Why not Claim that They Wear Different Size Shoes?

On the Status of Alters in Dissociative Identity Disorder

Harald Merckelbach & Eric Rassin

Introduction

The April/May 1999 issue of the Dutch periodical Hersenwerx 2002 (Brainwork 2002) announced good news for science, but bad news for Hans Crombag and those other critics of the concept of multiple personality disorder or Dissociative Identity Disorder (DID) as it is currently known. On its front page, this newsletter/periodical/bulletin headlined that “so far, nobody succeeded, but thanks to research at Groningen, the Dissociative Identity Disorder now becomes a measurable disorder.” What happened? The article below the headlines provided a detailed account. Briefly, it stated that patients with DID possess different identities, which are termed ‘alters’. These alters are often not aware of each other. That is, they are ‘amnestic’ for memories that reside in other alters. Patients regularly switch from one alter to the other and this is accompanied by substantial changes in the ability to retrieve information from autobiographical memory, precisely because autobiographical memory is not integrated, but scattered over various alters.

The article then goes on to say that the condition of DID is typical for those who were seriously abused during childhood. Yet, DID is the subject of many heated discussions. According to the article, research at Groningen University Hospital now puts an end to those discussions, because with the help of PET-scans it shows that the different alters of DID patients do exist. This is how the researchers conducted their experiment: DID patients were exposed to trauma-related words while they were in one of two conditions. In one condition, their traumatic alter (i.e., an alter who was aware of the traumatic childhood events) was induced, while in the other condition, an alter who was unaware (i.e., amnestic) of the traumatic experiences was induced. Meanwhile, brain activity was recorded with the aid of PET scan techniques along with more peripheral measures (i.e., heart rate, blood pressure). If alters of DID patients represent genuine entities, one would expect that they react differently to the trauma.

1. Department of Experimental Psychology, University of Maastricht.
words. That is exactly what the researchers observed. The traumatic alters responded with hyperactivity in the left temporal area to the trauma words. These alters also exhibited raised heart rate frequencies and blood pressure during exposure to trauma words. Nothing of the sort was found when the amnestic alters were confronted with trauma words. Especially the differences in heart rate and blood pressure between traumatic and amnesic alters were quite dramatic. Indeed, one of the senior researchers is quoted as saying that “you don’t have to be a professor to see the differences.”

**DID Experts on Alters**

By and large, DID is a recognised psychiatric disorder. That is, the widely used *Diagnostic and Statistical Manual of Mental Disorders* lists DID as a psychiatric disease. According to DSM-IV, DID is characterised by “the presence of two or more distinct identities or personality states[...]. At least two of these identities or personality states recurrently take control of the person’s behavior.” DSM-IV adds that the patient has an “inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.” This criterion refers, of course, to the amnesia for certain childhood experiences that is thought to be typical for at least some alters of the patient.

While DSM-IV is silent about the origins of alters, many clinicians assume that they are the product of severe and recurrent traumatic childhood experiences. In the words of psychiatrist Ross, one of the leading experts on DID: “DID is a little girl imagining that the abuse is happening to someone else. This is the core of the disorder, to which all other features are secondary.” According to DID experts, the rationale behind the trauma-DID connection is easy to understand. The development of alters is the way in which severely traumatised children try to compartmentalise overwhelming emotions and memories that are linked to trauma. This type of coping is referred to as ‘dissociation’ and when dissociation becomes a habitual coping style, it produces DID. However, experts emphasisise that full-blown DID is not easy to recognise. It requires a skilled psychiatrist or psychologist to diagnose the disorder. For example, DID expert Kluft notes that about 80 percent of the DID patients exhibit no or only subtle signs


of their disorder? Therefore, a number of sessions are needed to establish the diagnosis and during these sessions, one important task of the therapist is to uncover alters. In line with this, DID specialist Ross maintains that “you don’t have a case of DID until you have talked to the alters.” After all, DID patients themselves are often not aware of their alters or feel ashamed about them and try to hide their multiplicity. In this view, DID is a hidden or latent syndrome that is not evident when patients enter treatment.

