

A cultural and evolutionary analysis of Dissociative Identity Disorder/Multiple Personality Disorder

Dissociative identity disorder (also called multiple personality disorder, hereafter MPD) is diagnosed, by DSM-IV criteria, when an individual displays:

1. The presence of two or more distinct identities or personality states;
2. At least two of these identities or personality states recurrently take control of the person's behavior;
3. An inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness;
4. The disturbance is not due to the direct physiological effects of a substance or a general medical condition.

In a proximate causal theory of MPD popular during the 1980s, the disorder occurs when, in order to deal with severe abuse, children splinter off fragments of personality so that no one personality has to deal with intolerable memories (see Hacking, 1995, 1998; Spanos, 1996 for reviews). Critics of this theory point out the historical and cultural specificity of MPD: In 1977, it was rare enough to merit only a section of a chapter in a book, with only “a dozen or more” published cases since 1957 (Hilgard, 1977, p. 41), whereas a frequent 1990s estimate is 1% of the general population (Loewenstein, 1994; Modestin, 1992; Murphy, 1994; Ross, 1991), although this seems highly implausible and, indeed, estimates vary quite a bit depending on who is doing the study (Spanos,

1996) What is clear, however, is that rates of diagnoses have risen exponentially (Hacking, 1995). This rapid increase has for the most part not been mirrored outside of the U.S. and Canada (see Spanos, 1996 for a review). While prior to the mid-1970s, two personalities and occasionally three were the norm (Hilgard, 1977), by 1990 the average number of personalities had risen to twenty-five (North, Ryall, Ricci, and Wetzel, 1993, as cited in Spanos, 1996). Early on, in the 18th century, personality transitions were often separated by periods of sleep or convulsions (Spanos, 1996); now individuals transition between personalities much more rapidly.

Particularly important to culturally-grounded proximate theories of MPD is the fact that, in the 1980s and 1990s, most people diagnosed with multiple personality disorder entered therapy with multiple previous mental disorder diagnoses but no awareness of having multiple personality disorder and frequently no knowledge of having been abused as a child (Hacking, 1995). Also important is that a few therapists diagnose many multiples and most therapists diagnose few (Modestin, 1992).

The complex version of the cultural argument is that MPD arises from inadvertent social reinforcement processes between patient and therapist (Hacking, 1995). Similar concerns about iatrogenic causes go back as far as turn-of-the-century French psychologist Pierre Janet and seminal American psychologist William James, although at that time a prominent number of patients (though not necessarily all) exhibited multiple personalities prior to treatment (Hilgard, 1977).

The simpler version of the cultural argument is that individuals with MPD are simply fulfilling their expected social roles. Like subjects under hypnosis, individuals

with MPD should be seen as “voluntary actors striving to fulfill their role as they define it or as it is defined for them by the experimental or clinical situation” whose “amnesia... may be understood as goal-directed, purposive activity” (Spanos, 1996, pp. 10-11).

Spanos, the major proponent of this theory, suggests that marginalized individuals are particularly likely to use these social roles, rather than more straightforward ones, to express distress, and attributes the disparity in gender frequency in MPD to “economic and social inequities faced by women” (293). This seems unlikely given that sufferers of MPD are usually white and middle-class (Hacking, 1995); if social and economic inequities are a cause of MPD, one would expect lower-class Black and Hispanic men to be far more affected (Sidanius & Veniegas, 2000). More problematic, Spanos’ theory overestimates the extent to which what we do is conscious and voluntary; most of our responses are highly automatized (Bargh, 1997; Bargh & Chartrand, 1999).

Proponents of the child abuse theory of MPD believe that multiple personalities are real, i.e. that their personalities are not the result of acting or faking and not caused by therapy or hypnosis. Hacking considers the disorder real in the sense that its sufferers are certainly not faking. Spanos does not appear to consider the disorder real; he speaks about it as if it were a role that individuals could choose to withdraw from at any time. My own position is that the disorder is quite certainly “real,” in multiple senses: it causes considerable distress, sufferers experience amnesia and multiple identities/personality states, and frequently recall vivid memories of child abuse. I side with Hacking as to how both MPD symptoms and some memories of child abuse are created: through subtle processes of social reinforcement over time. I am not averse to the possibility that some

individuals fake or lie about symptoms, but find it reasonable to accept, pending evidence to the contrary, that most individuals tell what they perceive to be the truth.

