System Indeterminacy and Interpretive Constraints

Abstract.

The essential feature of Dissociative Identity Disorder is the presence of two or more alternative identities associated with a single body. One of the most controversial issues that arises from this is how we are best to conceive of alternative identities. Within contemporary psychology and psychiatry two rival models have emerged as dominant theoretical positions. While they are typically considered to be mutually exclusive, I shall attempt to recast the problem of alters in a way that is fairly neutral between them. This will involve a new application of a philosophical model of mind known as intentional systems theory. Intentional systems theory acknowledges that there may be a degree of indeterminacy with respect to what intentional state a system is in. If we conceive of alters or selves as a certain kind of complex intentional system, then it seems plausible that there may arise a similar phenomenon of system indeterminacy. The problem of alters may thus be re-conceptualised as the problem as whether to adopt a single or multiple systems interpretation of these subjects behaviour.

Dissociative Identity Disorder (DID) has been the subject of much controversy in psychological, psychiatric, and philosophical literature. Within mainstream psychology and psychiatry two rival accounts have emerged as dominant theoretical positions. Each theory offers an alternative account of the following three aspects of the disorder:

(a) Aetiology.

(b) A conceptualisation of alters.

(c) A proposed course of treatment.

Each theory is typically considered a package deal in that it offers a position that embraces each of these three aspects; and each aspect is considered to flow quite naturally into a position on the next. One may question the extent to which a stance on one aspect logically entails the rest of the theory. Theorists, however, have seemed to take a stand on the accounts considered as package deals. It will be useful to begin with an enumeration of these received views before I go on to offer an alternative conceptualisation of (b); how we should conceive of the alters that are the distinctive feature of this diagnosis.

1 The post-traumatic model

The post-traumatic account originated from the work of theorists / clinicians in the 1980's. Braun, Kluft, Putnam, Coons, and Bliss are cited by Ross, (1989 p. 50) as important figures in re-establishing clinical interest in DID (formerly Multiple Personality Disorder) as a legitimate phenomenon. These theorists have gone on to write seminal work on (a), (b), and (c) in the form of papers and treatment manuals. While there are points of difference in emphasis and detail between supporters, there seems to be a general consensus on an overall view that has come to be known as the post-traumatic account. Gleaves, (1996 pp. 42-59) has recently written in defence of this view in response to Spanos offering the socio-cognitive model with the intention that it be accepted as a replacement conceptualisation (Spanos, 1994 p. 29). I will focus largely on Gleaves account as he clearly opposes the alternative model, and he seems to be fairly representative of the post-traumatic line.

According to the post-traumatic model alters originate in childhood when individuals with a diathesis for dissociation encounter severe, repeated trauma (Gleaves, 1996 p. 2). The child dissociates aspects of their experience from conscious awareness as a protective coping strategy. If the experiences were accessible to consciousness, or impinged on the child's consciousness the functioning of the child would be severely impaired. For example, an abused child may need to dissociate from abuse in order to behave trustingly to an abuser at other times in order to ensure that primary needs such as those for food and shelter are met (Gleaves, 1996 p. 2). Because the strategy is successful (in that it enables the child to cope) the dissociation is reinforced. Because of the extreme and repetitive nature of the abuse the child comes to dissociate more often, and in these times their behaviour is governed by these alternative states.

It is a distinctive and defining feature of the disorder that these states develop an internal consistency and coherence of their own (DSM IV-TR, 2000 p. 529). Alters are thought to function to 'contain memories' of different kinds of experiences, and to act in ways believed to be required for the benefit of the child. One alter may be a passive and helpless recipient of abuse with access to distressing memories. Another may take responsibility for deriving pleasure from the abuse so as to behave in a manner that pleases abusers. Another may come out to 'fight back' by taking active steps to use force to protect the child's body. Because different alters have

different protective functions they have access to different memories, emotions, and goals; and thus they behave in distinctively different ways.

On this account alters are conceptualised as dissociated aspects, fragments, or parts of the greater self that is their summation. Dissociation is thought to be a highly creative and adaptive strategy that enables a child to deal with child-hood abuse that they otherwise cannot escape. It is thought to become maladaptive when it continues once the abuse has stopped, and the behaviour of the alters causes distress to the 'main personality', or alter that presents for treatment. The goal of treatment is the integration or fusion of these dissociated aspects into one largely integrated and consistent self of the sort exhibited by individuals without the disorder.

2 The socio-cognitive model

Although it would be fair to say that the majority of clinicians are sceptical as to the legitimacy of the disorder (Pope *et al.,* 1999 pp. 321-323) it was not until fairly recently that an alternative to the post-traumatic account has been offered[1]. The number of cases diagnosed each year increases at exponential rates for a disorder that was once considered exceptionally rare. Lilenfeld *et al.,* (1999 p. 508) report that while there were less than 80 cases reported worldwide prior to 1970, the figures at the close of the twentieth century, though difficult to estimate, appeared to be in the tens of thousands. While supporters maintain that these figures are more accurately reflective of true prevalence rates such a dramatic increase has led to increasing degrees of controversy, scepticism, and demand for an alternative explanation from other quarters.

