Psychological Trauma and the Simulated Self

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Abstract

In the 1980s, there was a significant upsurge in diagnoses of Dissociative Identity Disorder. Ian Hacking suggests that the roots of this tendency lie in the excessive willingness of psychologists past and present to engage in the "psychologization of trauma." I argue that Hacking makes some philosophically problematic assumptions about the putative threat to human autonomy that is posed by the increasing availability, attractiveness, and plausibility of various forms of *simulated experience*. I also suggest how a different set of axiological and historical assumptions might have led to a less dismissive and possibly more plausible account of this diagnostic trend.

Keywords

dissociative identity disorder, psychological trauma, simulation, Ian Hacking, experience machine

1. Introduction

Philosophers of the early Enlightenment were preoccupied to the point of obsession with what nowadays gets called the "veil of perception" problem. They were worried that, because all of our information about the external world comes to us indirectly via our senses, our beliefs must lack some

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special kind of objectivity that they would need to have to ensure the falsity of skepticism (Bennett 1971). More recently, the availability of a wide range of novel forms of artificially induced experience has caused some thinkers to revisit these concerns. One hears more and more frequently these days—not only from philosophers but also from literary scholars, cultural critics, media pundits, artists, and politicians—that our personal autonomy and integrity are severely threatened by the ever-increasing availability of diverse, attractive, and plausible forms of *simulated experience*. Whether the medium of simulation in question is film, television, virtual reality, drug-induced hallucination, or simple games of make-believe, this worry is often expressed in startlingly urgent and uncompromising terms.

Perhaps the most philosophically lucid articulation of this complaint can be found in Robert Nozick's *Anarchy, State, and Utopia*. In a brief but fascinating thought experiment, Nozick prompts his reader to imagine

> an experience machine that would give you any experience you desired. Superduper neuropsychologists could stimulate your brain so that you would think or feel you were writing a great novel, or making a friend, or reading an interesting book. All the time you would be floating in a tank, with electrodes attached to your brain . . . Of course, while in the tank you won't know that you're there; you'll think it's all actually happening. (Nozick 1974, 42-43)

Nozick asks whether a life spent hooked up to this sort of device is one that any of us would willingly choose, if we were ever provided with the option. He proposes that, in spite of the fact that such a machine could promise a kind of unearthly bliss, most of us would nonetheless find such a prospect repugnant. There are a number of reasons he thinks we would have for rejecting such an offer. The most important, though, is the simple fact that "we want to *be* a certain way, to be a certain sort of person . . . There is no answer to the question of what a person is like who has long been in the tank" (Nozick 1974, 43).

Nozick's principal aim in making this argument is to show that many of the most cherished goals that modern societies set for themselves, such as increases in economic equality, improved public health and education, and the prevention of needless suffering, would come to seem much less important if the only ways to achieve them involved taking away peoples' control over the content of their private experiences. If enough of our experiences end up being the mere by-products of someone else's artifice, Nozick suggests, then what we sacrifice thereby is not just one valuable thing among others. Rather, we are in danger of losing the very sort of psychological integration and autonomy that make it possible for human beings to value anything whatsoever.

There is certainly something attractive about Nozick's argument. Most human beings do desire at least some experiences that they themselves would consider artificial or even perhaps deceptive. We satisfy these desires when we read novels, play games, or watch films, and engage with these narratives emotionally as though the events in them were really happening. But few of us, I suspect, would freely choose to permanently surrender the power to decide upon the structure and content of our experiences, regardless of the amount of promised pleasure or personal fulfillment. And one important reason for this might be that to cultivate a preference for plausible, simulated experiences over the real thing is in at least a certain sense to abdicate one's capacity for autonomous choice.

But what about the case of a person whose inner life has already been *damaged*, as the result of certain painful or unwanted experiences? Should we let ourselves be guided by these axiological intuitions when we are deciding upon the appropriate therapies for psychologically damaged human beings? Or are there certain psychological disorders the severity of which should be regarded by therapists and clinicians as overriding concerns about the ethical dangers of simulated experience?

