

The Oxford Companion
——TO——
Consciousness

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dissociative identity disorder

dissociative identity disorder. Formerly known as *multiple personality disorder*, dissociative identity disorder (DID) is a pathological disturbance in which individuals seem to split into two or more simultaneously existing, and relatively independent, centres of *self-consciousness. Among clinicians who accept the DID diagnosis as legitimate, the received view is that this disorder has two principal causes. The first is a capacity for profound dissociation; significantly, DID patients tend to be highly *hypnotizable. The second is a history of childhood trauma, often severe or chronic, and in many cases apparently connected with a combination of emotional, physical, or sexual abuse.

As virtuosic dissociators, DID patients seem to have a distinctive way of dealing with intolerable pain or trauma. To put it roughly, they create an alternate identity (or *alter*) to experience the pain or trauma in their place. When these alters assume executive control of the body, the previous host identity might experience periods of 'lost time', and in some cases the differences between alters can be extreme. They might differ in age, gender, and personality type, and as they spend more time in executive control of the body, the more complex and well-rounded they tend to become. Moreover, some DID patients, especially those subject to chronic trauma or abuse, learn to use dissociation as a habitual coping strategy. And when that happens, they might begin to create alters under less extreme provocation—e.g. to deal with relatively minor stress and annoyances. As a result, some alters of these patients seem only to be personality fragments created for very specific tasks, such as cleaning toilets or baking cookies. Trauma victims who lack this dissociative coping mechanism might instead develop different types of disorders, e.g. less dramatic forms of sexual dysfunction.

Some have argued that DID is a purely iatrogenic phenomenon, and that the formation of alters is simply a form of social compliance, possibly to conform with popular conceptions of psychopathology, but usually in response to naive therapists on the lookout for the disorder. No doubt this is true in some cases. However, DID has been documented in many patients who have never been in therapy, including children who do not know the relevant literature and who also have a documented history of trauma or abuse.

On the surface, of course, it appears that DID demonstrates a profound form of psychological disunity. A single patient may seem to contain several distinct identities, of different ages and genders, and with their own sets of agendas, interests, abilities, perceptions, and even physical characteristics. In fact, some but not all alters may require optical prescriptions, or be resistant to certain drugs, or have food allergies. And some but not all alters might be talented artistically, or mathematically, or have a gift for languages. Furthermore, some

alters clearly try to kill off others in their alter system, apparently quite unaware that this 'internal homicide' would be lethal to them as well.

Moreover, while some alters seem to be unaware of other alters' perceptions or thoughts and feelings, certain alters seem to know what others are experiencing or doing. As a result, it is difficult to generalize about the structure of these alter-systems, except to say that in many cases that structure can be quite complex. In fact, DID patients occasionally appear to exhibit a form of *co-presence*, in which two alters seem simultaneously to exert some executive control. This could be manifest in dramatic actions in which patients appear to battle with themselves (à la Dr. Strangelove), or perhaps in peculiar testimony regarding apparently partial integration (as when a patient once said to me, 'I'm mostly Jane right now'.)

Ever since multiple personality was first diagnosed in the late 19th century, some have thought that the disorder reveals a deep pre-existing disunity in the self, one whose nature somehow correlates with the divisions presented by the alter system. For example, Ribot remarked, 'Seeing how the Self is broken up, we can understand how it comes to be'. However, this position seems to commit what Braude has called the *Humpty Dumpty fallacy*. Certainly, it is not a general truth that things always split along some pre-existing grain, or that objects divide only into their historically original components. To put it another way, just because we find something now in pieces, it does not follow that those pieces correspond to pre-existing or natural elements of that thing. For example, I can break a table in half with an axe, but it would be a mistake to conclude that the table resulted initially from the uniting of those two pieces. Similarly, Humpty Dumpty's fall might have broken him into 40 pieces, but there is no reason to think that Humpty was originally assembled and united out of 40 parts, much less those particular 40 parts. In fact, some types of splitting are clearly evolutionary, such as cell division, which creates entities that did not exist before.

Thus it seems that, in order to argue for the pre-dissociative disunity or complexity of the self, one must show that it is required to explain *non-dissociative* phenomena. Otherwise, one can always contend, quite plausibly, that alter identities are products, and not prerequisites, of the extreme dissociation found in DID.