While the post-traumatic account is psychodynamic in origin, Spanos, (1994) offers an alternative conceptualisation that is more consonant with behaviourist theory and practice. He emphasises the role of reinforcement contingencies in the creation, maintenance, and ultimate dissolution of the disorder (Spanos, 1994 pp.17-20). DID is conceptualised as a modern form, or variant of what he dubs 'multiple identity enactment'. Alters (as a phenomenon) are considered to function in a similar way to

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1 While many used to voice their scepticism in the form of disbelief or outright denial of the phenomenon such a position is becoming increasingly hard to sustain. It also seems to have been long considered that subjects were play-acting, or making up stories but a sustained alternative account has not been forthcoming until the work of Spanos, (1994).

possessing sprits or demons reported in past eras. These phenomena are thought to be culture specific; they occur only where people 'believe in them' and thus their expressions are considered legitimate by the enacting subject and others.

Spanos, (1994 p. 20) considers that it may be reinforcing for subjects to strategically enact multiple identities, especially when they are allowed to avoid the consequences of their behaviour by interpreting it as the actions of other agents. He notes that Protestants who were treated with prayer and fasting for behaving possessed reported fewer cases of possession than Catholics who were treated with bed rest and elaborate exorcism rites (Spanos, 1994 p. 15). While he maintains that there is nothing pathological (or disease-like) about multiple identity enactments *per se*, he also considers that those who present with DID for psychological or psychiatric assistance in modern times do exhibit a greater pathology (Spanos, 1994 p. 28).

The Three Faces of Eve and *Sibyl* were bestseller biographies depicting subjects with DID. They were made into feature films which served to bring the disorder to the attention of the general public. The rise in the number of cases reported occurred shortly after the release of these films. The psychiatrists that treated 'Eve' (Thigpen and Cleckly, 1984 p. 64) reported being inundated with letters and phone calls from individuals who presented with different handwriting samples and different voices that claimed to be separate selves. While they concluded that they were (pathological) hoaxes they did not seem to investigate these claims in any great depth. Spanos considers, though, that this shows the impact that media attention has on subjects with certain pathologies. The disorder has been presented in such a fashion that disturbed individuals are given an elaborate and glamorous explanation for their difficulties. The reinforcement provided by the media and greater society is thus the first factor that Spanos considers relevant to the dramatic increase in the number of subjects presenting with the disorder (Spanos, 1994 p. 20).

The second factor is considered to be the reinforcement contingencies provided by the clinicians that regularly diagnose and treat the disorder. Spanos considers that clinicians (perhaps unwittingly) provide cues by asking leading questions that educate and enable subjects to convincingly enact the multiple role. Some clinicians find the disorder intriguing and fascinating, and subjects with the disorder are thus given a great deal more attention and sympathy then they would otherwise obtain. For a subject with a history of severe abuse and / or a long history of worn out

clinicians enacting multiple identities may be very reinforcing indeed (Spanos, 1994 p. 21).

He thus maintains that alters are artefacts, creations or roles that are produced and sustained in response to social reinforcement and the reinforcement provided by traditional forms of treatment. He proposes an alternative course of treatment, which involves altering reinforcement contingencies so as to extinguish the behaviours that constitute the disorder (Spanos, 1994 p. 20).

3 Intentional systems theory

Now that we have seen something of the mainstream views it will be useful for me to provide an outline of a philosophical doctrine in philosophy of mind known as intentional systems theory. An account that I will offer of (b) may be considered something of an extension of intentional systems theory and I will use it to recast the problem of (b) in a way that is fairly abstract thus neutral between the above accounts. While there would seem to be much empirical work to be done with respect to (a) and (c), the issue of how we should conceive of alters is more a conceptual or theoretical issue than an empirical one. While there is a tendency for theorists within psychology and psychiatry to consider (b) to be an issue of construct validity to be determined by the remainder of (a), and (c); construct validity is not the subject of this paper. I am interested in providing an account of the phenomenon of subjects presenting / living their lives with multiple identities. How we are best to conceive of their behaviour and the presence of alters would seem to me to be an issue that can be teased out from how they came to be that way and how clinicians can successfully treat them. This approach may also cast a new light on (a) and (c) though it is logically separable from them.

Intentional systems theory is often taken to be an explicit rendering, or extension of what is known as ‘folk-psychology’. Despite the behaviourists’ success in the laboratory it would seem that we cannot function effectively in society without making use of such attributions as ‘believes’, ‘desires’, ‘hopes’, ‘wants’, ’fears’ etc. The fact is we attribute these mental (or intentional) states to ourselves and others; and we use these attributed states to predict, explain, and thus make sense of our own and others behaviour. Whether these notions can be reductively explained in terms of neurological states, or whether they are merely fictions (so strictly speaking do not

exist) is controversial. I will have more to say about the issues of reduction and fictionalism in subsequent sections.

Intentional systems theory notes that sometimes we regard an object as an intentional system. An intentional system is an object (or system) with mental states that interact so as to produce behaviour. When we want to predict, explain, or make sense of the behaviour of a system we can adopt the intentional stance towards the system, which consists in the following:

(a) The attribution of particular beliefs to the system.

(b) The attribution of specific desires to the system.

(c) The attribution of practical rationality to the system.

The notion is that we attribute beliefs on the basis that a system 'believes what it ought to believe, given the situation they are in' (Braddon-Mitchell & Jackson, 1996 p. 146). We thus consider that an intentional system has beliefs regarding its environment. For example, we would consider that an intentional system sitting on a chair would believe that it was sitting on a chair (unusual circumstances aside). We attribute desires on much the same grounds. Living intentional systems are attributed desires for biological needs such as food and shelter at the appropriate times, and so forth. We also attribute all sorts of other beliefs and desires to intentional systems that are hard to specify but come quite naturally to us in our daily lives when we are employing folk psychology. Practical rationality is the ability to 'act to satisfy ones desires were ones beliefs true', or the ability to coordinate beliefs and desires in such a way as to produce the relevant action (Braddon-Mitchell & Jackson, 1996 p. 145). For example, one may have the ability to coordinate ones belief that there is food in the fridge with ones desire for food in order to produce the relevant action of going to the fridge in order to get some food[2].