Intriguingly, despite extensive cultural analyses like those of Hacking (1995) and Spanos (1996), it is not clear what kind of evolved phenomena selection pressures could give rise to multiple personality disorder. Tendency to fulfill social roles? Ability to discern expected social roles? Ability to learn concepts like “multiple personality disorder”? Ability to splinter personality in response to abuse (if, in fact, the child abuse theory is correct for some if not all cases)? I subject the phenomenon to a cultural analysis of the kind outlined in my previous paper to help identify what is most useful to examine under the lens of evolutionary theory.

Cultural analysis

Are there overlapping diagnoses from other cultures/times? Are there diagnoses from other cultures that pick out sets of symptoms that we subsume under other diagnoses?

Perhaps the most important, common, and universal phenomenon resembling MPD/DID is possession, whether for good or ill, by spirits or gods or demons. Unfortunately, my attempts to find evolutionary work on possession retrieved only work on property ownership. Because of its relevance to both religion and mental disorders, this seems a useful area for future research.

Given the changing nature of MPD/DID, it might be said to be its own overlapping diagnosis. There is established variation in number of personalities and mode of transition between personalities. In addition to the variation I discussed above, in recent years the Internet has enabled many people to create and develop new trends in

ways of construing personality. I discuss MPD-relevant trends here not to make arguments about their prevalence, as they are likely small niche groups, but merely to demonstrate that such phenomena are possible. At this point I am moving from academic and clinical descriptions to peoples' self-report and self-descriptions, because no academic data is available on this yet.

Some people describe themselves as “midcontinuum” rather than multiple, a term they use to mean somewhat, but not entirely differentiated selves, a midpoint between a single self and multiple personalities (Fenrir & Tomoyo, 2002)¹. Another trend involves the kind of alters multiples exhibit. Any cultural phenomenon involving individual identity can be applied to an alter. Thus we see individuals who call themselves “otherkin” identifying as non-human (Windtree, 2004),² and multiples who claim otherkin alters (Harlequin, 2002; House, n.d.-a)³. Some popular webpages on multiples claim that some multiples have alters who are walk-ins, a new-age concept involving spiritually evolved beings who enter existing bodies (Orion, 2004; *WE International*, n.d.), although as occurs with some frequency in non-mainstream belief-centered communities, some enthusiasts strongly emphasize the importance of distinguishing walk-ins from people who merely have psychological disorders such as MPD (*Walk-ins*, n.d.).

¹ A number of citations in this section are to webpages, and the names given are often internet handles, names of alters, or names of fictional characters.

² The otherkin community is one of the larger communities I discuss here. To demonstrate that this is not just a few random individuals, the “otherkin” community, one of a number of otherkin communities on Livejournal (and a subset of the overall Internet otherkin community) has 553 members (<http://www.livejournal.com/userinfo.bml?user=otherkin>).

In soulbonding, individuals claim they develop relationships with fictional characters – either ones of their own or ones created by others – who come to live in their head and talk with them.⁴ A descriptive quote of the process of developing Soulbonds is particularly illuminating for an argument I will make later:

Have you ever read a book, seen a movie, watched a TV show, etc., and encountered a character who just struck a chord with you? Have you ever cared so deeply and become so involved in such a character that you started realizing how your world would look through their eyes, and if you tried to imagine it, you could hear their voice in your mind, and the stories of their lives play over and over in your head? (Gilkey, 2002)

There is controversy within the soulbonding community as to whether soulbonding should be considered part of MPD or not. Some state extremely strongly that it is not (Dark, n.d.; kurai, n.d.), whereas others think the two are similar or part of a continuum (Dark, n.d.; Knight, n.d.). I have included it here because (unsurprisingly) I side with the latter.

The above examples – midcontinuum, otherkin and walk-in alters, and soulbonds, in addition to the historical variation I describe in the introduction - demonstrate the possibility of variation in number of personalities enacted, variation in the amount of social support needed, variation in ascribed causes, variation in whether personalities are considered part of the ‘self’ or not, variation in the degree to which personalities are

³ I could not find a livejournal community specifically for multiples with otherkin alters for the purpose of giving estimates, although posts and comments in other multiple and otherkin communities indicate this is fairly common.

differentiated and co-conscious, and whether the personalities are explicitly fictional (Soulbonds), implausible (otherkin), or merely controversial (human). What is common to all these is the tendency for an extremely small number of people to spontaneously develop multiple personalities of some sort, and for a larger number of people to develop multiple personalities given sufficient social support and cultural availability of the concept. Because of the rarity of spontaneous cases, I doubt selection pressures could have acted on the tendency to develop multiple personalities per se; rather, I suspect it's a malfunction or extreme end of some other evolved capacity, perhaps Theory of Mind (Tomasello, 1999a, 1999b) or the ability to create narratives for self-presentation or entertainment purposes. Another possibility is suggested by Beahr (1983): our ability to allocate attention to multiple simultaneous tasks, such as simultaneously driving a car (automatic processing) and holding a conversation (deliberate processing) may break down in some fashion. Selection pressures presumably also acted on our capacity to respond to others' verbal and nonverbal cues and to learn and conform to our expected social roles, but because these capacities are far broader than MPD/DID, I prefer to focus on what is more specific to MPD, the development of multiple personalities.

