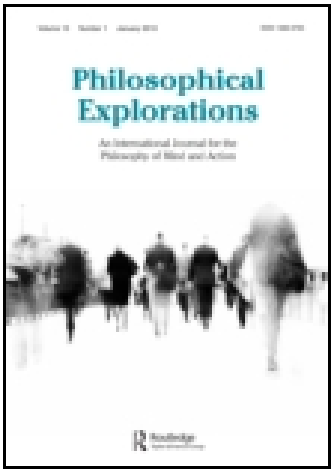

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Delusion, Dissociation and Identity

Jeanette Kennett & Steve Matthews

Abstract

The condition known as Multiple Personality Disorder (MPD) or Dissociative Identity Disorder (DID) is metaphysically strange. Can there really be several distinct persons operating in a single body? Our view is that DID sufferers are single persons with a severe mental disorder. In this paper we compare the phenomenology of dissociation between personality states in DID with certain delusional disorders. We argue both that the burden of proof must lie with those who defend the metaphysically extravagant Multiple Persons view and that there is little theoretical motivation to yield to that view in light of the fact that the core symptoms of DID bear remarkable similarity to the symptoms of these other disorders where no such extravagance is ever seriously entertained.

Introduction: History of MPD/DID

In 1837 Dr Herbert Mayo (1837: 195) described the case of a young lady "with two distinct states of existence". When in one state she is "merry and in spirits…[and] amuses herself with reading and working, sometimes plays on the piano better than at other times, knows everybody, and converses rationally, and makes very accurate observations on what she has seen and read." This fit, as Mayo called it, is followed suddenly by a state in which the patient "forgets everything that has passed during it". Having just been reading an extract from a book five minutes before, the woman returned to the open text exclaiming "what book is this"? "Seven or eight hours after, when the fit returned, she asked for the book, and remembered every circumstance of the narrative…"[1]

Dr Mayo's case – as it became known (we don't know the name of the patient) – is a paradigm of a form of dissociation then termed "double consciousness". The case is not the first, and there are reports of double consciousness dating back to 1791.[2] Perhaps the most famous early case is that of Mary Reynolds, whose life, apart from a series of switching episodes in its middle, consisted of two very long-lived segments, first as a timid, reserved religious woman, and then as a cheerful,

1 The Mayo piece is quoted in Ian Hacking (1995: 151)
2 Alan Gauld (1992).

rational, industrious extrovert. If anyone could be described as living two lives in one body it is Mary Reynolds.[3]

The Reynolds case was reported in 1816, and the literature to 1885 is sprinkled with such accounts involving two personality states recurrently taking control within a single body. In 1888 a shift takes place: The case of Louis Vivet is reported. Vivet, born in 1863, runs away aged eight and begins a life to be spent in prisons and asylums. Initially, at 18, Vivet is treated as a case of double personality. Later he is diagnosed as having six distinct personality states together with other fragments. No longer are we considering double consciousness, but a multiplicity of personalities.[4] By 1905 Morton Prince describes another famous case, that of Miss Beauchamp. She was alleged to have four personalities, with several other fragments.[5]

For some reason, the first part of the twentieth century undergoes a lull either in the reporting or the occurrence of multiplicity. In 1957, the book *The Three Faces of Eve* appears documenting the case of Chris Sizemore, a story involving three personality states. Then, in 1973, the case of Sybil emerges, perhaps the most widely publicized of all. Sybil is alleged to have 16 personality states.[6] In the decades since Sybil, a veritable epidemic takes place, largely in the United States, involving allegedly thousands of similar cases. The Multiple Movement is born.

Two Forms of the Condition

The cases of double or dual consciousness are sometimes thought of as early examples of what until recently was called Multiple Personality Disorder and is now known as Dissociative Identity Disorder (DID). These early cases apparently exhibited the same cluster of symptoms the modern cases do, differing primarily in the number of personality states displayed. Three such symptom types predominate:

First, there is a distinctness of personality. The differing states feature a non-overlapping and inconsistent set of character traits. As the DSM (1994) states it: each [personality has] its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self. There may be great within-alter similarity and consistency of character, while at the same time great between-alter difference. So, for example, there are differences in physiological response – in one state the patient may be allergic to a substance, but not in another – and there may be differences in ability, for example handedness, or linguistic ability. The DSM lists as a separate condition that each personality recurrently controls the behaviour of the individual.

Second, there is co-consciousness (or the so-called 'looking-on' phenomenon). Some personalities claim they have phenomenological access to other per-

3 See Saris's (1996) description in "Multiple Personality, Cultural Anthropology and the Concept of the Self in the Psychological Thinking of William James", *Anthropology Ireland* 5, 2-17. The Reynolds case was first reported in 1816.

4 H. Bourru and P. Burot (1888).

5 M. Prince (1905).

6 F. R. Schreiber (1973)

sonality states. It is not completely clear what this involves, but those patients' so-called alters who claim to experience it say they have an intimate and immediate observer-role in relation to other alters' thoughts and actions.[7] Typically such access is asymmetrical. For example Eve Black, an alter personality of Chris Sizemore, claimed access to Eve White, but the reverse was not true. Although the looking-on phenomenon is not listed in the DSM, it features in many of the cases and is one of the more puzzling aspects of the condition.

Third, there are gaps in memory. Notwithstanding cases of co-consciousness, individuals with DID report blank periods. As DSM IV puts it: "[This is an] inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness."

Despite the overlapping cluster of symptoms there are suggestions that the earlier cases of double consciousness constitute a different condition from its modern counterpart. Apart from the obvious difference in numbers of personalities, the switching process, for example, often involved a period of short or overnight sleep; in addition the earlier cases involved personalities that were far more developed and sophisticated.