[2] Beliefs and desires may be conscious or unconscious. Someone who says that they are hungry but do not eat despite opportunity leaves themself open to the charge that they are not really hungry; thus there is no privileged first person access to intentional states. Intentional systems theory focuses on the role of behavior with respect to intentional states (and so offers an account of how we can learn to attribute them which is a major problem for

Dennett, (1987, 1988) and Davidson, (1980) consider that there are patterns that emerge when one adopts the intentional stance towards the behaviour of a system. Although this does not seem to be explicit in the literature it seems that by 'pattern' intentional systems theorists are primarily concerned with patterns discernable from something approaching a snapshot view as opposed to over significant periods of time[3]. As an example of what is meant by a snapshot view, we could briefly view a scene where someone is walking and there is a hole in the ground in front of them. By adopting the intentional stance we could attribute that the system believes that there is a hole in front of them and that if they continue walking they will fall into it. They desire not to fall into it and they are rational enough to realise (and act from the understanding that) they thus should walk around the hole. The 'patterns' would seem to be kinds of events or objects that are multiply realised on the physical level and thus are irreducible to it[4]. Intentional systems theorists are not committed to the view that we go around explicitly considering others to be intentional systems by running through these little hypotheses sub-vocally all the time. But they do consider that if we are asked to provide an explanation or make a prediction regarding behaviour then belief-desire explanations are cited as to what makes the behaviour, or our predictions of it rational[5] (Braddon-Mitchell & Jackson, 1996 pp. 144-158).

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introspectionist accounts). It is also thought that we can have many beliefs and desires that interact with one another. The strongest beliefs and desires are the ones that determine the relevant action. Thus, it is plausible that a hungry person may not eat because their belief that the food is poisoned and their desire not to eat poisoned food is stronger than their desire to eat.

[3] While there may not be such a clear distinction between a 'snapshot view' and 'patterns over time' in the literature I make this distinction so as to later go on to show how intentional systems theory may be used to not only provide an account of attributions of specific beliefs and desires, but also attributions of self-hood. Typically, the examples in the literature have to do with tiger or hole avoidance and food seeking and I want to distinguish between these relatively simple intentional states and the more complex character traits that emerge over time and prompt our attributions of self-hood.

[4] I will consider the issue of reduction further in a subsequent section.

[5] 'Rationality' is being used in the fairly technical sense detailed above. We can use intentional systems theory to predict rational behavior that results from irrational beliefs. For example, we could predict that a subject will avoid people because she (irrationally) believes

Controversial issues within intentional systems theory include specifying in greater detail how we form hypotheses regarding what an intentional system believes and desires. The theory requires a specification of a criterion by which we accept or reject candidate hypotheses for belief and desire attribution. While intentional systems theorists may consider that this is the full story to be told about intentional states, other theorists consider that it needs to be supplemented with an account of corresponding brain states. It is also a matter of controversy as to whether it is plausible or legitimate to attribute optimal rationality to intentional systems. We seem prone to a variety of cognitive biases and heuristics that show us that the rationality exhibited by an intentional system is limited. While it is indeed an interesting research program to attempt to specify this in enough detail so that a computer could be programmed to formulate acceptable predictions and explanations from the intentional stance, I am happy to run with it at a fairly superficial level. While much clarification needs to be done, intentional systems theory seems to offer a plausible picture-view of how we go about attributing intentional states both to ourselves and others in our daily lives.

4 An intentional system as a self

Intentional systems theory is primarily a theory as to when we are entitled to say that a system is a true believer. Our attributions of specific intentional states are held to be true in virtue of their predictive success. Dennett, (1998) considers that the intentional stance gives us 'predictive leverage that we can get by no other method'. While this is controversial, we may consider that the prediction that Sally will go to a shop because she wants to buy a puppy cannot be translated into a prediction from the level of physics. Firstly, we may consider that there is nothing on the physical level that corresponds to 'a shop' either in the subject's brain or in the external world[6]. We may thus consider that *kinds* of behaviours that are crucial to intentional

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that they are trying to kill her and she desires not to die. We can thus predict, explain, and understand behavior even when irrational beliefs are involved though it might be harder to hit upon the appropriate beliefs to attribute in these circumstances.

[6] While shops-in-the-world must indeed be physically instantiated, precisely what constitutes a shop would seem to be inexorably tied up with social and legal practices that are emergent to the intentional level. While there may be a class or set of shops on the physical level such a set would seem to be a disjunctive set of shop A, shop B etc. The kind 'shop' is thus

explanations (e.g., going to a shop) are multiply realisable both in the brain and in the external world, and thus they are irreducible to the physical level. The same could be said for the notion of a 'puppy' as an object[7], and (arguably) for the notion of 'belief' itself. While some (notably the Churchlands) consider that intentional states are irreducible and thus illegitimate and should be abolished, the fact is that the intentional stance is legitimated and sustained by its utility.