Critics on Alters

Skeptics have raised a number of critical points about the expert view on DID. For one thing, sceptics stress that the DSM-IV definition of DID is vague and overinclusive. More specifically, sceptics argue that this definition relies on an outdated concept of personality, namely personality as a single, unitary homunculus that resides somewhere in the brain and controls our behaviour, i.e. has causal force. It is only when one subscribes to this problematic idea that it becomes possible to talk about multiple alters or homunculi in the case of DID. Meanwhile, modern academic psychology views personality as the position of an individual on an array of dimensional traits such as extraversion, introversion, and neuroticism. These traits correlate with actual behaviour, but the correlations are by no means overwhelming.

Another point raised by critics of DID is that alternative accounts of this condition are possible. In short, critics contend that the alters of DID patients may well be products of social creation or iatrogenesis during treatment. Perhaps the most succinct formulation of this position has been offered by psychologist Nicholas Spanos, who argued that in the case of DID, patients “come to believe that their alter identities are real personalities rather than self-generated fantasies.” According to Spanos, alters are not entries with causal force, as suggested by DSM-IV, but rather metaphors that patients learn from their therapists and/or from exposure to canonical examples that can be found in books, TV talk shows, movies and so on. In Spanos’ words: “patients

learn to construe themselves as possessing multiple selves, learn to present themselves in terms of this construal, and learn to reorganise and elaborate on their personal biography so as to make it congruent with their understanding of what it means to be a multiple [...]"13

The idea that alters of DID patients are artefacts of the way in which some clinicians approach these patients accords well with certain facts that are known about the epidemiology of DID.14 For example, the incidence of the DID diagnosis has rapidly increased in recent decades. Likewise, the mean number of alters per DID case has grown dramatically from 2 in the 1940s to 24.1 in the 1990s. Another curious fact is that DID is only rarely diagnosed in older people and young children. Also, DID is supposedly rare in South Africa, Japan, Britain or Eastern Europe. Indeed, it has been argued that the recent epidemic in DID cases is predominantly a North-American phenomenon, with only one exception. As Hacking wrote, "the only place that multiples flourish overseas is in the Netherlands."15 Finally, there is evidence that the large majority of DID diagnoses are made by a small number of psychiatrists and psychologists. Even in North-America, only about one-quarter of board-certified psychiatrists feels that the DID diagnosis is rooted in firm scientific evidence.16 To recap, all these facts seem difficult to understand when one assumes that DID is a common outcome of abused children’s dissociative defence against traumatic experiences. On the other hand, DID experts17 have stressed that many of these facts are understandable once one realises that only with recent advances in psychiatric assessment, clinicians have become sensitive to the possibility of DID in their patients.

Medicolegal Ramifications

How, then, should one conceptualise alters in DID? Are they metaphors that patients learn from their therapists, with which they describe and reorganise their chaotic behaviour, as critics suggest? Or are alters causal antecedents of such behaviour, as DSM-

13. Id. p. 143-144.
11. Why not Claim that They Wear Different Size Shoes?

IV and many – but by no means all\(^{18}\) – DID experts suggest. To be sure, from a purely academic point of view, discussions about the ontological status of alters in DID are fascinating. They border on philosophical issues about the nature of consciousness, personal identity, brain-behaviour relationships and so forth. More importantly, however, the way in which experts conceptualise alters also has far-reaching medicolegal ramifications. These can be grouped into three categories.

