

MULTIPLE PERSONALITY DISORDER *Robert B. Sivley, Ph.D*

The title of this paper is Multiple Personality Disorder. During my years as a practicing clinical psychologist I did diagnostic interviews with perhaps a half dozen patients who either claimed to have or were suspected of having a multiple personality disorder. Most of them were referred because they had been charged with crimes for which they claimed to have no memory.

The Diagnostic and Statistical Manual described criteria for the diagnosis as “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.), and at least two of these identities recurrently takes control of the person’s behavior. There is also present an inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness. “

The diagnosis name has been changed several times with a number of different symptoms and causes suggested in the numerous revisions of the manual. In the first edition it had been called Hysterical Neurosis, Dissociative Type, “dissociative” simply referring to the memory loss usually associated with it. In the third revision of the manual the term Multiple Personality Disorder was introduced. In later revisions it has been called Dissociative Identity Disorder, though Multiple Personality Disorder continues to be the more popular name in general use.

A popular fictional presentation of such psychic phenomena is the Robert Louis Stevenson novel “Dr. Jekyll and Mr. Hyde”, published in 1886 and the plot for several movies, one in 1930 with Spencer Tracy as the star. The work made no claim to being anything more than a science fiction story.

Stevenson’s character would not have fit the diagnosis precisely, however, because in his story the condition was the direct result of some kind of potion, which the doctor had developed in his laboratory in an effort to understand why mental disorders occur in some people. The story became one of the great monster stories in literature, with Dr. Jekyll a law abiding, humanitarian physician, and Mr. Hyde a selfish, cruel monster, prone to assault and murder. Jekyll and Hyde or “split personality” came to be popular phrases by which to refer to someone who exhibited such wide, unpredictable mood swings

There has always been some controversy about the legitimacy of the diagnosis, and one reason for the wide disagreement is that many believe that the symptoms may be created by the therapists themselves, particularly those who use hypnosis with patients who are highly susceptible to suggestion. Thus many professionals consider the cause of the disorder to be iatrogenic, that is, caused by the methodology of some therapists. This point of view may be supported by the changes in prevalence or frequency for the diagnosis being made and those changes possibly being related to several highly publicized cases.

Another objection set forth by some professionals is that such cases usually appear to be patients who have symptoms that fit another diagnosis, which is called Borderline Personality Disorder and which is described in the diagnostic manual as patients who exhibit a perverse disregard for and violation of the rights of others, a failure to conform to social norms, impulsivity, deceitfulness, reckless disregard for the safety of others, consistent irresponsibility, and sometimes antisocial behavior. Such patients are usually not regarded by most therapists as candidates for psychotherapy.

I should point out here that borderline personality disorder is not considered to be mental illness and is never recognized in courts of law as a disorder that justifies a legal ruling such as "not guilty by reason of mental illness."

It has been pointed out that prior to 1965 the diagnosis was considered to be the rarest of psychological conditions. Interest in MPD started in Europe in the late 1880's, about the same time that Sigmund Freud began his practice and his development of the treatment technique known as psychoanalysis. Prior to that time there was little medical or other scientific interest in emotional and mental disorders.

Before 1944 there had been only about 100 known cases of MPD reported, and from then until 1970 there were only about 200 more known reported cases, but by the late 1970's and 1980's, the diagnosis rose sharply.

Of course the increased number of physicians going into psychiatry and the growth of the number of non-medical clinical psychologists would account for some increases in all mental and emotional disorder diagnoses, but no other diagnosis increased at the rate of this one. By the year 2000 the

number was well into the thousands in the United States, though its frequency differed markedly between nations. Since that time, the frequency of diagnosis has diminished markedly in this country, and the number of mental health professionals who specialize in its treatment has likewise diminished.

Since that time there has been much criticism of those who specialize in treating MPD cases and much debate about the legitimacy of the diagnosis. Another factor has been suggested as having influenced the frequency of the diagnosis, and that is the publicity created by a number of case studies, some of which became popular and attracted a great deal of attention, being set forth in a manner far more entertaining than most medical reports or psychological studies.

So far as I know, the first of these publications was the 1957 release of the book called *The Three Faces of Eve*, which became a best seller and was produced as a movie, starring JoAnn Woodward, in the lead role, for which she won the Academy Award for best actress. The book's author was Dr. Corbett Thigpen a psychiatrist and professor the Medical College of Georgia.

The book was based on a report written jointly by Dr. Thigpen and an associate, Dr. Hervey Cleckley, which had been published in the Journal of Abnormal and Social Psychology in 1954. The article attracted much attention by colleagues who immediately recognized the article as significant, the first documented case of modern psychiatric treatment of an MPD patient.

The patient, whose real name was revealed later as Chris Sizemore,, was referred to as Eve White and Eve Black, depending on which personality was in communication with her therapist at a given time, and later as Jane, after the therapist considered there to have been sufficient curative effect for her to have brought together the different elements of her personality

As Eve White, the personality she displayed when first seen on referral from a physician who had been unable to find any physical cause for her problems, she presented as a rather plain looking housewife, who lived in rural Georgia, and was the mother of one small child.

She was a tense, rather unsophisticated, unhappy, woman, who was having marital difficulties, and exhibited symptoms that included anxiety, frequent severe headaches, and occasional dissociative episodes when she would be unable to recall extensive periods of time. She suffered guilt feelings because she, having grown up a conservative Baptist, had married a Catholic and she was reluctant to have her daughter baptized in that religion.

During some months of treatment a pattern developed wherein she would make progress and therapy sessions would become less frequent. But then difficulties would occur, and she would return with even more severe symptoms. At one point she returned after an extended visit with a relative, who had been a best friend since childhood, and both she and her husband reported that she had no memory of the time she had been away. Such memory lapses were apparently becoming more frequent and puzzling.