If we were to opt out of intentional psychology, we would not be able to function in our everyday lives, and it would be us that would become extinct and not the theory of intentional psychology. We cannot refrain from interpreting the behaviour of others from the intentional stance, and we cannot refrain from interpreting our own behaviour from the intentional stance. Inability to use the intentional stance adequately would appear to be a feature of pathology, such as when someone is unable to attribute appropriate emotional states to themselves (or to label them), or is unable to form adaptive beliefs regarding themselves or others that serve to facilitate their needs being met.

We may thus consider that the intentional stance is predictive in virtue of capturing real patterns or kinds of behaviour that are not visible from a lower level (physical) stance. It is in virtue of this predictive success that we are entitled to use the intentional stance to explain and describe behaviour as well. While Dennett, (1987) considers that a variety of objects behaviour can be predicted by the intentional stance e.g., oil refineries and thermometers it would seem that adopting the intentional stance towards these objects does not buy us 'predictive leverage we can

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multiply realized on, and thus irreducible to the physical level. The concept 'shop' would also seem to be multiply realized both in different individual's brains, and within the brain of a single individual. One lesson that might be taken from Lashley's infamous 'search for the engram' is that memories (and perhaps even the concepts involved in them) do not reside in any particular region of the cerebral cortex, rather they only become inaccessible when *enough* of the cortex's overall area is destroyed. Plasticity of function within the same individual also shows that concepts can indeed be multiply realized on the physical level.

[7] Most seem to consider that biological kinds are not natural kinds because there is no one property (on the physical level) running through many instances. For example, if we consider DNA to be relevant with respect to determining biological kind membership then it is irrelevant which physical bits of matter instantiate this, it is only relevant that they are in fact instantiated. Biological kinds thus seem to be emergent kinds, and here I am attempting to argue that intentional kinds are emergent in just the same way.

get from no other method'. We could equally well predict their behaviour from the design stance (where they behave as they are designed to behave other things being equal) and thus I consider that viewing these objects as intentional systems is to attribute a greater mental capacity than is needed to explain the phenomenon. These systems thus do not count as 'true believers'.

While intentional systems theory focuses on attributions of particular mental states, I think that it can be extended so as to provide a similarly rough picture-view account of our attributions of self-hood. While intentional stance theorists typically consider beliefs and desires that would be attributed fairly uniformly to any intentional system (e.g., that a system believes relevant things about the environment and has fairly standard desires for biological needs etc) sometimes the attributions that interest us the most are those that are fairly idiosyncratic to particular people or personalities. We can consider that when different people are in the same circumstances they often behave in different ways and when we know something of the particular people involved, we can often predict how they will behave compared to one another.

To consider the notion of a self or personality we need to look not only at the patterns that emerge from a snap-shot view when we view the subject as an intentional system; we also need to consider patterns that emerge as frequencies of these emergent kinds of behaviours when we view them over time. So, the picture we have is as follows:

(i) When we consider an object as an intentional system 'real patterns' emerge that legitimate our attributions of specific beliefs and specific desires so as to predict and explain the systems behaviour.

(ii) When we view the patterns in the behaviour of an intentional system over time further patterns emerge in the frequency of kinds of behaviours that an intentional system exhibits. These patterns have to do with attributions of preferences and consistent character, or personality traits etc, and they serve to legitimate our attributions of selfhood.

For example, some intentional systems frequently respond to certain kinds of events by feeling stressed. Some intentional systems frequently deal with stress by exhibiting avoidance behaviours, and others work pro-actively to alleviate the stress. We often use these patterns (that emerge as frequencies) to predict how that system

will behave in the future. We attribute personality traits such as 'avoidant' or 'pro-active' on the basis of many specific attributions that are made from the intentional stance. It thus seems reasonable to consider that the concept that we have of a unique individual, personality, character, or self is a more general attribution or inference that is built out of the specific intentional states that we attribute. It is a result of considering frequencies in our attributions, or the patterns that emerge in the behaviours that prompt our attributions when we consider either the behaviour of the system, or the frequency of our attributions to it over time[8].

While intentional systems theory considers that beliefs and desires ought to 'evolve in right and proper ways' it seems that by this they are primarily concerned with beliefs evolving in light of changes in the immediate environment and desires growing until they are satisfied (Braddon-Mitchell & Jackson, 1996 p. 148). When we consider the notion of an intentional system as a self, we may consider not only immediate or fairly immediate desires for biological needs, but also further reaching goals or plans, memories and preferences. We expect that an intentional system, or a self is largely consistent or continuous through time as the beliefs and desires evolve in right and proper ways, and do not alter abruptly for seemingly no good reason. Sometimes people do experience neurological damage which results in behavioural changes that has others conclude that they are not the same 'person' any more. We may consider that here the self has altered so abruptly, or has degenerated to the point that it is hard to see how the beliefs and desires could have rationally evolved from the earlier intentional system[9].

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[8] While I have not emphasized the role of verbal behavior in this paper it would seem to play an important role in our attributions of both specific intentional states and in our attributions of self-hood. Often a fairly good predictor of what intentional state a subject is in, or what they are going to do next is simply to ask them. While some consider that there is a first-person privileged access that is associated with a phenomenal feel one might also consider that we are typically better at predicting our own behavior over other systems because we observe our own behavior all the time whereas we have only intermittent access to other systems. Verbal reports are also frequently not highly predictive of behavior. We might consider that some people don't 'know their own mind', or indeed know themselves very well at all.

[9] Of course, the alterations in their behavior can be *reductively* explained in terms of neurological damage but this explanation is an explanation as to why the beliefs, desires, and behaviors have *not* evolved in comprehensible, rational ways.