The early and modern cases we have spoken of are thought to challenge common sense views of personhood fundamentally by undermining the common sense assumption of one body, one person. We think, however, there is a great difference between an individual who frequently switches between tens of personality states often over short periods of time, in contrast to a case like Reynolds who seemed for all the world to consist of two people. We think that the earlier cases in which, as it were, two separate, developed and functioning characters built different lives from a common body, pose a genuine philosophical puzzle and challenge to common sense ideas of individuation. However, our interest in this paper will focus largely on the modern phenomenon. Our project is to show that each of the symptoms in the modern cases may be assimilated to other well recognized psychiatric conditions. If they can, then we think that the thesis that the modern cases are cases of multiple persons is greatly mistaken. Rather, what we have are single persons with a serious mental illness which, like other serious mental illnesses, impairs the development and exercise of unified autonomous agency. (A corollary of this is that any psychotherapy presupposing a Multiple Persons view of such patients is greatly mistaken, and indeed, dangerously mistaken. For such a presupposition may simply encourage the proliferation of a condition of multiplicity where none would have resulted absent the therapeutic assumption.[8])

To emphasise, the strategy of this paper is *not* to use the cases of DID we discuss to argue for a particular position on personhood.[9] We are presenting an

7 We are opposed to reification of alters as separate entities independent of the presenting patient. We will minimize use of the term 'alter', though where use is stylistically unavoidable we claim no commitments through apparent reification.

8 An impressive and sustained defence of the so-called iatrogenic interpretation of MPD can be found in Nicholas Spanos (1996). If iatrogenic generation of alter states is widespread this would explain to some extent the low numbers of alter states in the early cases, and the proliferation (up to 100 and more) in the modern cases. Thanks to an anonymous referee here.

argument to the best explanation: we think that the symptoms of modern DID can be explained without the need to jump to multiplicity.

How Many Persons?

DID challenges assumptions about the way we individuate persons in relation to their bodies. Ordinarily it's "one to a customer" in Dennett's phrase.[10] In considering DID cases there are three possible answers: none, one, two or more. For those who accept a variety of realist positions about persons the phenomena of DID presents prima facie evidence for multiple persons. However, we think that for the individuals with modern DID, there are plausibly two possible answers: in general we think one person is present, though in extreme cases, say where more than one hundred personalities or personality states are claimed, the count may be none.

Why do we think the count may be none in extreme cases? It is likely that an individual body manifesting a psychology so thoroughly fragmented simply could not pass any reasonable test of personhood. It would be like having a box full of jigsaw pieces none of which fit together to form a coherent pattern or picture.[11] The early double consciousness cases challenge common sense views of personhood because they are like a box containing two complete sets of pieces making up different jigsaws, the modern cases we think, do not. In these cases we must choose between one person or none. In most cases we think that there is one person present, though this one person will suffer impairments of agency due to the disunity of their consciousness.

Of course it might be argued that in the modern cases too some of these person-pieces will fit together well enough to count as persons in their own right. We think that an examination of the nature of alter personality states will not support this conclusion. The evidence suggests, rather, that alter personalities are mere person-fragments, and not in the sense of being short-lived fully-fledged persons, but in the sense that the alters are one-dimensional and lacking in character development. That is, we think that a central feature of the disorder, dis-

9 We do not wish to be taken here either to explicitly endorse, or reject, particular views on personhood, even if at various points we will presuppose a form of realism about persons held by our opponents that is needed to make the argument for multiple persons. It does require some form of realism about persons to make the inference to multiplicity, and we suspect this is a folk notion containing vestiges of Locke or Descartes. At the same time, the inference requires a radical departure from the commonsense idea of one body-one person, and our argument is an attempt to resist this; the case for multiplicity requires a quite different, and stronger form, of evidence than is standardly produced.

10 Daniel Dennett (1991: 422)

11 To clarify: the count may be none in these cases because the psychological building blocks for being a person have *broken down*. But this judgment is made by seeing how such a case fails to meet some realist standard for being a person. Of course, if, in the first instance, one holds an anti-realist view of persons, the count will be none in this case, because the count is none in every case. So, Humeans might hold this view, or those who think personhood is analysed in terms of a *property* of some thing of a more basic kind. Our project will be of little interest to anyone unprepared to make the realist presupposition. (We thank John Campbell and an anonymous referee for prompting this clarification.)

tinctness of personality states, which is often claimed by realists to support their position tends rather to undercut it. Let us first see whether this aspect of DID can be explained consistently with the Single Person thesis before moving on to consider the other central features of the disorder.

Distinctness of Personality

One of the DSM conditions for diagnosis of DID is an abrupt change from one personality type to another. These personality states are both distinct from each other and remarkably common across cases of the disorder. DSM III notes: "the individual personalities are nearly always quite discrepant and frequently seem to be opposites", and provides the examples of "a quiet retiring spinster" and "flamboyant promiscuous bar habitué" (Cited in Hacking 1991: 848).

Such dramatic differences in presentation and point of view clearly go well beyond normal changes in mood or personality over time, but do we need to resort to the Multiple Persons thesis to explain them? Of course we do not logically have to resort to it since the conditions necessary and sufficient for the individuation of a person don't at the same time individuate her personality. Our doppelgangers on twin earth aren't us but there isn't a scrap of difference between their personalities and ours (so, it's not sufficient); we can and regularly do, cultivate different personality traits or types (so it's not necessary). Put another way, persons are originals who, as it were, token a variety of personality types.