The first category consists of those DID patients who start to accuse their fathers or other relatives of sexual abuse in childhood after they have uncovered alters containing such memories in therapy.\(^{19}\) To the extent that these recovered memories of childhood abuse give rise to criminal proceedings or civil lawsuits, their validity becomes an urgent issue. Thus, in this respect, the debate on DID overlaps with that on the veridicality of traumatic memories recovered in therapy.\(^ {20}\) A staggering example of this category is provided by the case of ‘witness X1’ in the pre-trial investigations of the Belgian child murderer Marc Dutroux. During a period in which the Dutroux affair was extensively covered by the media, witness X1 contacted the police and claimed that she possessed intimate knowledge of Dutroux and his position in a large network of child abusers, many of whom allegedly occupied high places in Belgian society. X1 also claimed that she suffered from DID, which involved 169 distinct alters. The police investigators interviewed X1 on many occasions. These interviews lasted for hours and often took place during the night. The investigators were coached by psychotherapists familiar with X1 and sympathetic to the idea of DID. During at least one of the interviews, alters of X1 were invited to react to mug shots of potential victims of Dutroux and his network members. While the alters were not able to correctly identify the images, they reacted with non-verbal panic reactions to some of the material and this was taken by the police as evidence for positive identification.\(^ {21}\) Expert testimony by a committee of psychiatrists confirmed that X1 suffered from DID and that the etiological factor responsible for this condition was “massive abuse.” This conclusion was widely cited by the media to support the credibility of the accusations levelled by X1 against politicians, lawyers, and so on. However, during a more fine-grained analysis of the X1 testimony by several Belgian prosecutors, it became clear that the privileged knowledge X1 claimed to possess was in many respects incorrect.\(^ {22}\)

\(^{18}\) DID expert Ross is a notable exception. Ross, op. cit., writes: “The most important thing to understand is that alter personalities are not people. They are not even personalities [...]. The patient pretends that she is more than one person” (p. 144).


\(^{22}\) See, for an example, *De Morgen*, April 30 1998, p. 6.
The second type of complication that may arise when the diagnosis of DID surfaces in a legal context pertains to situations in which a DID patient denies responsibility for a criminal act by one of his or her alters. Consider a criminal defendant with a diagnosis of DID. A number of philosophers\textsuperscript{23} and psychiatrists\textsuperscript{24} have argued that on a strong version of the DSM-IV definition of DID, one should seriously consider this criminal defendant's claim that he or she is innocent, because it was not he or she who committed the crime, but an alter. In the USA, a DID-based insanity defence has been raised in at least 20 court cases, of which at least 4 had not-guilty-by-reason-of-insanity or incompetence-to-stand-trial outcomes.\textsuperscript{25} Given the growing popularity of DID diagnoses (cf. supra), there is every reason to expect that in the years to come, courts will be regularly confronted with the phenomenon of DID defendants pleading insanity or diminished capacity. Germane to this issue is also Loewenstein and Putnam's observation that about 35 percent of patients with DID claim to have a homicidal alter.\textsuperscript{26} Likewise, Lewis and associates noted that "in our clinical experience, we found that among the male outpatients seeking treatment for dissociative identity disorder at our clinic, a substantial percentage (64%) had demonstrated rageful behavior that came just short of homicide."\textsuperscript{27} On the other hand, Dinwiddie and colleagues remind us that in forensic cases, the distinction between DID and malingering is extremely difficult to make.\textsuperscript{28} The famous Los Angeles Hillside Strangler case illustrates their point. In this case, the suspect Ken Bianchi was charged with 10 murders and there was abundant forensic evidence against him. On the basis of their hypnotic sessions with Ken Bianchi, a psychologist and a psychiatrist argued that Bianchi was suffering from DID and that an alter of Bianchi, named Steve, was involved in the crimes. According to their view, Ken Bianchi knew nothing about Steve and the murders. How-

\textsuperscript{23} E.g., S.E. Braude (1996) Multiple personality and moral responsibility. \textit{Philosophy, Psychiatry and Psychology}, 3, 37-54. Braude (p. 51) concludes: "Hence, we might be justified, from a largely pragmatic point of view, in regarding the multiple as only marginally (or perhaps only theoretically) but not practically, responsible for an alter's emergence and subsequent behavior, especially outside the therapeutic setting. And in that case, we might prefer to determine moral responsibility only at the level of behavior of specific alters."