What variation exists in whether an actual symptom is associated with other symptoms of the disorder?

If symptoms that co-occur in one culture do not in others, that suggests they may co-occur for culturally contingent reasons, and thus might require separate evolutionary explanations.

⁴ The soulbonding community on Livejournal – again, a subset of the overall Internet community –

From the DSM criteria, symptoms are: (1) multiple identities/personality states, (2) at least two of which recurrently take control of the person's behavior, and (3) amnesia (i.e., lack of access to other personalities' memories). Without multiple personalities, MPD/DID would merely be amnesia, so apart from variation in the degree to which the personalities are separate versus enmeshed, this symptom cannot be separated from the disorder. The second criterion, at least two personalities recurrently taking control of the person's behavior, may be dissociable; I've encountered no mention in my various web browsings of soulbonded characters taking control of their hosts. The third, amnesia, does vary a great deal. People claiming soulbonds do not experience periods of lost time; people claiming midcontinuum alters share some access between alters to memories and experiences. This suggests, again, that the primary commonality to all forms of multiplicity is simply that: the ability to generate partially to completely differentiated personalities.

Is there variation in whether/how much the phenomenon is disordered?

A particularly prominent Internet trend seems to be healthy multiplicity or positive plurality, the notion that a person can have multiple personalities without experiencing it as a disorder, and without having undergone trauma (House, n.d.-b). Individuals who identify as healthy multiples consider themselves to have "healthy, functional operating system[s]" (*plural_living: Functional plurality in everyday life*, 2004). This conception of multiple personalities attracts at least some individuals who self-diagnose and have never been in treatment for MPD (House, n.d.-b). It may be

currently has 301 members (<http://www.livejournal.com/userinfo.bml?user=soulbonding>).

making its way into the academic literature, as it has recently appeared in a dissertation (Gayle, 2003), though not in published articles. An older dissertation (Stevens, 1996), also arguing for a potential non-pathological version of multiplicity, compares multiple personality to various religions' concepts of inner guides or inner self-helpers. People who post to soulbond communities also appear fairly happy with having friends in their heads who have adventures in inner worlds. With regards to possession and channeling, there are of course many concerns with possession by malevolent entities, but also various trends of being possessed by beneficial spirits or benevolent space aliens come to enlighten primitive earth people, such as the aforementioned walk-ins (Orion, 2004; *WE International*, n.d.).

This contrasts sharply with the existing narratives we have for MPD/DID, which involve a fair amount of suffering, regardless of whether we attribute the cause to child abuse or various vague underlying mental and social troubles combined with in-therapy suggestion. It's possible the difference involves what kinds of people are in situations conducive to developing multiple personalities (e.g., fairly happy people in online communities versus people who have been in the mental health system for multiple years) as well as the interpretation placed on having those personalities (meaningful relationships with fictional characters versus shattered fragments of one's personality created by abuse).

This suggests that the extent to which multiple personalities are associated with disorder (in the sense of psychological pain) may be especially historically and culturally contingent. The major relevance of this to evolutionary analyses is that it provides more

evidence for the “splintering in response to abuse” theory being incomplete or socially contingent.

How culturally specific is the disorder?

In its DID/MPD form, very, as discussed in the introduction; it has been largely limited to post-1977 North America, primarily among middle-class white women (Hacking, 1995). What seems particularly unusual about this manifestation is the degree of social and cultural support leading to the high rates of prevalence. As discussed earlier, the rarity of spontaneous cases suggests that multiple personalities would not have been frequent enough in the EEA to be subject to selection pressures, which suggests instead that they may arise from the extreme end or breakdown of some other evolved process, possibly the ability to create narratives or a malfunction of the ability to allocate attention to multiple tasks simultaneously.

Evolutionary analysis

The evolutionary analysis is unfortunately difficult to support with evidence, given the paucity of both evolutionary-relevant theory and evidence regarding MPD (one theoretical paper; no evidence).