Logic aside the significant question is whether there might be some explanatory advantage in deploying the Multiple Persons thesis. One reason why we are reluctant to do so is that the standard alter personalities or personality states described in the literature seem oddly limited, rigid, repetitive, unchanging. Child alters in particular are frozen in time. Ian Hacking (1991: 857) notes, in line with DSM III, that "alters are typically stock characters with bizarre but completely unimaginative character traits, each one a stereotype or one might say TV type who readily contrasts with all the other characters." According to Stephen Braude (1995: 57)

> …as alters proliferate, they apparently become increasingly specialized, and one is less likely to find any personality having the complexity or range of functions presumably possessed by the subject prior to the onset of splitting. (quoted in Braude 1996: 51)

Braude refers to this phenomenon as 'attribute-distribution' and 'attribute-depletion'. If we regard ourselves as finitely resourced in our psychological capacities, then attribute depletion and a uni-dimensional character to the distributed personality states is precisely what you would predict in cases of such radical dissociation. And it is very close to what you find. One study reports that in 85% of cases of DID there is a child alter, in 70% of cases there is a violent or destructive alter, in 53% of cases there is an opposite gender alter, in 52% there is a promiscuous alter. 22% of alters were judged to be hypomanic or manic and 38% were judged to be psychotic (Putnam et al 1986:288-289). As Braude's work suggests, alters simply do not have the range of attributes, the complex dispositions, and the capacity for change and development that fully-fledged persons typically

have. Such limited personalities would likely be seen as pathological, even in the absence of alternating personality states. They seem at best to be personality pieces, not persons.

Now it may be argued, correctly in our view, that the requirements for personhood are rather less than the requirements for full autonomous agency. We may all know characters who are quite rigid and one-dimensional and who we still, without debate, regard as persons. In other words, attribute depletion may be sufficient to defeat the autonomy of an individual, but not enough to disqualify her from being regarded quite rightly as a person. Nevertheless given the extravagance of the thesis that one body could be host to multiple distinct persons this should not be our first choice. In our comparison of the symptom of distinct personality states with symptoms manifested in other psychiatric disorders we focus on the disturbances in self-consciousness which are common to them and argue that DID is a disorder in which there are multiple layers to such disturbance.

Marked and even dramatic changes in personality state, and confusion surrounding identity, are features of a number of psychiatric disorders. As we have argued elsewhere we think a particularly useful and suggestive comparison case is Bipolar Disorder or manic-depression.[12] It was not unusual in earlier times for MPD sufferers to be diagnosed as manic-depressive, a situation which may continue even today.[13] Let us see why.

First, a limited and somewhat stereotypical concentration of personality characteristics is a feature of the hypomanic and manic states. Second, the characteristics the person displays in these elevated states can differ very markedly from those they display in a normal or depressed state. Bipolar disorder is a mood disorder in which there may be abrupt shifts of presentation, qualitative shifts in personality, from mildness to boldness, shyness to great poise and confidence, or patience and reasonableness to irritability and arrogance. During the hypomanic state the patients' sense of grandeur ramifies cognitively, leading to self-attributions of, for example, marked wealth or self-importance, or belief in the capacity to accomplish great deeds. These self-attributions are, importantly, qualitatively different from normal mood-based variations. Third, in the height of mania, the bipolar sufferer may believe they are someone else.

> The patient asserts that he is descended from a noble family. That he is a gentleman; he calls himself a genius, the Emperor William, the Emperor of Russia, Christ himself, he can drive out the devil. A patient suddenly cried out on the street that he was the Lord God…Female patients…are leading singers, leading violinists, Queen of Bavaria, [or the] Maid of Orleans…(Emil Kraeplin *Manic-Depressive Insanity and Paranoia*: 62 cited in Francis Mark Mondimore *Bipolar Disorder*:12)

12 Jeanette Kennett and Steve Matthews, "Identity, Control and Responsibility: the Case of Multiple Personality Disorder." *Philosophical Psychology*, December 2002.

13 DSM-IV notes that there is controversy over the differential diagnosis between MPD and "a variety of other mental disorders including Schizophrenia and other Psychotic Disorders, Bipolar Disorder with Rapid Cycling, Anxiety Disorders, Somatization Disorders, and the Personality Disorders" (p.487) As to the earlier times, Pierre Janet in 1919 concluded that MPD (then double personality) ought to be thought of as a rare form of manic-depressive illness (Janet 1919: 125).

There are very marked similarities between these states and alter states in DID. Nevertheless despite the radical and cyclical alteration of mood, personality traits and self-ascription experienced by bipolar sufferers, all their actions are ascribed to just one individual. Now if we begin from the supposition that the DID sufferer is, like the bipolar sufferer, just one person, then the shift into an alter state starts to look very like the onset of a delusional state. Perhaps the person with DID experiences delusions regarding her identity just as the person with bipolar disorder does. Not only do we suspect this to be the case but that another common symptom of the disorder – looking-on – also has a delusional character.

Co-consciousness or the 'looking-on' Phenomenon

Many DID patients report that they sometimes have access as an observer to the thoughts and activities of an alter personality. They may report access even to conversations between alter personalities. This phenomenon is known as 'looking-on'. A related phenomenon reported in DSM IV is that of "an identity that is not in control…[gaining] access to consciousness by producing auditory or visual hallucinations." (p.497) While looking-on experiences are not required for a diagnosis of DID, since there may be complete amnesia between personality states, the phenomenon is sometimes thought to support a Multiple Persons view. This seems to be because the subject reporting the experience makes a clear distinction between her own thoughts, feelings and actions and those she merely observes, between her own inner voice and the voice or thoughts of another personality. So, for example, she may report that an alter got angry but she herself does not get angry in such circumstances or vice versa. Should we take these reports at face value – as indicating the presence of a person distinct from the sufferer? Clearly the language used, both in DSM IV and in therapists' reports to describe these experiences, is somewhat loaded in favour of a realist interpretation, e.g., "an identity…producing hallucinations". We think that it is not the sufferers' report of the experience – as of having observer access to thoughts which are not *my* thoughts, or of hearing a voice in my head which is not mine – but the interpretation of it which is doubtful.