5 The phenomenon of dissociative identity disorder

While the distinctive and defining feature of dissociative identity disorder is the presence of alters it is acknowledged by sceptics and supporters both that only 20% of DID patients exhibit clear-cut indications of this condition at the beginning of treatment. The remaining 80% exhibit only specific 'windows of diagnosability', namely transient periods during which the classic features of DID are evident (Kluft, 1991). Although there is disagreement concerning the exact percentages, 'virtually all authors in this literature have concurred that a large proportion – perhaps a majority – of DID patients in their samples exhibit few or no unambiguous signs of this condition prior to therapy' (Kluft, 1991).

When we consider the typical presentation of potential DID subjects, we are left with a more general picture of overall muddle. Often subjects with 'transient windows of diagnosability' may be considered to present as something of an unintegrated, fairly incoherent intentional system. Over time the intentional system varies radically in its beliefs and desires. It may profess one thing and act in accordance with it, but at other times it may disavow actions, memories, or past utterances. The behaviour of such a system would be lacking in integration and coherence, they would exhibit, contradictory beliefs and conflicting goals. The natural interpretation would seem to be that a system such as this is impulsive or unpredictable, contradictory, and perhaps with diminished rational capacity.

The amnesia requirement that was dropped from the DSM III was restored, partly as an attempt to curb the dramatic increase in prevalence rates. Subjects often meet this requirement by claiming that they find new possessions that they do not know how they acquired. They find their belongings moved around to a degree that cannot be explained by ordinary forgetfulness. They may claim that they are approached by people who claim to know them well but they cannot recall meeting them. They also claim that they have amnesiatic episodes where they cannot recall their behaviour. This seems to further illustrate that these subjects present as fairly disorganised intentional systems.

Some theorists have considered DID to be a variant of Borderline Personality Disorder (BPD) and as many as 70-80% of subjects with DID also meet the criteria for a diagnosis of BPD (Ross, 1996). If we ignore the issue of alters and consider the

behavioural presentation of subjects with DID there is a large overlap of symptoms[10]. While supporters consider that BPD symptoms are best explained by the presence of alters; sceptics maintain that the presence of alters is best explained in terms of BPD symptoms with the addition of alters as a treatment induced artifact. The emotional 'instability' and impulsivity that could be interpreted as variability between alters is covered by criteria (2), (4), (5), and (8). (3), (7), and (9) relate to identity disturbance, dissociative symptoms, and subjects that report being afraid of the actions or voices of persecutory alters may be considered delusional or paranoid.

Alters also may be considered 'responsible' for the self damaging behaviours reported by criteria (4), (5), and (8). Subjects with DID are typically considered to have at least one hostile or persecutory alter who engages in damaging behaviours to the subject's body and / or other people. While it is considered that not all DID subjects meet the criteria for BPD, some clinicians consider that DID takes precedence and so would not list BPD as an additional diagnosis (Ross,1989 p. 143). Not all BPD subjects present with alters, and so some theorists consider that DID is a form of, or severe variation of BPD. Ross (1996, p. 149) states that

> Looking at MPD patients from a borderline vantage point, they hold that MPD is an epiphenomenon of borderline personality. Basically, the argument is that MPD specialists create an MPD artefact in borderlines. Such clinicians rarely diagnose MPD because they deal with the "real" disorder, borderline personality.

Because the *Diagnostic and Statistical Manual of Mental Disorders* aspires to establish psychiatry with the same empirical grounding and treatment success as enjoyed by the rest of medicine, disorders are considered disease entities that are to be differentiated by unique aetiology (including age of onset), behavioural presentation (offered as a set of symptoms or syndrome), and effective course of treatment (course of illness and predicted treatment outcomes). Psychiatric disorders are thus conceptualised and presented as discrete, distinct, and all or none in that one either meets the criteria for the disorder or one does not. While this discrete disease entity conceptualisation works well for some illnesses (e.g., Alzheimer's), there is controversy as to whether the disease conceptualisation is appropriate for all of the listed pathologies (Davidson & Neale, 2001 pp. 69-71).

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[10] See Appendix (ii) for diagnostic criteria.

Dissociative disorders, post-traumatic stress, somatoform disorders, histrionic and borderline personality disorder, substance abuse, eating disorders, anxiety, and depression (that does not respond as effectively as clinical depression when treated) seem to co-occur in a number of subjects. The DSM is structured in such a way that there seems to be little natural relation between these disorders, whereas some clinicians recognise that they frequently occur together and they maintain that future structuring of the DSM should reflect this. These disorders also may be better conceptualised as lying along a continuum where symptoms are ranked for severity from normal to abnormal to severe. This would reflect the notion that many of the symptoms do appear in the normal population and it is the degree to which the behaviour is present that is of concern. This is currently debated and may result in a restructuring of the DSM in subsequent editions (Davidson & Neale, 2001 pp. 69-71).

Because there is overlap in content (with respect to symptoms) for diagnosing this cluster of disorders many individuals meet the criteria for more than one of these and some meet the criteria for different disorders at different times. While some individuals present fairly clearly with one or two (or three) of the above, others seem to be diagnosed with a variety of these over a 7-10 year period before a diagnosis of DID is made (Ross, 1993; Gleaves, 1996). Medication assists with symptoms in a limited way but does not seem to control the disorder the way it does with the model diseases such as schizophrenia, bi-polar, and true clinical depression. These subjects are the ones that seem to show that diagnosis can often be a somewhat arbitrary matter that is indeed, to a very large degree, a matter of interpretation.

