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Commentary on "A Discursive Account of Multiple Personality Disorder"

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Keywords: dissociation; multiple personality, personal identity, self

Gillett's paper is both provocative and stimulating, and I agree with much that he has to say about the ways in which a self is constructed out of a complex of social and personal influences. I also agree that one may reject what he calls the "traditional view," according to which the mind or personality is definable "exclusively in relation to a biological substrate." But I am less sympathetic to Gillett's attempts to apply discursive psychology to the problems posed by Multiple Personality Disorder (MPD), or as it is now called, Dissociative Identity Disorder (DID). And I am disappointed by what appears to be a rather superficial account of the way the diagnosis and treatment of MPD/DID influences the construction of the self.

Gillett seems to accept the familiar view that if MPD/DID has any philosophical relevance, it should bear critically on venerable issues regarding personal identity. That view strikes me as contentious. I agree with Gillett that the insights of discursive psychology show why one cannot "delineate PI by cogitating about the internal characteristics of a human individual." Nevertheless, I am not persuaded that multiple personality can be satisfactorily described from the perspective of discursive psychology. Perhaps that would be the case *if* the major puzzles about MPD/DID *were* fundamentally about personal identity. But for reasons I have explored at length elsewhere (Braude 1995a), they seem to have more to do with the unity of consciousness and a person's "sense of self." And it should be clear that self identity and one's sense of self are distinct (but see my comments on Hinshelwood in Braude, 1995b).

What I think Gillett may have demonstrated is that discursive psychology offers few resources for describing the epistemological and phenomenological differences between alter personalities in MPD/DID, as well as those between MPD/DID, other forms of dissociation, and mere role playing. In fact, Gillett's attempts to describe what occurs in MPD/DID suggests that he does not appreciate what is subjectively distinctive about the disorder, much less that one must be careful to distinguish it from other conditions to which his descriptions apply equally. That is not to say that MPD/DID is a "discrete entity which can *always* be identified as distinct from other types **[End Page 223]** of dissociation" (emphasis added). Borderline cases (no pun intended) are inevitable. Nevertheless, there are features of the inner life of a multiple that distinguish multiple personality from superficially similar conditions, and Gillett seems either to ignore these or underestimate their importance.

For example, Gillett asks, "What could induce a human individual to partition certain thoughts, feelings, and memories away from other moments of consciousness so that they would not impinge on the normal conscious life of that individual? What then induces a person to adopt another persona and take attitudes toward their own doings under the first persona?" Presumably, Gillett intends this to characterize a multiple. But the description applies just as well to hidden observer studies, various

forms of automatism and ostensible mediumship or possession, and (for that matter) highly engaged role playing. One cannot dismiss this description as a mere verbal infelicity, because Gillett continues to characterize MPD/DID in ways that apply to these other conditions as well. He describes Jonah as one who does not have a "single narrative center" and who instead occupies "differently located narrative positions." Jonah's alter personality, King Young, "is differently discursively positioned and therefore differently discursively inscribed." But so are hidden observers, the authors in many cases of automatic writing, method actors, and children absorbed in role playing. Gillett provides neither an analogue nor a substitute for the kind of taxonomy I have proposed (in Braude, 1995a) for distinguishing the different sorts of inner lives typical of these various psychological states. It still seems to me that multiple personality displays disparities of indexicality that one does not find in these other conditions (dissociative or otherwise), and which must be taken seriously if one hopes to grasp the distinctive inner life of a multiple. And Gillett has provided no reason, as far as I can see, for thinking otherwise.

Gillett also maintains that a person becomes a multiple when "evaluations and significations will not fall into agreement with one another and form a sensible narrative." So (he argues), multiplicity arises in an attempt to maintain narrative coherence. But that position seems dynamically preposterous, construing the formation and maintenance of multiple personalities as an implausibly ratiocinative activity. Apparently, Gillett (appropriately) accepts the received view that trauma and psychic pain play a role in the formation of MPD/DID. But then, if (as it seems) MPD/DID frequently (or usually) begins in early childhood, one would think it must be understood, in part at least, as more brutely instinctual than the more sophisticated, intellectual--in fact, quasi-literary--activity of maintaining narrative coherence. One would think that the formation of multiple personalities is at least as much (if not more) like the flight response of a frightened animal.