We will argue that the looking-on phenomenon plausibly involves a misidentification of the ownership of one's thoughts and experiences and that such misidentification might properly count as a delusion. Certainly it seems to share some features of delusion. Delusions are widely thought to, in some way, arise from anomalous experiences. (see e.g., Maher 1988) For example, the Capgras delusion, where the sufferer forms the belief that a loved one has been replaced by a duplicate, is thought to arise in part because brain damage removes the affective component from recognition. The loved one *looks* the same, but seeing them does not produce the usual affective response in the subject. The unsettling experience in some way produces the delusional belief. While much more needs to be said (and has been said) to explain why the Capgras sufferer or indeed any delusional subject comes to believe a massively unlikely hypothesis, we want to begin from the initial experience. What anomalous experience might underlie the misidentification of one's thoughts and activities in DID? Common to the disso-

ciative disorders is the experience of depersonalization. In what follows we examine such experiences and see how they might underpin misidentification. We will then compare the misidentification we think occurs in DID with thought insertion cases in schizophrenia.

(i) *Depersonalization*

There are clear similarities between reports of 'looking-on' in DID and experiences of depersonalization, reported by subjects with a different dissociative disorder, depersonalization disorder. The experience of depersonalization is described in DSM IV as:

> characterized by a feeling of detachment or estrangement from oneself. The individual may feel like an automaton or as if he or she is living in a dream or a movie. There may be a sensation of being an outside observer of one's mental processes, one's body, or parts of one's body. Various types of sensory anesthesia, lack of affective response, and a sensation of lacking control of one's actions, including speech, are often present. (p.500)

Depersonalization experiences are reported very widely among non psychiatric subjects (46% of college students in one survey) and have been reported in 80% of general psychiatric patients with various disorders. Some reports suggest that it may be the third most common psychiatric symptom after depression and anxiety and may result from drug use, shock, trauma and depression. (Simeon *et al American Journal of Psychiatry*1997, pp 1107-1113.) Let's look at some reports of the phenomena of depersonalization.[14]

First, there may be changes in the way autobiographical memory is experienced. 'When he recalled events in his life, he felt as though he was "not in them"'…'He had doubts as to whether his memories were of real events or of just a vivid dream'. Second, there is loss of feelings of agency. 'I was walking and talking, as though automatically, I couldn't feel any movements and yet I knew I was walking'… 'It seemed rather pointless to reply to remarks made, but I heard my voice doing so'. Third, there is heightened self-observation. 'I seemed to be completely apart from myself. I felt that I was somewhere above looking down on the scene of which I was a part and yet not a part'… 'I was completely unable to tell whether I myself was still present or whether I was the part which had gone. In short there were two different beings, one watching the other.' These experiences do sound phenomenologically very close to those reported under the heading of 'looking-on' in DID.

In depersonalization disorder the experiences are severe and usually chronic but the patients have intact reality testing; that is they are aware that it is only a feeling, that they are not really an automaton etc. What differs in DID sufferers, we suggest, may be the *interpretation* of profound experiences of depersonalization either by the patient or perhaps initially by the therapist. In DID the thoughts, actions and experiences to which one subjectively stands as an observ-

14 All of the quotes that follow in the next paragraph are cited in Sierra and Berrios (1992: 631).

er are assigned to someone else. The thoughts and experiences are not mine, the sufferer may reason, so they must belong to a body-sharing alter. If this is right the 'looking-on' phenomenon in DID is comparable to the phenomena of thought insertion in schizophrenia.

(ii) *Thought insertion*

John Campbell (1982) points out that we usually think we cannot be mistaken in our ascriptions to ourselves of psychological states. He says "You can get it wrong about which psychological state you are in, but you cannot get it right about the psychological state but wrong about whose psychological state it is." (609) So I may think I am tired when in fact I am just bored but I cannot be mistaken about who it is that is bored. The phenomenon of thought insertion in schizophrenia, however, challenges the assumption that we cannot make these errors of identification. Sometimes the self-consciousness that we take for granted breaks down. As Stephens and Graham (2000: 2) put it "No-one can join you in your self-consciousness. You cannot join others in theirs. However when self-consciousness breaks down or becomes disturbed, it appears to the self-conscious person as if *other* selves or agents are involved in his or her stream of consciousness. Within introspective awareness, other persons seem to speak or think." The quality of "my-ness" vanishes from the thought. (p.3)

On one patient's account of thought insertion "thoughts come into my head like 'Kill God'. It's just like [*my*] mind working, but it isn't. They come from this chap, Chris. They're his thoughts" (cited from Frith 1992 in Campbell p.609) Christopher Frith says, "Patients report that they feel the thoughts which occur in their heads are not actually their own. They are not experienced as thoughts communicated to them…but as if another's thoughts have been engendered or inserted in them" (610). Campbell says there is a strong sense that the thought which is indeed in one's own head so that one has first person knowledge of it, is seen to issue from and remain the property of someone else (610).