In *Rewriting the Soul: Multiple Personality and the Sciences of Memory*, Ian Hacking asks precisely these sorts of questions. He offers a detailed and critical examination of the current standards of treatment for one type of psychological malady that is becoming alarmingly widespread in contemporary societies: so-called Dissociative Identity Disorder (DID), which until a few decades ago was more widely known as "Multiple Personality Disorder." Hacking's central argument is that contemporary clinicians who engage too readily in multiple personality therapy are in danger of inducing "false consciousness" in their patients. To encourage a patient diagnosed with DID to manifest and explore her new personalities as they emerge is to encourage her to engage in "a glib patter" that merely "simulates an understanding of herself" (Hacking 1995a, 266).

Hacking traces the origins of the recent upsurge of diagnoses of DID back to a crucial period in nineteenth-century medicine, during which experts on mental health first began to engage in what he calls "the psychologization of trauma" (Hacking 1995a, 16).[1] The willingness of these scientists to extend the formerly nontechnical notion of "trauma" to cover the phenomenon of purely psychological harm set the stage for the contemporary overdiagnosis of DID, with what Hacking represents as being deeply regrettable results.

[1]Hacking attributes the earliest use of this term to Esther Fischer-Homburg.

The discomfort that Hacking expresses about the current prevalence of DID diagnoses is based on a manifestly genuine and serious concern with the well-being of some profoundly unhappy people. His critique of the practices of clinicians who engage in multiple therapy is sympathetic, profoundly learned, and philosophically imaginative. Nonetheless, I shall argue that Hacking makes some unwarranted and deeply problematic assumptions about the ultimate value of simulated human experience. He defends normative constraints on clinical and diagnostic practice that would only make sense if desiderative autonomy had precisely the same sort of hedonic and epistemic value for victims of psychological trauma as it might be thought to have for everybody else.

2. A "Feedback Effect"

Up until 1980, there were about 200 cases of DID on record. By 1984, this number had increased to 1,000; by 1989, it had reached 4,000. The explosion in diagnoses since the disorder was first officially recognized by the American Psychiatric Association has leveled off a little in more recent years, but at its height, it was described by one eminent psychologist as an "epidemic" (Boor 1982, 302). These startling numbers certainly do seem to cry out for explanation. One could hardly be blamed for suspecting, as many have (e.g., Dennett and Humphrey 1989), that there might be some kind of systematic problem with the standards of objectivity whereby such diagnostic decisions get made.

Hacking's aim in *Rewriting the Soul* is to provide an examination of the developments in clinical psychology over the past 150 years that he thinks best explain how DID eventually emerged as such a common diagnosis in the late-twentieth century. He disavows any interest whatsoever in the question of whether or not the disorder is "real," which he does not think can be answered in any straightforward or helpful way. By the end of the book, though, he does suggest that the willingness of clinicians to see multiples everywhere is symptomatic of some rather insidious trends in the sciences of the mind.

Even to nonspecialists who would normally be cautious about criticizing the work of clinical practitioners, a couple of things about DID diagnoses are bound to provoke epistemic suspicion. In the first place, DID is unlike several other similar psychological disorders in that it is not a predictable outcome of any specific *disease*, in the strictly biomedical sense of the term. And in the second place, the conditions of patients who have been diagnosed with DID do not seem to reliably improve as the result of administering mood-altering drugs. This latter fact makes the disorder importantly different from schizophrenia, a quite discrete condition with which DID is often confused.

Even more puzzlingly, in many recorded cases of DID, the first manifestation of the patient's alters—those additional "personalities" or "identities" that come to dominate one's behavior when one is subject to the disorder—occurs during hypnosis in the immediate presence of a clinician. Most clinical records of patients doing what is called "fragmenting," during which they often speak in childish or accented voices, answer to different names, or recount past events in a manner inconsistent with earlier narratives they themselves have provided, describe this phenomenon as having been prompted by the precise and unequivocal urging of a clinician.