Just prior to the next session, the doctor had received a note from the patient which contained a puzzling section that appeared to have been written by a different person, The patient, very subdued and depressed, asked him what it would mean if one hears voices. He assured her she was not psychotic, and in a few moments he noted a distinct change in her manner, as she smiled and in an unfamiliar voice said "Hi there, Doc," This was Dr. Thigpen's first contact with the patient he would later name "Eve Black" to distinguish her from the other personality to whom he referred as "Eve White."

Eve Black, known as an alter to the original personality, was very different from Eve White. She was not depressed, did not love the man to whom she referred as "her husband" (meaning Eve White's husband), and did not consider herself to be a mother. Eve Black knew everything about Eve White, though the other one did not know anything about her. She was able to "come out," so to speak, as she described the times when she became the dominant personality, but not always able to control the changes. When Eve Black, she was flirty and seductive, enjoyed singing, dancing, having a few drinks, and smoked cigarettes though Eve White did none of these things. She was always anxious, withdrawn, and fearful that she was not doing everything right. Eve Black never made her appearance when the husband was present, so he knew nothing about her.

During the course of treatment, both Thigpen and Cleckley puzzled over

whether they should make Eve White aware of the other personality, apparently fearing the possibility that she might then become psychotic. They did eventually do so, however. They had psychological evaluations done, and she was administered an intelligence test and a Rorschach inkblot test first as Eve White and then as Eve Black. Eve White got an IQ score of 114, Eve Black a score of 104, both of which were in the average range. There were some differences in the Rorschach scores, but I found no detailed report of the findings except that they were very different.

After some 14 months of intensive therapy, they considered the treatment successful, during which time she adopted the name Jane, which they considered to be indicative of her personality being more or less united. She cooperated with the report, the book published later, and the production of the movie, based on the book. She divorced her husband, was married again, but later entered treatment with another psychiatrist. After her death, her son stated that she had led a normal and productive life in her later years.

I met Dr. Thigpen in 1965, when he came for a series of lectures at the Veterans Hospital in Murfreesboro, Tennessee, where I was working as a staff psychologist. He was a very friendly man who obviously enjoyed discussing the case and showing actual films of interviews and hypnotic sessions with his patient. I was surprised at how different she looked when she assumed the Eve White and Eve Black personalities, with the "bad girl" appearing to be more interesting and much more attractive. My meeting with him, of course, was several years before Eve's divorce, second marriage, and period of treatment by another psychiatrist.

In the next few years there was a marked rise in the number of MPD diagnoses, many highly publicized, to the extent that I recall thinking that if one was prone to malingering such a condition that the news media were providing models that would help one to do so.

I read of one case, a woman whose first name was Kim, who was reported to have 20 different personalities, though I never understood how that could be determined. She also claimed that her original personality no longer existed, though she still went by her original name. She claimed to have no memory of giving birth to her daughter, though she was said to be a loving mother.

Perhaps the most famous case was that of “Sybil,” because not only was there a book, another best seller in 1973, written about her case. but also a movie and later a television series produced.

The patient’s name was Shirley Mason, and her psychiatrist was Dr. Connie Wilbur, who provided the information for the book written by Flora Schreiber, which was described at the time as having “manufactured a psychiatric phenomenon.” The story has a bad ending, however, because another book, called “Sybil Exposed” was written by a news reporter, Debbie Nathan, to whom Ms. Mason apparently confessed that she actually pretended her symptoms because she felt that she was not getting the attention she needed. She admitted later that she knew that Dr. Wilbur had a special interest in MPD, and one day she walked into Dr. Wilbur’s office and said in a childish voice “I’m not Shirley, I’m Peggy.” Wilbur believed that she had stumbled on a remarkable case. She began seeing Mason (or Sybil as she became known) more frequently, and soon after contracted with the author, Flora Schreiber to work on the book about the patient.

Later Mason became uncomfortable about the success of her pretense and wrote a letter confessing to Dr. Wilbur that she had been pretending. Wilbur, however dismissed the letter as Mason’s attempt to avoid going deeper in her therapy. The book sold some six million copies, and in 1976 was the basis for a television movie starring Joanne Woodward (the same who had played Eve some 20 years earlier) and Sally Field .

By about 1980, a number of other questionable cases were reported, many of which cited a large increase in the number of alters (as many as 20, as I mentioned earlier). Many professionals were concerned that such cases occurred only when highly susceptible patients were seen by therapists who practiced hypnosis as part of treatment, and it was decided that the term “multiple personality disorder” should be omitted in future diagnostic manuals.

Dissociative Identity Disorder is still considered a valid diagnosis, though it is quite rare. This is a legitimate diagnosis that does involve unusual symptoms of extensive memory loss and occasionally some dramatic personality changes,

Since that time there has continued to be many different opinions expressed by both psychiatrists and psychologists to explain why a diagnosis should increase markedly for a period of about 20 years and then seem to fade markedly and become much less frequent.

Many believe that the multiple personality syndrome does occur in rare cases but is doubted to be legitimate by many mental health professionals simply because most of them have never seen one. If you were not practicing during the late 1950's to the mid 1980's you were unlikely to do so. Others believe that the epidemic of multiple personality disorders was due to the publicity that the stories generated, the therapists' use of hypnosis, the susceptibility to suggestion of those who were so diagnosed, the newsmedia interest that such cases inspired, and the temptation to malingerers either to find a defense for some criminal behavior, or simply to enjoy the sympathy and attention often shown to those so diagnosed.