6 Multiple systems theory

After considering the above three theories I am now in a position to outline an alternative position on (b), which I will call multiple systems theory. According to multiple systems theory (or a multiple systems version of the intentional stance) it may be legitimate in some cases to interpret or view the behaviour of one subject as being best predicted and thus explained by multiple intentional systems being associated with a single body.

Different alters (intentional systems) are observed to behave in distinctively different ways. They would thus seem to have different sets of beliefs and desires that function to produce the behaviour of the body when that system is in control. The behaviour, and the beliefs and desires that are attributed in order to predict and

explain the behaviour are largely incompatible between systems - which is why there is an advantage to postulating more than one such system. Internally the systems (as sets of beliefs and desires) are largely non-contradictory, and evolve in comprehensible ways. This is not a feature of episodes of psychosis, or psychotic voices. The sets of beliefs and desires thus constitute distinct intentional systems, or selves. So what does the multiple systems view buy us? I maintain that in *some* cases the multiple systems view buys us predictive and explanatory leverage that we cannot obtain from the single system view. In the 20% of subjects whose presentation is blatant and in the majority of diagnosed cases, it would appear that multiple systems theory has predictive leverage over the single systems view.

Where the single system view had to allow for unpredictable and inconsistent, irrational behaviour the multiple systems view buys us an account with greater predictive and explanatory power. I maintain that given the predictive advantage of the multiple systems view we may consider that in virtue of this it gives us a greater explanatory advantage as well. This being so the multiple systems view is the most descriptively adequate account that we have of these subjects behaviour. It would also seem to be the most charitable view with respect to making the best sense that we can of these subject's behaviour, as we no longer have to attribute defects in impulse control, rationality, consistency, or coherence.

7 Reductionism, fictionalism, and facts of the matter

It is controversial as to whether beliefs and desires can be reductively explained in terms of levels of activity or activation of certain neurons or groups of neurons. While it is typically considered that beliefs and desires must be realised by neural activity plasticity of function and the fact that different people have different neural pathways challenge the notion that there may be such a thing as a 'grandmother' neuron (or group of neurons) that fire at a specific frequency when and only when one is thinking of ones grandmother. While this is controversial I think that neural activity will not assist us in getting any further ahead with respect to what specific belief and desire produces behaviour.

In the spirit of reductionism neuro-scientists attempt to find the correlates of intentional states in brain behaviour. In order to do this, we must already have some way to determine whether the subject really was in a particular intentional state or not. If (a) we could determine what intentional state a subject is in, and (b) we found

that it was correlated with something distinctive in the brain, then (and only then) could we use brain behaviour to correct our attributions of specific intentional states to assist us in determining what intentional state a given subject is in. The problem is that (a) is often indeterminate, in that multiple interpretations are possible, and there is also a problem in how we choose to operationalise intentional state terms (which would seem to me to be further grounds for indeterminacy). That makes (b) highly unlikely and (b) would always seem to be moderated by correlating brain behaviour with the bodily behaviour that we had to start with.

While there have been studies on the brain behaviour of DID subjects the data is hotly disputed. We have the bodily behaviour of systems and we are starting to look at brain behaviour of systems in order to assist us in explaining the behaviour of the system as a whole. A study was done where an fMRI scan was performed on a subject with DID when she switched between alters, and when she role-played switching to an 'imaginary' alter (Adler, 1999). While there were distinctive brain changes that were correlated with the 'genuine' as opposed to 'fictional' switch the significance of this finding is hotly disputed.

Suppose we grant that there were significant differences when the subject switched between alters. This finding still needs to be interpreted in order for us to decide on its significance. Most seem to agree that memories are contained within located modules in the cortex for the findings to have achieved such notoriety. If we grant this then we can argue about whether it shows us that some alters *cannot* access those memories, or whether they *choose not* to access those memories. All it shows is that some alters *do not* access those memories. Brain behaviour still needs to be interpreted and so it is hard to see how brain states can assist us in getting further ahead with respect to either specific intentional states, or the number of intentional systems. No collections of behaviour (bodily behaviour, physiological responses, or brain behaviour) will help us explain or interpret the significance of the phenomenon. But it is the significance or interpretation of the phenomenon that interests us the most and is the main subject of controversy. Typically, what determines the issue still further and facilitates the discovery of 'obvious', 'crucial' data that decides which of the alternative theories is correct is the phenomena of theorists converging on a single theory. This seems to put the issue not so much in the 'to be determined by science' basket, but as well within the realm of conceptual analysis.

Despite my pessimism regarding the reduction of folk psychology I do not think that it is entirely accurate to write off intentional psychology as a mere fiction either. While it is indeed a matter of interpretation, the space of possible interpretations is restricted quite severely by reality constraints. There is the reality of the behaviour that we are seeking to explain and predict. There is also the reality of subsequent behaviour that may support or disconfirm our attributions. These reality constraints are obviously enough to render our predictions and explanations indispensable to us in our daily lives, but there is still a space of indeterminacy where multiple interpretations are possible.

I do not think that this indeterminacy counts against intentional psychology, particularly as one might consider that our rendering of essential properties and laws of nature is in the same boat. It seems plausible that there could be an indefinite number of 'final', or complete sciences that predict and explain all the past, present, and future nerve hits of mankind (Quine, 1960 p. 23); and it seems equally plausible that there should be an indefinite number of intentional state attributions that could predict and explain all the past, present, and future behaviours of any given intentional system. Such a consequence is not fatal to intentional psychology as it is not fatal to physics; such indeterminacy would seem to be inherent in any attempt that we make to *predict, explain, interpret,* and otherwise *make sense* of any given phenomena. This aspect of indeterminism, rather than being unreliable is what makes life interesting. It is the scope within which we carve out our own explanations, interpretations, and meanings, of ourselves, others, and the rest of the natural world.