This last fact has excited the suspicion among a few very radical critics within the medical community that the whole disorder might be completely *iatrogenic*, that is, brought into existence in patients via the direct intervention of the doctors themselves. But Hacking describes what is going on when these sorts of incidents occur in a far more subtle way. It is not that clinicians simply "summon" a patient's alters of out of thin air, nor is it that the adoption of extra identities is a learned behavior in any simple or obvious sense. Rather, a patient's alters come into existence via what Hacking calls a "feedback effect."

> Being seen to be a certain kind of person, or to do a certain kind of act, may affect someone. A new or modified mode of classification may systematically affect the people who are so classified, or the people themselves may rebel against the knowers, the classifiers, the science that classifies them. Such interactions may lead to changes in the people who are classified, and hence in what is known about them . . . Inventing or molding a new kind, a new classification, of people or of behavior may create new ways to be a person, new choices to make, for good or evil . . . It is not that people change, substantively, but that as a point of logic new opportunities for action are open to them. (Hacking 1995a, 239)

Hacking has written about this phenomenon quite extensively; elsewhere, he refers to it as "the looping effect of human kinds" (Hacking 1995b, 351). He seems to think that one can appeal to the occurrence of this rather involved type of reciprocal interaction between clinicians and patients to explain the sudden increase in cases of DID, and furthermore that doing so does not reduce to accepting either the hypothesis of iatrogenesis or the conclusion that the disorder was already widespread before it was "discovered" by the European medical community. Rather, by looking for evidence of "feedback" in the history of DID diagnoses, it might be possible for one to discover the historically contingent processes whereby the contemporary "epidemic" of the disorder arose. Doing so need not rule out the possibility that such diagnoses often succeed in detecting some real common trait shared by patients

treated for DID. Many other apparent epidemics of what have turned out to be rather ill-defined mental and physical illnesses (e.g., hysteria, consumption) have turned out to demonstrate at least some degree of uniformity in their causes, despite the fact that these putative diseases are no longer recognized as such within the clinical mainstream.

So what were the background conditions within the medical profession, the community of patients, or western culture at large that allowed this recursive process of give-and-take between patients and clinicians to gather so much momentum in the first place? Is the distinctive type of "feedback" that Hacking describes here an isolated phenomenon, or the side effect of some broader peculiarity of contemporary therapeutic practice? Or might there, in fact, be some feature of the whole contemporary zeitgeist that provokes the inclination in both clinicians and philosophers to classify individual persons as the potential hosts of numerous personalities?

Hacking's attempt to provide answers to these questions ascends to a startlingly high level of philosophical abstraction. Psychologists during the past two centuries, he argues, have in general viewed psychological disorders as being just like any other scientifically classifiable event in the natural world. They have therefore tended to assume that the identification of each such ailment in patients must always be justified by appeal to a discrete and uniform type of *cause*. For mental diseases with a clear basis in a patient's neurophysiology (e.g., the types of aphasia that normally result from specific types of brain lesions, or the types of mood disorders that can be treated with lithium supplements), such causal hypotheses will almost always be pretty straightforwardly confirmable. But Hacking thinks that speculations about the etiology of DID in a particular patient are more difficult to dissociate from the very patterns of thought that led clinicians to view the disorder as a discrete psychological phenomenon in the first place.

Nowadays, clinicians usually take it for granted that instances of DID reliably result from traumatic childhood experiences, usually of a sexual nature. But Hacking regards this "discovery" as having been an instance of pure epistemic bootstrapping. "Psychiatry," he claims, "did not *discover* that early and repeated child abuse causes multiple personality, it forged that connection, in the way that a blacksmith turns formless molten metal into tempered steel" (Hacking 1995b, 94). The key moment in this fundamentally creative process occurred during the past two decades of the nineteenth century, via what Hacking refers to as "the psychologization of trauma." It is in the context of his description of how this process took place over the course of a century of diagnostic practice that Hacking reveals certain covert prejudices about the value of simulated experience compared with that of personal desiderative autonomy.

3. "Know Thyself!"