Moreover, to the extent MPD/DID is a defense against psychic pain, it is implausible to suppose generally that the pain results from a *disruption* of narrative coherence. Granted, children may not be able to make sense of the behaviors to which they are exposed. Presumably, that is why one multiple I know developed animal alters; apparently, some of the actions she had been forced to perform were things that, as a child, she had only associated with dogs and horses. But of course, children may have trouble making narrative sense of all sorts of behavior, some of it traumatizing and perhaps most of it mundane and non-traumatizing. Moreover, when a child develops an anesthetic alter to deal with inflicted pain, presumably it is not in an effort to restore or maintain narrative coherence. One would think it is simply to avoid the pain. Perhaps only a relatively small number of people have the dissociative capacities necessary to employ this coping mechanism, but until it becomes the person's habitual way of responding to any uncomfortable situation (no matter how trivial), it is an effective adaptational strategy.

In fact, I question whether multiple personality shows that there is an impairment in the person's discursive sculptor, or in the multiple's discursive skills, as Gillett proposes. The inability to make a coherent narrative out of one's life may reflect the genuine incoherence of the behaviors to which one is exposed. For example, if a child cannot understand the contradictions between a parent's verbal and nonverbal behavior, that can **[End Page 224]** hardly be attributed to an impairment in the child. It may show that the child does not yet understand why a person can do inconsistent things. But the innocence of youth is not a defect, and besides, it may be little more than an adult conceit to suppose that we really understand the behaviors of those who drive others crazy.

I am also unclear how to reconcile what seem to be conflicting positions taken by Gillett on the discursive or narrative skills of a multiple. On the one hand, Gillett says that people become multiples out of a need to maintain narrative coherence. That suggests they are particularly skillful at constructing narratives to deal with situations that would lead the less narratively gifted to develop other types of (non-dissociative) pathologies (e.g., sexual dysfunction, acute depression). And in fact, it is antecedently plausible to suppose that multiples are prodigiously gifted at constructing narratives to deal with events which most people (especially children) would have trouble comprehending. But then on the other hand Gillett says that multiples display an impairment in discursive skills.

I am also troubled by Gillett's comments on the role of the therapist, and here I must wonder whether he is simply unfamiliar with the clinical literature--not just the research on cases of multiplicity in childhood and evidence of multiplicity prior to the patient's beginning therapy, but also the extensive

body of work in which therapists specializing in dissociative disorders discuss precisely how to avoid the sorts of suggestive scripting Gillett suggests is rather common. As I read the literature and monitor the activities of therapists treating dissociative disorders, it seems to me that most therapists are acutely aware of how suggestible their patients are. That is why their publications and presentations routinely contain what seem to be obligatory caveats and references regarding the creation or reinforcement of dissociative behavior. Indeed, Gillett's speculations about therapeutic strategies bear little resemblance to what therapists treating dissociative disorders describe themselves as doing or recommend to their peers (e.g., in professional publications and presentations, instructional workshops at meetings of the International Society for the Study of Dissociation, and discussions on the internet [for example, among subscribers to the dissociative disorders discussion group]). In fact, one of the most interesting threads on the dissociative disorders list was one in which the participating therapists described their first encounter with a multiple. It is striking that Gillett's account of the role of therapy in shaping--or creating--MPD/DID does not square with the apparently common experience of therapists who encounter their first multiple contrary to their expectations and theoretical predispositions (in fact, often contrary to their explicit suggestions to their patients that something *other than* multiplicity is the problem meriting treatment). If Gillett has reason to believe these self-reports are as generally and grossly inaccurate, and the recommendations made in workshops and publications as disingenuous or naive, as his alternative descriptions presuppose, he should indicate why. Perhaps Gillett has relied too heavily on the descriptions of therapy provided in secondary sources such as Hacking (1995). That work, in fact, offers mere caricatures of (and sometimes outright falsehoods about) therapeutic procedures (see Braude 1996).

Discursive psychology should easily make sense of (in fact, receive empirical support from) the culturally specific forms of MPD/DID reported in Brazil, Turkey, India, and Japan, as well as the gradual shift in the West from reported cases of demonic possession to cases of dual and eventually multiple personality. If so, it would afford insights into the role of various and evolving symptom-languages or idioms of distress. But I fail to see how discursive psychology adds anything particularly insightful to our understanding of what a dissociative disorder is, what dissociation is, and in what ways dissociation divides the self (or affects one's sense of self). For example, I do not see how it makes sense of the behaviors that so strongly suggest the co-presence of what I (1995a) called different "apperceptive centers"--for example, attempts at internal homicide, grounding behaviors after a switch, signs of struggles between alter personalities for executive control of the body, and the descriptions alters give of one another (and other signs of asymmetrical awareness).

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