8 Gestalt switches and change in perspective

The problem of (b) can thus be recast as the problem as to whether we should adopt a single or multiple systems interpretation of a given subject's behaviour. While the reality constraints would seem to dictate that the single systems stance is appropriate for the prediction and explanation of the behaviour of the majority of intentional systems; other systems seem to exhibit behaviour that is clearly more amenable to multiple systems theory. In the majority of 'potential' cases it would seem that there is a genuine indeterminacy between a multiple or single systems view.

While the diagnosing clinician clearly believes that what I have called the multiple systems interpretation is appropriate, other clinicians show a clear preference for

insisting on the single systems view. The post-traumatic model considers that alters are not distinct selves, rather the self is the summation or fusion of all the alters. Such supporters might consider that alters do not constitute distinct selves, and might be hesitant to even consider them to be distinct intentional systems. In order to work with the alters to access their memories for the treatment goal of integration or fusion, however, it would seem that the clinician is required to 'get to know' them as distinct intentional systems. Spanos, (1994) maintains that the very act of listening to alters' pronouncements of separateness and continuing the charade by using alternative names etc is what serves to reinforce the disorder. The main criticism from sceptics is that while supporters maintain that in theory alters are not separate or distinctive selves they treat them as such in practice.

It would thus seem that there is a decision to be made as to whether one adopts a single or multiple systems interpretation of these subjects' behaviour. While one might consider that such a decision need not be made, I think that in practice it must as we unavoidably interact with one another on the intentional level. Every modern theorist that I have encountered seems to consider it an absurdity to consider that selves are real and that alters are selves. The main argument against supporters is that this is what they are doing in practice. Multiple systems theory, however, considers that there is a realist aspect to the self (the behaviours that legitimate our attributions), and that alters, as intentional systems are indeed as real as any self could be[11]. It would seem that there is no way around making a decision; we are required to do so in our interacting with others on the intentional level.

This being said, the intentional stance demystifies the notion of a self or personality as an intentional system; and we need no longer make room in our explanations for a fixed and immutable Cartesian soul. Adopting an interpretation at one time would not

[11] The main argument against the 'reification' of alters seems to be an aversion to the legal consequence that we could not hold one alter responsible for another in a court of law. I do not think that considering alters to be selves logically entails this, however. Perhaps a distinction could be drawn between selves (to do with a psychological criterion) and persons (to do with a bodily criterion). I am grateful to Tery Hardwicke for the suggestion that the subject be considered a corporation for legal purposes. Corporations are (sometimes) considered legal persons and thus the corporation as a whole can be held accountable despite the innocence or otherwise of particular employees (selves) that constitute the corporation. While I am just providing a hint of a response here, I suggest it so as to illustrate that considering alters to be selves does not entail legal immunity.

seem to preclude adopting a different interpretation at another time. Such a change in interpretation could be considered something of a gestalt switch that is facilitated by a shaping in behaviours so where a duck may once have been legitimate a rabbit is more appropriate now. Supporters consider that working with alters is the best way to facilitate behaviours more amenable to what I have called a single systems view. It would seem that supporters and sceptics both are united in a common goal – altering these subjects' behaviour so that the single systems interpretation is the most natural, plausible, predictively adequate account of these subjects' behaviour. The disagreement would seem to be over the best way to achieve that.

9 Descriptive adequacy, aetiology, and treatment success

While Dennett, (1998 p.51) maintains that

> Charcot himself demonstrated only too convincingly, a woman who feels no pain when a pin is stuck into her arm *feels no pain* – and calling her lack of reaction a "hysterical symptom" does not make it any the less remarkable. Likewise, a woman who at the age of thirty is now living the life of several different selves *is now living the life of several different selves* – and any doubts we might have about how she came to be that way should not blind us to the fact that such is now the way she is.

Dennett is primarily considering the florid cases that have been diagnosed. Sceptics maintain that the predictive success that is gained by the adoption of what I have called multiple systems theory is one that is a matter of self fulfilling prophecy, as clinicians legitimate and sustain the behaviours they have predicted as a confirmation bias. Dennett's emphasis, though, would seem to suggest that in the florid cases there is predictive leverage to be had, and I have considered that it is not only the sceptics who resist the multiple systems version of the intentional stance *in theory*.

While treatment outcomes are obviously an empirical matter it seems plausible to me at least that those with merely a 'window of diagnosability' may be more amenable to alterations in reinforcement contingencies which serve to shape behaviours towards an unambiguous, single systems view. The more florid cases would seem to result from the subject having adopted multiple systems theory regarding their own behaviours. Shaping such behaviours away would seem to lapse into 'punishment' both in the technical, and non-technical sense. Spanos considers a case where a

hospitalised subject was ignored and placed in isolation when he switched into alters that the staff had decided to 'shape away'. Over time he did indeed switch less frequently and this is considered a prime example of how such behaviours may be 'shaped away' by sceptics. Such 'shaping' would seem to me to be questionable on ethical grounds – who gets to decide which alter will be reinforced, and which should be 'punished for existing'? Supporters maintain that they treat many such subjects who have been punished in the above fashion for 7-10 years and the subjects came to maintain that the alters did not disappear, they just felt unwanted and chose to come out at different times or mimic more closely the behaviour of the 'acceptable' personality. Such 'shaping' would also seem to be counter-productive with respect to establishing and maintaining a healthy rapport and therapeutic relationship.