According to Hacking, the notion that a person's soul or psyche can undergo a trauma represents the last link in a long "chain of ideas" that developed out of "a rich mix of elements from medical and social history" (Hacking 1995a, 184). First of all, there was the indisputable fact that amnesia and other purely psychological impairments can occur as the result of a blow to the head that produces no other detectable lasting physical effects. From this, it seemed a reasonable inference to medical practitioners of the late-nineteenth century that a physical shock to the brain could produce other forms of "hysteria"—a term that was used at the time to classify an immensely broad range of psychological disturbances, including the rare (at the time) phenomenon of "double consciousness." It subsequently began to seem obvious to many that hysterics might benefit from some sort of psychological "repair." The use of hypnosis to retrieve lost memories began to be viewed as a method of healing that was analogous to the restoration of a person's physical integrity after an injury.

One further step was required to create the conditions necessary for the type of "feedback" process that led to the outbreak of DID diagnoses. This was the assimilation of the conception of mental trauma just described into the diagnostic practices of psychologists who were relatively indifferent to the question of whether what they called "hysteria" (and other similar ailments) had any neurophysiological basis whatsoever. The key historical figure here was the famous French psychotherapist Pierre Janet (1859-1947), who was one of the first modern clinicians to speculate at length about possible connections between his patients' psychological maladies and unhappy events earlier in their lives.

One gets the first solid hints about Hacking's own axiological views from his lengthy discussion of Janet's work. He describes the decisions that Janet made about how to treat his patients as being the outcome of a "crisis of truth" in psychology. For Janet, according to Hacking,

> was an honorable man and (we might say *hence*) had no inflated sense of the Truth. He dealt with traumatically caused neuroses by convincing the patient that the trauma had never happened. He would do this by suggestion and hypnosis whenever he could. (Hacking 1995a, 195)

The kind of "honor" that Hacking is referring to here is the honor of the *noble liar* (to borrow a Platonic term)—the pragmatic virtue of the martyr, public servant, or *bodhisattva* who places the care of those directly under his charge above any concern for his own epistemic integrity.

It was only considerably later on in the development of modern psychotherapy that a consensus developed that childhood psychic trauma is the (more or less) inevitable trigger of DID. This information is now included in the standard clinical textbook on DID, Frank Putnam's (1989) *Diagnosis and Treatment of Multiple Personality Disorder*. But for Hacking, the feedback-driven process that has made it increasingly easy for contemporary sufferers of DID to "fragment," and for contemporary clinicians to classify their patients' symptoms as manifestations of alters, represents the direct historical outcome of Janet's resolutely pragmatic, sometimes openly deceptive approach to "healing" the minds of his patients.

Hacking does not subject Janet's clinical approach to unequivocal censure. In fact, he thinks it is in some respects preferable to the "terrible Will to Truth" (Hacking 1995a, 195) exhibited by Freudian psychoanalysts, who place a much greater emphasis on getting their patients to remember traumatic events that the latter have often tried desperately to forget. But in the final chapter of *Rewriting the Soul*, Hacking argues that the problem with the present epidemic of DID diagnoses is fundamentally rooted in the ethics of truth-telling. He maintains that, while an individual who has undergone multiple therapy might be "a thoroughly crafted person," she is nevertheless not a person "who serves the ends for which we are persons. Not a person with self-knowledge" (Hacking 1995a, 266).

Even readers unused to finicky philosophical disputes about the *summum bonum* might well be startled by the confidence with which Hacking seems to assume a clear and unproblematic shared understanding of "the ends for which we are persons." But he defends this ethical stance by appeal to claims about the central value of human autonomy that he takes to be fundamental to the very enterprise of philosophical reflection. The requirement that we treat human self-knowledge as an unqualified, nonnegotiable good is, he thinks, a manifest presupposition of the Socratic injunction "Know Thyself!" What the rise in frequency of DID diagnoses ultimately shows is that contemporary clinicians and their patients have to some extent lost touch with a crucial kind of "awareness of how to take responsibility for one's own character, one's own growth, one's own morality" (Hacking 1995a, 264).