(iii) *'Looking-on' and thought insertion as misidentification delusions*

Christodoulou (1986: 101) suggests there is a non-accidental link between depersonalization phenomena and a range of delusional misidentification syndromes. A 1975 study done on 20 patients with such syndromes, revealed 11 with depersonalization symptoms. This connection is noteworthy. We claim the looking-on phenomenon is remarkably similar to the reported experience of depersonalization and suggest patients' reports of looking-on in DID should be seen as a misidentification delusion grounded in such experiences. The work cited by Christodoulou provides empirical support for our position. "The great frequency of depersonalization-derealization phenomena…suggests that these phenomena probably play an important role in the pathogenesis of the delusional misidentification syndromes." (Christodoulou, p.102)

There are a variety of theories offering explanations of thought insertion associated with schizophrenia and of more circumscribed misidentification delusions such as Capgras, as well as theories offering a general account of delusion. Ellis and Young (1990), in their account of the Capgras delusion, propose a two factor account: as well as an abnormality of emotional experience, the subject comes

somehow to accept a highly improbable explanation of the experience. Davies and Coltheart (2000) adopt a similar account of delusion in general. They begin from an anomalous experience and propose three further factors: a bizarre hypothesis about the cause of the experience; the adoption and maintenance of the hypothesis as a belief; and last, the circumscription of the belief which is adopted and maintained without a major upheaval in the subject's belief system. If the looking-on phenomenon is to be explained by this model, the experience of introspecting a series of thoughts *as* someone else's, or worse yet, as the thoughts of someone sharing this body, must be had in addition to some different features of belief formation in contrast to cases of depersonalization. For in depersonalization disorder we see the abnormal emotional experience but no disposition to adopt improbable hypotheses. What could make the difference?

First we should note that belief revision is the result of two principles pushing against each other. The principle of conservatism aims at minimal revision of one's existing set of beliefs. Such beliefs are in general hard-won over a long period of time, so that in the light of, for example, the sudden appearance of stars circling the visual field the right response is not to adopt the belief that there are in fact star-like entities now in my visual field, but something that conserves my overall set of beliefs, such as that I have just woken from a knock to the head. The principle of observational adequacy, on the other hand, aims at revision of one's beliefs in the light of experience of the world. In general, a good rational strategy is to adopt beliefs about experiences that reliably reflect the way the world is. Often the two principles do not conflict, but when they do, something has to give.

In depersonalization cases the anomalous experiences are seen for what they are and the principle of conservatism is followed. In DID, it seems the looking-on experiences are not properly filtered by both principles, and when this response is adopted by both the patient and the therapist, the multiplicity hypothesis gains a secure foothold. Coupled with high levels of suggestibility reported for the condition, and perhaps some attenuated memory of dramatically different alter states, this hypothesis may quickly be cemented and easily circumscribed.

In an earlier account Maher (1974) suggests that delusions do not involve deficits in reasoning and belief formation. Rather, delusional beliefs result from normal reasoning over grossly abnormal, disordered experiences. The deluded belief may just be the most rational to hold in the face of the experience. Gold and Huowy (2000) have recently made the suggestion, along these lines, that we need a richer account of the experience itself. Perhaps in Capgras this is not simply the experience of a lack of normal emotional response to someone familiar, it is more precisely the experience as of someone looking like an imposter. In thought insertion it may be the experience as of another's thoughts being inserted or projected into my brain. Such a theory, which focuses more on the experience itself, would have the advantage of not having to explain how an apparently more general cognitive or rational failure (as would be involved in generating and accepting bizarre hypotheses) could explain a circumscribed delusion. The intensity of the strange experience itself forces the bizarre conclusion, and would do, for other ordinary subjects. Now we will not try to decide between these different accounts of the misidentification delusions. It is enough for our purposes

to note that whichever is chosen will provide parity of explanation for looking-on and thought insertion.

Frith views schizophrenia as a deficiency in the sense of agency, which may be a result of an underlying failure of self-monitoring: a failure in the ability to metarepresent one's own states of mind. What does this mean? When I think that, say, Maggie's belief about fascism is repugnant, I am metarepresenting Maggie's state of mind. I can do this for others' beliefs and states, as well as my own from an earlier time, and such a capacity is an important fact about the self-attribution of states. After all, were I to lack the capacity to identify the content of a desire, belief or intention as belonging to the right individual, I might undergo all sorts of strange experiences. In particular, actions I was not able to metarepresent as belonging to myself might lead me to the delusional belief that someone else was controlling what I do.

As a broad approach we think such failures of meta-representation are suggestive for the interpretation of the looking-on phenomenon, (though of course the causes of deficiencies in the sense of agency may vary substantially between the different disorders). We think this because common to both experiences is a loss of feeling of ownership with respect to mental states occurring in one's own head. It is as if thoughts and even actions are not one's own.[15] If I am unable to regard a thought in my head – either past or present – as my own, that is, to represent that thought as one I once had/am now having, then, again there would be reason to assimilate this failure along the lines of a meta-representational failure common in schizophrenia.

