have exercised that would have prevented the crime being committed.

In other words, despite my arguments for a Single Person thesis, I suggest that cases of DID should be assimilated to other psychiatric disorders in which diminished responsibility is accepted. The problem with this is that if DID is responsive to legitimizing social cues and some degree of appraisal of self-interest (the interest of the dominant self!), then publicizing its efficacy as a form of exculpation for crimes is only likely to increase the frequency with which the self-ascription of DID is encountered, and possibly occurs prior to contact with legal and medical authorities.

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