Throughout Hacking's discussion of the history of DID, he exhibits a profound sympathy for both the patients who have eventually been diagnosed with DID and the clinicians who have been faced with the difficult task of making sense of their sufferings. Many of the reservations he expresses echo the broader concerns of other, similarly well-informed and thoughtful critics of therapeutic culture such as Christina Hoff Sommers and Frank Furedi. Nonetheless, his ethical objections to the types of communication between patients and clinicians that have led to the disorder's contemporary

overdiagnosis strike me as deeply unintuitive and disappointingly one-sided. In the following sections, I will try to explain why.

4. Dead Metaphors, Autonomy, and the Negotiability of Values

Philosophers (and humanistic scholars in general) quite rightly view the exposure of dead metaphors as a perpetually important goal of the type of work that they do. Although science almost certainly could never be purged of metaphor entirely, the historically naïve abbreviatory use of figurative language in purportedly scientific contexts can often be destructive of knowledge. One does not have to look very far from the period that Hacking himself is concerned with to find examples of this phenomenon. The massive (and often highly profitable) overdiagnosis of "female hysteria" during the latter half of the nineteenth century nowadays appears to us as one of the great embarrassments in the history of medicine. And this is not only because the diagnostic category simply does not correspond to any determinate set of psychological disorders but also because the roots of the diagnosis in primitive beliefs about female anatomy (e.g., that the uterus moves about freely inside the body) led to the pursuit of therapies that were preposterously out of tune with the most advanced physiological knowledge of the time (King 1993).

All of these having been said, however, Hacking's suspicion of diagnostic practices based on the short "leap from body to mind" that occurred when people started to use the word "trauma" to refer to injuries to the psyche seems needlessly exaggerated. His description of a "chain of ideas" that only very gradually led to the psychologization of trauma gives the unwarranted impression that contemporary clinicians are unconscious of the possibility that physical and psychical trauma might not represent univocal instances of some broader natural kind.

Perhaps there are some psychologists, clinicians, and social scientists who think this way.[2] But those who do treat the two types of trauma as instances of a single type of suffering are much more commonly quite aware of the controversial nature of their views. Judith Herman (1997, 9), for example,

[2]One such author is the sociologist Jeffrey Alexander, whose explicitly "constructivist" characterizations of what he calls "cultural trauma" elide crucial ambiguities in how individual persons are classified as victims of trauma, while extending the application of the concept to whole communities (e.g., the descendants of slaves, religious groups, and nation-states; see Alexander 2012).

argues that "the systematic study of psychological trauma . . . depends upon the support of a political movement," because whenever physical scars are not visible, there will always be perpetrators of trauma whose interest is to "promote forgetting." Other students of the phenomenon (e.g., Scaer 2005) have observed that the metaphorical character of claims about "psychic trauma" is usually fairly close to the surface, both in clinical and in everyday usage.[3] And practicing psychologists are normally quite open about the need to rely upon figurative language for abbreviatory purposes when discussing many different kinds of mental phenomena. To take one early but suggestive example, in writing his early work *Project for a Scientific Psychology*, Freud was not prevented by his so-called "Will to Truth" from explicitly relying upon such explanatory methods. Part of the function of psychological theories, he asserted here, is always to "explain to us what we are aware of, in the most puzzling fashion, through our 'consciousness.'" And he advocated doing so within the context of this early treatise on neurophysiology by "summon[ing] up courage to *assume* that there is a . . . system of neurons . . . whose states of excitation give rise to conscious sensations" (Freud 1966, 307-309, emphasis added). This act of epistemic "courage" was to be undertaken in spite of the fact that there was absolutely no physiological basis whatsoever for the postulation of such a "system" within the human brain!

Such methodological necessities are surely best viewed as cultural and scientific by-products of the extraordinary difficulty and resilience of the mind/body problem. The fact that scientific psychology and our everyday mentalistic idioms are still haunted by the specter of Descartes should surely not prevent clinicians from extending into the sciences of the mind the application of terms already used to classify more naturalistically tractable phenomena, especially when there are urgent matters of patient care at stake.