One familiar strategy is to use a type of argument, probably first employed by Plato and later used notoriously by Freud, which appeals to the law of non-contradiction to establish the existence of functionally distinct—and conscious—elements of the soul or mind. Roughly, the idea is that since a thing cannot have contradictory properties, a person's internal conflicts

divided attention

cannot be assigned to a single conscious subject. But this is a very contentious dialectical strategy, and it can be challenged on numerous grounds. These range from finding plausible ways to describe the conflicts so that they are not literally contradictory, to questioning the viability or applicability of the law of non-contradiction in these contexts.

It is certainly tempting to describe DID patients in terms of functionally distinct agents and subjects (as it were) inhabiting a single body. And to some extent, that is undoubtedly accurate. After all, different alters have different agendas and interests, they apparently exist at distinct developmental stages, and as they become more complex and well-rounded, it is clear that they have different personalities. These differences are so pronounced that people close to DID patients (such as family members) establish distinct relationships with different alters, just as they would with other people. For example, they might give them different gifts at Christmas, treat some like children and others as adults, trust some and distrust others, etc. Moreover, even when alters have introspective access to the mental states of other alters, their reports and behaviour indicate it is from a different subjective point of view. For example, alter *A* may think, 'I want to go shopping', and alter *B* may simultaneously be aware that *A* wants to go shopping. Even more dramatically, *A* might think 'I want to prevent *B* from controlling the body', and *B* might simultaneously be aware that *A* wants to prevent it from controlling the body. Understandably, then, many suppose that alters are best explained with respect to functionally distinct modules of the brain or mind.

Nevertheless, there are reasons for thinking that even the profound splitting of DID presupposes a deeper functional unity. And that unity can be of two sorts. The first is *diachronic* unity (i.e., continuity), linking one experience to subsequent experiences—e.g. connecting the parts of a sentence or melody. The second is *synchronic* unity, connecting simultaneous parts of experience—e.g. hearing a melody *while* driving a car.

DID patients seem to be fundamentally unified in both respects. There are many reasons for saying this, but perhaps the most important are (a) the overlapping and interlocking abilities of different alters, and (b) the adaptational nature of alter formation and maintenance.

In the first case, the issue is that an alter's capacities, abilities, traits, skills, etc., are not literally isolable features of a person, and as a result, an alter's characteristic functions inevitably overlap those of other alters in many respects. Thus it seems reasonable to regard an alter's idiosyncratic set of abilities, traits, etc., as drawn from a common pool of dispositions and capacities most plausibly attributed to the multiple as a whole. So

although two alters might have distinctive sets of dispositions and capacities, it seems most plausible to suppose they share the numerically same capacity (say) to count, speak a language, understand jokes, feel compassion, drive a car, etc.

As far as (b) is concerned, once an alter identity is created, with its distinctive set of memories and other dispositions, those dispositions must be *maintained*. Moreover, they must be maintained in the face of situations that conflict with them. For example, suppose a patient dissociates the memory of sexual abuse by a parent and erects a sexually promiscuous alter identity to minimize the horror of sexual encounters generally. Now to keep the memory of abuse functionally isolated, the patient will need to reconstruct her past and creatively (and perhaps constantly) reinterpret present events in order to obscure the nature of that painful episode. For example, this might involve interpreting the parent's continued sexual advances or innuendos as non-sexual, or deflecting inquiries from those who suspect that abuse had occurred. But these strategies seem to make most sense when assigned to a *single* underlying subject who orchestrated the initial dissociative split, who experiences the relevant conflicts, and who takes steps to resolve them.

In fact, this is exactly how most would interpret the coping strategies of ordinary hypnotized subjects (e.g. experiencing negative *hallucinations) who contrive ways to preserve suggested *illusions in the face of events that tend to undermine them. This parallel between dissociation in DID and in less dramatic dissociative phenomena is reinforced by two considerations: first, that DID patients seem significantly hypnotizable compared to non-DID patients, and second, that DID is plausibly understood as lying at the far end of various continua of dissociative phenomena, ranked (say) in terms of severity of symptoms and degree of functional isolation, but all the others of which would be naturally interpreted as dispositions assigned to a single dissociative subject.

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divided attention. See ATTENTION AND AWARENESS