1. *Novelty: Our bodies were shaped to cope with a different environment (also, certain genes cause disease only in the modern environment)*

The ability to create narratives would likely have functioned to predict the behavior of others (Tomasello, 1999b), to demonstrate our fitness by entertaining others with stories (Miller, 2001), or to enhance social status by providing others with self-narratives that portray us in positive lights. In the absence of data, it is easy to theorize

features of the modern environment that could cause a narrative-producing mechanism to occasionally spontaneously malfunction, either by stressing or overdeveloping it. For example, we live in much larger social groups and need to predict actions of a great many more people, and we are exposed to many highly memetic fictional accounts specially designed to grab and hold our attention. Above and beyond this, identity, and the having of identity, has become especially important in the last thirty years (Hacking, 1995); personal narratives may play an especially important role in this.

The ability to pay attention to multiple things is adaptive for obvious reasons: you don't want to trip over your own feet while engaging in conversation, for example. It is not difficult to theorize features of the modern environment that could cause this mechanism to occasionally spontaneously malfunction either (again, in the absence of data). Multitasking is said to be increasingly demanded of people, especially at work, in our modern environment; television creates a steady stream of input in addition to whatever else may be going on in the room. This seems more plausible for the last thirty to fifty years than for spontaneous cases throughout history. I cannot currently think of any plausible environmental factors that go back further beyond simple overcrowding.

2. *Co-evolution: Pathogens evolve faster than we do (also, resulting arms races and their complications). Also, competition with conspecifics.*

I don't know of any evidence pointing to a pathogen involved in developing multiple personalities, but I know of no evidence ruling it out, either. Competition with conspecifics seems particularly likely in the narrative mechanism hypothesis; a need to tell better and better stories could lead to better and better narrative mechanisms, and a

few people could simply have mechanisms that were “too good” as a result. I do not currently see any plausible theories for the ability to divide attention among tasks.

3. *Tradeoffs: The design cannot be better because of tradeoffs and physical impossibilities*

The ability to create narratives may be sufficiently important that one should not be able to disengage it, particularly with regards to predicting the behavior of others. Consequently, given an ability to create narratives, it may be easier for it to break by creating too many narratives too well than creating too few too poorly. The ability to divide attention among tasks may simply not be possible without the possible of some things becoming too autonomous.

4. *Constraints: The design cannot be better because of constraints peculiar to evolved organisms, including path dependence and chance factors such as rare mutations*

While it's possible that rare mutations might influence spontaneous cases of MPD, I have no theoretical reason to expect this (nor, unfortunately, the genetics background to develop such a theory).

5. *RS at expense of health (including psychological well-being): The genes and traits in question increase reproduction at the expense of health*

The one evolutionary theory I found applies here: MPD may be a way of faking illness, by being genuinely ill, to avoid punishment by higher-status individuals following a traumatic attack by those individuals (Beahrs, 1994). This may be a partial explanation, but it tells us nothing about why MPD would take the form it takes.

I suspect most people with MPD have lower reproductive success, although I lack data. I'm fairly certain no data exist on whether people who consider themselves to have healthy multiplicity or to be soulbonds have better reproductive success. If I were to speculate, I could come up with something like "having multiple personalities lets you not have to choose between mating strategies: you can be brash and outgoing, shy and inhibited; a good short-term mate and a good long-term mate." Because multiple personalities so rarely arise spontaneously, however, I'm not sure adaptive explanations are particularly plausible.

Conclusion

Because of the rarity of spontaneous cases of multiple personalities, selection pressures seem unlikely to have been able to act on multiple personalities per se, and so I'm most favorable to explanations that explain multiple personalities as the end of a continuum of something that is otherwise functional, such as novelty and trade-off explanations. In the essentially complete lack of evolution-relevant evidence, however, I'm hesitant to conclude anything at all.