Many contemporary philosophers of science in fact regard such purely pragmatic decisions as being permanently unavoidable aspects of what one commits oneself to when one accepts just any scientific theory, whether or not it has anything specifically to do with human mental processes at all. As Quine (1980, 16-17) puts it,

> Our ontology is determined once we have fixed upon the over-all conceptual scheme which is to accommodate science in the broadest sense, and the considerations which

[3]It is worth noting in this context that Scaer (2005, 1) applauds the recent outpouring of research and diagnostic reflection on psychological trauma *specifically because* it shows that scientists have overcome the prejudices associated with "a purely physical concept of human disease."

> determine a reasonable construction of any part of that conceptual scheme, for example, the biological or physical part, are not different in kind from the considerations which determine a reasonable construction of the whole.

If biologists were entitled to talk about "genes" long before the structure of DNA was discovered, and if contemporary physicists can afford to feel comfortable extending the concept of a "particle" to units of gravitational force, it is difficult to see why proleptic speculation about consciousness-producing neurons or "trauma in the soul" should be regarded as any more problematic.

Another puzzling feature of Hacking's critique of the contemporary treatment of DID is his apparent willingness to treat Socratic self-knowledge as having an utterly singular, transcendent, and nonnegotiable kind of value for "persons" at large. How far one chooses to pursue this line of argument must surely depend upon how one views certain vexed philosophical questions about the nature of personal identity. Hacking is critical of authors who have appealed to some of the phenomena traditionally associated with DID to defend the skeptical claim that the self is either somehow illusory or insusceptible to determinate characterization. He has little tolerance for the suggestion that DID provides support for Humean nihilism about personal identity (see Hume 2007, 186-95), and insists that the very abstract notion of selfhood that is the target of skepticism for Hume and his latter-day sympathizers is quite distinct from the kind of "identity" that one is treated as having dissociated from when one is diagnosed with DID.[4]

Nonetheless, his disinclination to argue that DID is simply not a "real" disorder leads one to suppose that he would be willing at least to countenance the idea that some people really do have multiple "selves." And if DID sufferers *really do* have several distinct identities, then surely diagnosing them correctly will provide them with exactly the sort of knowledge that Socrates enjoined us to pursue. Socrates himself, after all, seems to have been perfectly comfortable with the idea that knowledge of oneself consists in the awareness that one's personality comprises a plurality of partially autonomous constituents, as his famous "charioteer" analogy from the *Phaedrus* makes clear (Plato 1993, 61-67).

[4]Hacking is actually quite careful about this; he has no quarrel with Hume himself, or with A. N. Whitehead, whose "philosophy of mind," he observes, "has a ready-made slot for the multiple personality but can gain no support from it" (see Hacking 1995a, 221-33). He is more critical of authors such as Kathleen Wilkes, who defends her views about the malleability of the self by appeal to case histories and dubious informal narratives about sufferers from DID (see Wilkes 1988).

Even setting aside this complaint, though, Hacking's remarks about "self-knowledge" are problematic for deeper reasons than the mere possibility that he might be begging the question against clinicians who take a strongly realistic view of DID. Many of the troubled individuals Hacking describes as having been diagnosed with "double consciousness," Multiple Personality Disorder, or DID over the past century had before receiving treatment been exhibiting behavior that prevented them from sustaining healthy relationships, stably regulating a wide variety of affects, and (in a few cases) performing many of the very most basic human functions. These psychical and physiological symptoms of DID are bound to interfere with one's capacity to achieve *whatever* type of Socratic self-discovery deserves to be regarded as "a virtue in its own right" (Hacking 1995a, 265). Surely, then, whatever type of self-knowledge a patient who begins (at the prompting of a clinician) to speak in the voices of her alters might be *deprived* of is often worth *sacrificing* when the alternatives include catalepsy, anesthesia, hyperesthesia, lengthy fugue states, or persistent somnambulism.[5]