What is striking for our purposes here, is that a *realist* interpretation of the experience of thought insertion in schizophrenia is never entertained. We simply do not believe, say, that Chris really is inserting his thoughts into Jo's mind. Where thoughts are ascribed to another individual sharing the patient's body however, at least some therapists take not only the experience, but a realist interpretation of it at face value. Some may even suggest this interpretation to patients. This is puzzling. It seems unwarranted, to say the least, to adopt a body-sharing hypothesis in the case of DID, when we know from the case of thought insertion that disturbed subjects can make errors of identification with regard to their own psychological states. The ascription of thoughts in your head to another person who occupies your body does not seem very far away from the ascription of

15 Campbell says "I think the real problem of coherence here appears when we reflect that having the conception of oneself involves having the conception of oneself as a causal unity. Use of the first person in one's talk and thought requires that there be a causal unity, an object, for the term to refer to. The rule fixing the reference of the first person is the familiar token reflexive rule, "any token of 'I' refers to whoever produced it" In the case of spoken tokens of 'I' the notion of "the producer of the token" seems relatively straightforward, we have to look for the person who intentionally produced the token…If we really thought that occurrent thoughts in one person's stream of consciousness were being produced by the beliefs and desires of another person, we really would have some uncertainty over how to interpret these uses of the first person. Since the schizophrenic does take himself to be in that situation, he cannot but experience some uncertainty over the interpretation of his own uses of 'I'. …It seems to me that by developing this line of inquiry we might understand the comment sometimes made, that the patient loses his sense of self by losing his boundaries between himself and the world. (1982: 621-2)

thoughts in your head to a bodily distinct person. Why are the patient's experiences taken as authoritative and given a realist interpretation in the one case but not the other? The looking-on phenomenon is surely more economically explained in terms of a misidentification delusion.

It might be argued that if looking-on were the only piece of evidence we had for the existence of body-sharing alters whose thoughts and actions the patient observes, we should indeed count it as a delusion. But in conjunction with the other symptoms it does push us toward a realist interpretation of looking-on experiences when they occur.

We don't agree. We now move to the final distinctive feature of DID, amnesia, and argue that even in conjunction with the other features of the condition it cannot support a Multiple Persons thesis. Rather we will suggest that amnesia with regard to important personal information in DID is often to be understood in terms of the difficulty of incorporating traumatic and depersonalized or delusional experiences into autobiographical memory. For first, the content and phenomenological feel of delusional states are often only partially accessible to the subject once the state has passed, and second traumatic and depersonalized experiences are not affectively tagged as one's own experience, and so may fail to take their place in the overarching narrative of the subjects' life. This symptom, too then, is better understood in terms of breaks within consciousness of a single self rather than as indicating the existence of separate selves.

Amnesia too Extensive to be Explained by Ordinary Forgetfulness

DSM IV tells us that individuals with this disorder "experience frequent gaps in memory for personal history both remote and recent. The amnesia is frequently asymmetrical. The more passive identities tend to have more constricted memories, whereas the more hostile, controlling, or "protector" identities have more complete memories." (497) We should first note two aspects of this description that pull in different directions. Use of the term 'identities' is again suggestive of a realist interpretation we think unwarranted. On the other hand, use of the term 'amnesia' might be thought to beg the question against the Multiple Persons view. For to have amnesia is to be in a state which masks access to experiences one had earlier had. It presupposes a disposition to remember, now (perhaps temporarily) lost, and memory presupposes personal identity. Yet, it is certainly possible that in some cases a patient might possess a gap in the stream of conscious continuity, not because of a loss of memory, but simply because no experience was had by the patient during the period of the gap in question. To avoid such presuppositions, we should avoid the term 'amnesia' if possible, appealing instead to the notion of a memory gap.

Can we explain the existence of memory gaps in DID without resorting to the Multiple Persons thesis? As a preliminary we need to see why the lack of memory access pushes us in the opposite direction. It is of course not just the gaps that are problematic. In DID patients it appears that the alleged different entities lacking co-consciousness each have integrated sets of unique memories. Many theorists going back to Locke have regarded memory, or more broadly continuity of consciousness, as a hallmark of personal identity. Locke imagined the soul of a

cobbler informing the body of a prince and vice versa and concluded roundly that in questions of identity it is the mental life of the individual that matters. On the face of it, Locke would surely be compelled to come down in favour of a Multiple Persons thesis: if the soul of the prince and the soul of the cobbler were to somehow inform (say) the body of a parrot, what we would have here by Locke's lights is a thinking intelligent parrot with MPD housing these two persons.

In the modern context, theories of personal identity emphasizing continuity of memory or consciousness, have quite rightly expanded those mental relations over time to include other non-memory connections, e.g., those between intentions and actions; or the connections holding when a belief, a desire or some other psychological feature persists in a subject. And so, a modern variant of an argument using DID cases in favour of multiple persons simply makes the necessary changes. A psychological continuity theorist might argue for multiplicity by pointing out that a person is an entity held together by appropriately psychologically connected body stages; in DID these are spliced together by matching the right psychologically connected body stages. Different alters may be near-enough fully fledged persons given that there are sufficient connections holding over time; enough, say, for the psychological relations holding between the spliced stages to, as it were, constitute some kind of a life.[16] A supporter of Robert Nozick (1981) may argue that the psychological connections map onto his closest continuer schema.[17] A case is one of personal survival in this context when two person-stages are appropriately psychologically linked even though there is bodily discontinuity between the stages – see (1981: 39). This may work in reverse as when the closest continuer of some alter may be one that body-shares with a group of other alters. In either case, then, these modern day psychological views of personal identity – arguably the current orthodoxy – might well provide the theoretical framework supporting multiplicity and so challenge our deflationary claim.

Our reply to this challenge begins by pointing to some distinctions within memory. The most fundamental distinction for our purposes is that between so-called semantic memory and autobiographical memory (sometimes called 'experience memory'). Suppose a person *A* claims to remember *X*. *X* may stand for a piece of information (or misinformation) that *A* entertains, say that Henry VIII had six wives. In this case *A*'s claim issues from a bank of knowledge that we may suppose is not essentially related to any of A's personal experiences, and is generally available. A second interpretation for *X* is that it stands for the having of an experience, or the performance of an action. On this interpretation, if *A*'s claim that she remembers *X* is genuine, and the content of her memory is causally dependent in the right way on *X*, then she has an autobiographical memory.