References

- Bargh, J. A. (1997). The automaticity of everyday life. In R. S. Wyer, Jr. (Ed.), *The automaticity of everyday life: Advances in social cognition, Vol* (pp. viii, 258). Mahwah, NJ, US: Lawrence Erlbaum Associates Inc Publishers.
- Bargh, J. A., & Chartrand, T. L. (1999). The unbearable automaticity of being. *American Psychologist*, 54(7), 462-479.
- Beahrs, J. O. (1983). Co-consciousness: A common denominator in hypnosis, multiple personality, and normalcy. *American Journal of Clinical Hypnosis*, 26(2), 100-113.
- Beahrs, J. O. (1994). Dissociative identity disorder: Adaptive deception of self and others. *Bulletin of the American Academy of Psychiatry & the Law*, 22(2), 223-237.
- Dark, R. (n.d.). *Disclaimer*. Retrieved 12/4, 2004, from <http://www.echthros.net/others.php?page=disclaim>
- Fenrir, R., & Tomoyo, D. (2002, 7/8/2002). *clowns to the left of us, jokers to the right...*. Retrieved 12/03, 2004, from <http://childofmana.tripod.com/multiplemidcont-intro.htm>
- Gayle, R. L. (2003). Multiplying models: Personal identity, dissociation and the possibility of healthy multiplicity. *Dissertation Abstracts International Section A: Humanities & Social Sciences*, 64(4), 1283.
- Gilkey, L. (2002). *Soulbonding...because not even Reality is a boundary to Friendship*. Retrieved 12/4, 2004, from <http://www.shininghalf.com/soulbond.html>
- Hacking, I. (1995). *Rewriting the soul: multiple personality and the sciences of memory*. Princeton, NJ: Princeton University Press.
- Hacking, I. (1998). *Mad Travelers*. Charlottesville, VA: University Press of Virginia.
- Harlequin. (2002). *MPD, DID, and "otherkin syndrome"*. Retrieved 12/03, 2004, from <http://friends.portalofevil.com/sp.php?si=3&fi=000018325&ti=1000429265&pi=1000429380>
- Hilgard, E. R. (1977). *Divided consciousness: Multiple controls in human thought and action*. NY: John Wiley & Sons.
- House, D. (n.d.-a). *Glossary*. Retrieved 12/3, 2004, from <http://www.positivelyplural.org/glossary.html#otherkin>
- House, D. (n.d.-b). *Positively plural F.A.Q.* Retrieved 12/4, 2004, from <http://www.positivelyplural.org/faq.html>
- Knight, F. (n.d.). *soulbonding faq*. Retrieved 12/4, 2004, from <http://childofmana.tripod.com/soulbondingfaq.htm>
- kurai. (n.d.). *What it is not*. Retrieved 12/4, 2004, from <http://www.kurai.com/sb/not.html>
- Loewenstein, R. J. (1994). Diagnosis, epidemiology, clinical course, treatment, and cost effectiveness of treatment for dissociative disorders and MPD: Report submitted to the Clinton Administration Task Force on Health Care Financing Reform. *Dissociation: Progress in the Dissociative Disorders*, 7(1), 3-11.
- Miller, G. (2001). *The mating mind: How sexual choice shaped human nature*. USA: Anchor Books.

- Modestin, J. (1992). Multiple personality disorder in Switzerland. *American Journal of Psychiatry*, 149(1), 88-92.
- Murphy, P. E. (1994). Dissociative experiences and dissociative disorders in a non-clinical university student group. *Dissociation: Progress in the Dissociative Disorders*, 7(1), 28-34.
- Orion, S. (2004, 8/24). *Draconity Resource Project: General Resources: Catalogue of nonhuman communities*. Retrieved 12/3, 2004, from <http://www.weyr.org/~raki/drp/compare.html>
- plural_living: Functional plurality in everyday life*. (2004). Retrieved 12/4, 2004, from http://www.livejournal.com/userinfo.bml?user=plural_living
- Ross, C. A. (1991). Epidemiology of multiple personality disorder and dissociation. *Psychiatric Clinics of North America*, 14(3), 503-517.
- Sidanius, J., & Veniegas, R. C. (2000). Gender and race discrimination: The interactive nature of disadvantage. In *Reducing prejudice and discrimination* (pp. 47-69 'The Claremont Symposium on Applied Social Psychology'). Mahwah, NJ, US: Lawrence Erlbaum Associates, Inc., Publishers.
- Spanos, N. P. (1996). *Multiple identities & false memories: A sociocognitive perspective*. Washington, DC: American Psychological Association.
- Stevens, P. J. (1996). Non-pathological aspects of multiple personality and dissociation. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 57(1), 0713.
- Tomasello, M. (1999a). *The cultural origins of human cognition*. Cambridge, MA: Harvard University Press.
- Tomasello, M. (1999b). The human adaptation for culture. *Annu. Rev. Anthropol.*, 28, 509-529.
- Walk-ins*. (n.d.). Retrieved 12/4, 2004, from http://www.crystalinks.com/walk_ins.html
- WE International*. (n.d.). Retrieved 12/3, 2004, from <http://www.walk-ins.com/>
- Windtree, T. (2004, 7/14/2004). *What are Otherkin?* Retrieved 12/3/2004, from <http://www.otherkin.net/articles/what.html>