Perhaps Hacking could respond by suggesting that we have come up against a fundamental axiological disagreement here. Certain moralists of a broadly Kantian persuasion have argued that the type of autonomous self-understanding Hacking talks about is best thought of not simply as one value among many but rather as an utterly distinctive and nonnegotiable species of human good. Christie Korsgaard defends this kind of view explicitly. The human capacity to value, she claims, is rooted in our distinctive capacity for "reflective consciousness." We make use of this capacity to identify reasons for action from among our spontaneous human impulses and desires, in a process that leads to the construction of what she calls "practical identities" (Korsgaard 1996, 129). A psychologically normal person may have many such "identities" over the course of a single lifetime or even several at once—perhaps, for example, given suitable reflection, I regard myself as having more or less equally good reasons to rise early and to sleep late because I conceive of myself both as a go-getter and as a layabout. But Korsgaard maintains that for somebody to count as genuinely valuing such temporary, situation-specific self-conceptions in any coherent sense at all, he must begin by valuing his "moral identity." She describes this latter type of "identity" as the recognition of one's very ability to reflect upon and choose from among one's own impulses and desires as the distinctive trait that makes one truly human. "If we do not treat our humanity as a normative identity," she claims,

[5]All of these are examples of symptoms that were exhibited by some of the most famous DID patients before they were diagnosed.

"none of our other identities can be normative, and then we can have no reasons to act at all" (Korsgaard 1996, 129).

Recall once again Robert Nozick's contention that, when enough of one's experiences as a human being are mere simulacra, there is simply no answer available to the question of what sort of a person one truly is. Perhaps Hacking is right to be concerned that, when clinicians decide to encourage their patients in the development of alters, they are bringing them perilously close to this point. But this insight does not compensate for the startling absence from Hacking's discussion of any attempt to *compare* the value of Socratic self-knowledge (however he might in fact conceive of this) with that of whatever other varieties of knowledge patients might be able to obtain via the cultivation of alters, not to mention the value of whatever relief they might be able to obtain from types of suffering that can make much higher cognition effectively impossible.

I have argued that Hacking's critique of multiple therapy in *Rewriting the Soul* is both internally incoherent and (more seriously) makes unwarranted assumptions about the value of desiderative autonomy relative to that of other therapeutic goals for victims of psychological trauma. To the extent that these criticisms are persuasive, one must be willing to develop an entirely different philosophical approach to explaining the DID epidemic. In the final section of this article, I shall briefly describe how such an explanatory project might arise from a more open attitude toward the question of how our lives may be either harmed or enriched by the presence of simulated experiences.

5. The Limits of Genealogy

Hacking's extended discussion of the concept of psychological trauma in *Rewriting the Soul* is best classified as belonging to the genealogical tradition in western philosophy. Other major works in this tradition include Nietzsche's *Genealogy of Morals*, Foucault's *The History of Sexuality*, and Hacking's own brilliant *The Emergence of Probability*. In each of these books, the author's goal is to trace the developmental history of some set of concepts through at least a few generations' worth of usage, then to make use of these historical investigations to provide a critique of the way that the relevant conceptual repertoire is employed by his own contemporaries. I have tried to demonstrate that Hacking's attempt at a genealogy of our contemporary understanding of psychological trauma fails to justify his hostility to the practices of contemporary psychologists engaged in the diagnosis and treatment of DID.

How might one do a better job of developing a culturally informed critique of this set of clinical and diagnostic practices? Suppose that, rather than

beginning with the assumption that the manifestation of alternate personalities should always be viewed as deviations from a normal state of psychological integration, one started out by trying to describe what is psychologically valuable about simulated experiences for just *any* human being, whether healthy or unhealthy. There is already an extensive psychological literature on the value (and the danger) of make-believe that could be drawn upon in this connection,[6] and a few philosophers (e.g., Jean Baudrillard and Michael Heim) have written more generally about simulated experience in a broadly axiological vein. One could then proceed by trying to figure out the extent to which this type of positive value is exhibited by the specific types of simulated experience that are pursued by DID patients who manifest alters and by the clinicians who encourage them to do so.[7]