16 Derek Parfit (1984)

17 Nozick (1981: 34) famously wrote: "The closest continuer view presents a necessary condition for identity: something at t_2 is not the same entity as x at t_1 if it is not x's closest continuer. And "closest" means closer than all others; if two things at t_2 tie in closeness to x at t_1, then neither is the same entity as x. However, something may be the closest continuer of x without being close enough to it to be x. How close something may be to x to be x, it appears, depends on the kind of entity x is, as do the dimensions along which closeness is measured."

It should now be clear that talking about memory continuity in an unqualified way is misleading. When talking about personal identity philosophers and psychologists usually have in mind autobiographical memory, since it is supposed to be the ability to reach back into one's personal past that is central to having a sense of oneself across time. There is every reason to think, however, that semantic memory plays a significant role in the construction of identity, and if so, a significant question for sufferers of DID is the extent to which semantic memory is preserved across gaps.

We submit there is substantial preservation of such memory. Individuals with DID continue to survive in their environment. Non-autobiographical beliefs about all manner of things are preserved and continue to be utilized. Through switching phases, alters continue to function in, and interact with, their existing social environments.[18] This is not possible for people who suffer from profound global amnesia.[19] Although the alter states in DID may vary to some extent in their capacities, such variation is within normal range for non-DID subjects whose capacities also co-vary with changes in mood and circumstance (Spanos 1996).

Some confirmation of the leakage of semantic memory is provided by interference studies. A schematic description captures the paradigm of such studies: two groups of subjects are presented with two distinct lists of names. Group 1 is shown List B only; Group 2 is shown list A and then at a later time List B. Then both groups are asked to recall the names on list B. The group exposed to both lists fares considerably worse in accurately recalling all the names. A large number of studies bear out this finding. Now of course no one is rushing to alert the media about such predictable results; far more interesting, however, is what occurs when such interruption studies are applied to DID patients. Spanos (1996: 216-17), referring to a range of studies (Ludwig, Brandsma, Wibur, Bendfeldt, and Jameson, 1972; Nissen, Ross, Willingham, Mackenzie and Schacter, 1988; Silberman, Putnam, Weingartner, Braun and Post, 1985) notes:

> They indicate that, in MPD patients who exhibit alter personalities that are purportedly mutually amnesic, information acquired by one alter influences the memory of other alters. For instance, Silberman et al. (1985) taught MPD patients lists of related words to assess the effects of…interference. In one condition, the same alter learned two related lists, and in another condition one alter learned one list while a different alter learned the related list. If alter personalities actually possess and store information in segregated cognitive systems, those patients should have exhibited greater within-alter interference than between-alter interference. The reverse was the case. The list learned by one alter interfered substantially with the ability of the other alter to learn the related list, and subjects exhibited even more between-subject interference than within-subject interference. Similar findings were obtained in normal controls who were instructed to pretend having an alter personality…the findings of these studies clearly contradict the hypothesis that the memories associated with different alter personalities are isolated and segregated from the memories of other alters.

18 Stephen Braude (1991: 164) argues similarly that since there is significant overlap of basic personal skills we are entitled to infer the existence of a single underlying entity.

19 Marlene Eisen (1989) describes an account of a woman with this condition.

It appears, then, that a significant, though yet unspecified number, of non self-referential parts of the mental continuity chain remain intact for DID patients. If continuity of consciousness is like a stretched out bundle of fibres, the memory gaps suffered by DID patients are not complete cuts through the bundle.

Nevertheless, it remains the case that a patient with DID suffers gaps in autobiographical memory. We think it useful to understand the causes of these gaps. Received opinion has it that DID is the result of extreme abuse, usually of a sexual nature, inflicted on small children (usually female) by a trusted guardian. Not all such abuse results in the condition, but only to those who are predisposed to dissociation. The child dissociates herself from the assault taking place upon her body and views it, if at all, from a distance, as happening to someone else. It is to be noted that in many of these cases the child may genuinely believe her life is under threat, and so the radical nature of the response is hardly surprising. As we saw earlier depersonalization is a common response to trauma and the evidence is that depersonalized experiences are associated with memory gaps. Such gaps are not to be confused with repression. Guralnik et al (2000) note that dissociation "involves a splitting off of whole chunks of experiences or self-states, which leads to an altered state of being, whereas repression is a more selective riddance of information". In DID, autobiographical memories are not repressed, rather, the lack of access involves a qualitatively different mechanism or set of mechanisms. Normally it is *we* who reconstruct the past through memory. In dissociation it may be closer to the mark to say that the past reconstructs us. The memories are not repressed then, they may still be available in some states, or at some periods, of consciousness. However depersonalization does affect the attentional and perceptual systems; the subject has a reduced ability to control the focus of attention and this is thought to lead to deficits in the ability to encode new memories as part of one's life narrative.[20]

In considering a case of abuse it is useful at the outset to distinguish between two modes in which the content of an episodic memory may be encoded and/or recalled. Ordinarily we have the capacity to recall in either a "field" or "observer" format. In field format we recall experiences as they came to us first hand, but in observer mode we re-view an event from the third person perspective. By analogy to television coverage of motor sports, it is a bit like the difference between having the camera in the car looking at the road ahead (field format), or having it follow the car from (say) the grandstand (observer format).