With respect to the question of when the disorder emerged one might consider that alters emerged at the point where the multiple systems interpretation of their behaviour became a viable option. While the disagreement seems to centre on whether they were present from childhood or not, we may consider that alters emerged whenever the stance was adopted. If alters are best construed as intentional systems, as I have maintained, then clinicians can expect to find 'windows of diagnosability' in children should they seek them out with the multiple systems interpretation in mind. Whether alters have been present since childhood or not would thus not seem to be either confirmed or disconfirmed by finding it in children despite some theorists considering this to be crucial data. Dennett, (1998) considered a subject who claimed that her alters originated in childhood when her father would call her by a different name and pretend to abuse someone else. He considers that whether this interpretation is offered by an abuser when the subject was a child, or years later when the subject is an adult and the interpretation is offered by a clinician would seem to be fairly arbitrary. To consider that the case of childhood origin was somehow legitimate, while the case of adult origin was an artefact of treatment would also seem somewhat arbitrary.

The other point of controversy is something that I will just touch on briefly. There is dispute as to whether the disorder is necessarily traumatic in origin, or whether Spanos account of multiple identity enactment shows us that trauma need not be a requisite for alters. There is a danger in considering a history of severe abuse to be a causative factor in the development of *any* disorder lest clinicians and clients both consider that it is the only rationally acceptable explanation for their behaviour.

Hopefully we have learned something about memory as a constructive process so that the Freudian error is not repeated;

> I no longer accepted her declaration that nothing had occurred to her, but assured her that something *must* have occurred to her… Finally I declared that I knew very well that something *had* occurred to her and that she was concealing it from me; but that she would never be free of her pains so long as she concealed anything. By thus insisting I brought it about that from that time forward my pressure on her head never failed in its effect (Freud, 1953-74 p. 154 in Webster, 2003 p. 11).

It may turn out that the majority of subjects with the disorder do indeed have a history of severe child-hood abuse. With respect to explanation, however it would seem to me that diathesis could go a long way. Surely all that is required for the post-traumatic account is that the child *perceived* a great trauma. For an extremely sensitive child (or indeed an adult) circumstances may not have to be considered as objectively of 'sickening severity' for the individual to feel traumatised. Perhaps trauma is not a requisite and there may be other explanations for the emergence of alters, as Spanos has indicated.

Spanos maintains that the issue is not the existence of the phenomena, rather it is the origin and maintenance of the phenomena (thus the controversy is over (a) and (c)). I think, though, that by recasting the problem of (b) as to whether one adopts a single or multiple systems theory to explain and predict these subjects behaviour a new light is cast on (a) and (c). If there is a degree of indeterminacy as to whether the single or multiple systems stance is appropriate, then perhaps it is too much to expect empirical facts of the matter to determine which interpretation we should adopt. While there may be facts of the matter with respect to subjects' histories (which are inaccessible) and treatment outcomes there would seem to still be a genuine indeterminacy as to whether some subjects are best predicted and explained by multiple systems theory or single systems theory.

These subjects present with unintegrated memories, desires, beliefs, and goals and thus treatment consists in integrating them. The role of reinforcement contingencies clearly plays an important role in the establishment and maintenance of any

intentional system, no matter how many we have associated with a single body. A re-conceptualisation of (b) may thus be able to cut through both of the extreme views on offer. The views reflect quite distinct treatment approaches and theoretical frameworks in that the socio-cognitive model is fairly behaviourist and the post-traumatic model is fairly psychodynamic. While cognitive-behaviour theorists seem to have largely side-stepped the disorder, trusting its conceptualisation to the behaviourists, perhaps a middle ground could be reached by a tradition that in practice seems to take from both psychodynamic and behaviourist traditions. Perhaps there could be a re-conceptualisation of the disorder in a way that is moderate and demystifying; though it would seem that any theorist needs to take a stance on whether the subject is best viewed as a multiple or single system. To realise that this is a matter of interpretation (and thus is amenable to reinterpretation) is to demystify the decision either way while taking seriously the phenomenon of the alters that are the distinctive feature of this diagnosis.

Diagnostic criteria for 300.14 Dissociative Identity Disorder*

(A) The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).

(B) At least two of these identities or personality states recurrently take control of the person's behaviour.

(C) Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

(D) The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behaviour during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures). **Note:** In children, the symptoms are not attributable to imaginary playmates or other fantasy play.

Diagnostic criteria for borderline personality disorder*

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

(1) frantic efforts to avoid real or imagined abandonment. **Note:** do not include suicidal or self-mutilating behaviour covered in Criterion 5.

(2) a pattern of unstable and intense interpersonal relationships characterised by alternating between periods extremes of idealization and devaluation

(3) identity disturbance: markedly and persistently unstable self-image or sense of self

(4) impulsivity in at least two areas that are potentially self-damaging)e.g., spending, sex, substance abuse, reckless driving, binge eating). **Note:** do not include suicidal or self-mutilating behaviour covered in Criterion 5.

(5) recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.

(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).

(7) chronic feelings of emptiness

(8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)

(9) transient, stress-related paranoid ideation or severe dissociative symptoms.

* Criteria cited from the *Diagnostic and statistical manual of mental disorders DSM-IV-TR*, (American Psychiatric Association, 2000).

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