What might such a critique of multiple personality therapy end up looking like? Perhaps, after all, it would not turn out to be very different in spirit from Hacking's. But I suspect that it might have less to say about the implicit assumptions of the "sciences of memory" as these have developed over the past century and a half, and more to say about the distinctive predilection shared by so many modern people for more and more novel varieties of simulated experience. From pen and paper role-playing games such as *Dungeons and Dragons* to virtual, Internet-mediated communities such as *Second Life*; from cosmetic surgery to "virtual reality"; and from online identity theft to the U.S. Federal Witness Protection Program, there is a startling breadth of resources available in the contemporary era to those of us who are inclined (either voluntarily or involuntarily) to surround ourselves with simulated environments, or to remake ourselves to look, speak, and interact in ways that differ from how we truly are. It is in fact rather astonishing how little Hacking has to say about what might be learned from considering the "epidemic" of DID diagnoses as a by-product of this broader cultural phenomenon.

Some philosophers might reject such an approach to the understanding of DID on the basis of an austerely autonomian conception of the human good. But I think I am safe in saying that such a view would represent a stark deviation from what common sense tells us when we examine the lives of individuals whose psychic well-being has been severely compromised, yet who still appear to have an appetite for recognizable forms of human happiness and fulfillment.

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[6]See especially Singer and Singer (1990) and Taylor (1999).

[7]The ideas of philosophers in the so-called "narrative ethics" tradition, who defend the idea that a human life derives all or part of its objective value from being comprehensible as a structured narrative, might also be salient here. For a provocative and well-referenced discussion of this general approach to ethics, see Vice (2003).

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References

Alexander, J. 2012. *Trauma: A Social Theory*. Cambridge, UK: Polity Press.

Bennett, J. 1971. *Locke, Berkeley, Hume: Central Themes*. Oxford: Oxford University Press.

Boor, M. 1982. "The Multiple Personality Epidemic: Additional Cases and Inferences Regarding Diagnosis, Dynamics and Cure." *Journal of Nervous and Mental Disease* 170:302-304.

Dennett, D. C., and N. Humphrey. 1989. "Speaking for Our Selves: An Assessment of Multiple Personality Disorder." *Raritan* 9:68-98.

Freud, S. 1966. "Project for a Scientific Psychology." In *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, edited by J. Strachey, 281-391. London: The Hogarth Press.

Hacking, I. 1995a. *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. Princeton: Princeton University Press.

Hacking, I. 1995b. "The Looping Effect of Human Kinds." In *Causal Cognition: A Multidisciplinary Debate*, edited by D. Sperber, D. Premack, and A. J. Premack, 351-83. Oxford: Oxford University Press.

Herman, J. 1997. *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. New York: Basic Books.

Hume, D. 2007. *A Treatise of Human Nature*. Sioux Falls, SD: NuVision Publications.

King, H. 1993. "Once Upon a Text: Hysteria from Hippocrates." In *Hysteria beyond Freud*, edited by S. Gilman and H. King, 3-90. Los Angeles: University of California Press.

Korsgaard, C. 1996. *The Sources of Normativity*. Cambridge: Cambridge University Press.

Nozick, R. 1974. *Anarchy, State and Utopia*. New York: Basic Books.

Plato. 1993. "Phaedrus." In *Symposium and Phaedrus*, translated by Benjamin Jowett, 45-92. Mineola, NY: Dover Publications.

Putnam, F.W. 1989. *Diagnosis and Treatment of Multiple Personality Disorder*. New York: The Guilford Press.

Quine, W. V. 1980. "On What There Is." In *From a Logical Point of View: Logico-Philosophical Essays*, edited by W. V. Quine, 1-19. Cambridge, MA: Harvard University Press.

Scaer, R. 2005. *The Trauma Spectrum: Hidden Wounds and Human Resiliency*. New York: W.W. Norton.

Singer, D., and J. L. Singer. 1990. *The House of Make-Believe: Children's Play and the Developing Imagination*. Cambridge, MA: Harvard University Press.
Taylor, M. 1999. *Imaginary Companions and the Children Who Create Them*. New York: Oxford University Press.
Vice, S. 2003. "Literature and the Narrative Self." *Philosophy* 73:93-108.
Wilkes, K.V. 1988. Real People: *Personal Identity without Thought Experiments*. Oxford: The Clarendon Press.

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