In a case of child abuse the abused child withdraws from the horrific scene and tries to ensure that the torture is inflicted upon "somebody else". Clearly for the mechanism to succeed it must really seem to the dissociating individual that this is so, but since obviously it is happening also and at the same time to her own at-the-time self-conscious body, the state she must enter into is one *as of* it's not happening to me. On the depersonalization model the child would switch into an observer mode and view the abuse from a distance. (Recall a telling feature of the DSM description here: "There may be a sensation of being an outside observer of

20 Guralnik et al suggest further exploration of the connection between the experience of depersonalization, the inability to connect preexisting memory traces and the affective tagging of experiences. Their views may also apply to an interpretation of memory gaps in DID.

one's mental processes, one's body, or parts of one's body.") The abuse so viewed is therefore not a ready candidate for admission into her integrated *field-formatted* set of autobiographical memories, lacking, as it must, any understandable connections to her other everyday childhood experiences. If such a mechanism of dissociation functions properly, it is hardly surprising that there are gaps in autobiographical memory. The victim must undergo a change so dramatic as to sever the ordinary connections of autobiographical memory that hold between the stages of her non-abused self.

The switch into observer mode takes place in a situation of repeated abuse in which the child sees no escape. The mechanism involved may, it is sometimes argued, allow the victim quite literally to survive the ordeal. However, once the danger has passed, and the child moves out of the abusive situation, switching behaviour may continue, and then it becomes dysfunctional. For, the various memory streams may then continue to develop unchecked. At this point, we agree with Mark Brown (2001) who claims that in order to avoid reification of alters it is better to interpret this aspect of DID as a failure to integrate distinct autobiographical memory streams, and that is all. The best explanation for the gaps is the mechanism that occurs in response to trauma.

Brown's central point can be captured with reference to the example of Renee, a patient with DID (Brown 2001: 443).[21] At age 11 Renee was raped by her father, and access to this event came to Renee only when in the alter state of Stella. Stella recounted the rape thus:

> It was Easter. And she was 11…I was watching…but she didn't know it…I've been with men, but I wouldn't do nothing like that with my own father…she was a complete wreck…

Taking these statements at face value makes it extremely difficult to accept the hypothesis that Renee and Stella co-existed at the time of the event. Stella claims for herself a separate identity by claiming to have had sexual encounters but never ones which involved her father the way Renee's had. What, then, can we make of the patient's claim that "I was watching"? Unless we accept the unlikely hypothesis that *both* Stella and Renee watched "from inside" in spite of Stella not experiencing the rape event, we should conclude that some other interpretation of this description is much more likely. A more plausible explanation would make use of the phenomenon of depersonalization in response to severe trauma. The subject here has a depersonalized memory of a traumatic experience which is retrospectively encoded into a separate narrative, the Stella narrative, that seeks to make sense of it. The theory that reifies the Stella and Renee alters into fully blown separate persons is committed to a more extravagant and implausible explanation. Our argument is that there are better explanations. Mark Brown (2001: 443-444) elaborates:

21 The example is from Confer and Ables (1983: 137). What we say here unfortunately grossly oversimplifies Brown's position. We strongly endorse it for its rich taxonomy on memory thus enabling the demystification of the way different memory streams may nevertheless belong to the same human animal.

> Recall that episodic memories may be recollected in either an observer or a field format, and that how one remembers affects the emotional saliency of the memory and its retrieval pathway potential. A multiple who entertained simultaneous observer and field memories would have both a first person and a third person recollective experience of the same event. It would seem to her that she participated in an experience and observed the experience at the same time. The adult Renee habitually recollects childhood sexual abuse in the observer format she calls Stella, because doing so allows Renee to achieve some emotional distance from memories that would be unbearable if recollected from the point of view of the participant.

Summing up, gaps in autobiographical memory need not lead to the extravagant claims of multiplicity one might try to support philosophically using the tools of Locke or his modern counterparts. Although we have not played it up here, the fact that a patient possesses one body, and a single historico-social identity, makes it pragmatically wise to adhere to the Single Person thesis. It also places the burden of proof on those who would dissent from this view. Our main arguments, however, have centred on the often ignored facts surrounding the leakage of semantic memory, and the etiology of the disorder in conjunction with the mechanisms involved in autobiographical memory construction and identity. A fruitful line of inquiry from here would be to make theoretical connections between the phenomenon of depersonalization and the way breakdowns in the autobiographical memory system can give rise to the illusion and indeed delusion of multiplicity.

Conclusion

There appear to be two conditions as characterized by the early and modern forms of DID. We have not ruled out *a priori* the possibility that more than one person might inhabit a single body – as appears tempting in the case of Reynolds – only that as the number of alters proliferate it becomes increasingly less plausible to accept. If alternative more conservative explanations are available they are to be preferred.

Disruption and impairment of agency are features of many psychiatric disorders. In DID the disruption can be extreme but not worse we think, than in chronic schizophrenia or Bipolar Disorder with rapid cycling. We cannot infer from any of these examples of unusual separateness of states to separateness of persons. The unity of agency is a condition of autonomy, not of identity. It is not given with personhood; it is an achievement and we all in some respects fall short of it.

The thesis of multiplicity is extremely radical both metaphysically and in its normative implications. We think in the light of this the burden of proof should fall to defenders of the Multiple Persons view. The starting point for these questions is a situation in which single-bodied individuals present with serious mental conditions. But for the cluster of pathological, and we have argued, in some instances delusional states, no entertainment of the multiplicity thesis would take place. The multiple thesis is a piece of serious revisionist metaphysics deployed as a way of explaining a bizarre cluster of symptoms. In this paper we have tried to suggest possible ways of resisting this revision.

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