\textsuperscript{24} E.g., E.R. Saks (1995) The criminal responsibility of people with multiple personality disorder. \textit{Psychiatric Quarterly}, 66, 119-131. Saks (p. 127) contends: "Whether multiples' alters are different persons, different personalities, or parts of one complex personality, then, they should generally be found not responsible for their crimes."


ever, other experts argued that Bianchi was deliberately faking multiplicity in order to
avoid the death penalty. Bianchi did not succeed with his insanity plea and was con-
victed on 8 counts of murder, but his trial illustrates the sharply differing opinions on
the forensic aspects of DID.29

The third category of legal complications that may arise when one accepts a literal
interpretation of alters has to do with civil rights. This point is nicely summarised by
Piper: "Another problem is that the fragmented person approach casts serious doubt
on whether the patient has one of the major moral and legal attributes of personhood
— the ability to choose. Can such a collection of personalities legally choose to sign
(its own? himself? themselves?) into a hospital, voluntarily enter into a sexual rela-
tionship, make a legally binding will, or enter into a contract to buy a car? If one truly
respects the idea of autonomous personalities, these questions must be answered in the
negative."30 During a malpractice suit of a woman who said that she was misdiagnosed
with 120 alters by psychiatrist Kenneth Olsen, part of the discussion revolved around
Dr. Olsen's use of the term "internal group therapy" on his billing reports.31 Although
fraudulent billing practices were not an issue during this lawsuit, the example under-
lines the point raised by Piper. That is to say, there is nothing wrong with claiming
group therapy reimbursement for treating alters if one accepts the idea of autonomous
personalities.

The Alters are Real

In sum, then, accepting the idea that alters of DID patients represent real rather than
artefactual phenomena would have far-reaching consequences for the way in which
courts should handle cases involving DID patients. Therefore, the important question
to be asked is whether there is compelling evidence to take the alters of DID patients
as authentic manifestations of separate identities. In this context, some clinicians32
have pointed out that marked changes in handwriting, demeanour, and voice of DID
patients may provide evidence for the reality of different people in one body. How-
ever, critics have countered that this line of argumentation is, at best, naïve. Consider
a theatre play in which one actor has to play two different roles. To help the audience

29. Hacking, op. cit., (p. 49, 50) notes that the Bianchi case recapitulates a French trial that took
place in 1892. During that trial, the accused pleaded that he was innocent because an alter had
committed attempted murder. The expert witness for the defense was the famous neurologist
Charcot. Expert witnesses for the prosecution argued that the accused was schooled in his
disorder that was referred to as "latent epilepsy" and "somnambulism."
M. Elin (red.), Dissociative identity disorder: Theoretical and treatment controversies (pp. 135-173).
32. E.g., Lewis et al., op. cit.
differentiate between these two roles, the actor would strategically use explicit changes in voice, demeanor, and so on. Thus, such superficial changes do not invalidate the view that the alters are therapy-induced enactments or, if you like, role-playing. In the words of Simpson, “any sensible actor or faker would definitively adopt such superficial differences.” In fact, this argument can be made even stronger. Advocates of DID seem to agree that alters are primarily manifestations of a severe disruption in autobiographical memory. Thus, one would expect that DID patients do not exhibit abnormalities in the more automated types of memory that guide procedural motor output such as handwriting. Indeed, asserting that amnestic boundaries between alters are restricted to autobiographical memory, superficial changes involving such procedural knowledge can be easily interpreted as signs of strategic role enactment.

Some authors have relied on formal memory tests to document the existence of multiple identities in DID. One of the best controlled studies is that of Eich and collaborators. In this study, nine patients with DID were subjected to explicit and implicit memory tasks while in two different alter states, each claiming to have no conscious awareness of the other’s memory. In this way, the authors examined to what extent transfer of information from one to the other alter may occur. Replicating the results of a previous single-case study, Eich and co-workers found that words presented to one alter were not recalled by the other and vice versa. Yet, unlike DID patients’ performance on this explicit free recall task, their performance on an implicit test of picture fragment completion suggested substantial transfer of information from one to the other alter. That is, if one alter had to identify a series of degraded pictures, the other alter subsequently required less perceptual detail to identify the same pictures. By and large, this suggests that the amnestic barriers typical for DID pertain to explicit, but not to implicit memory. In a follow-up study, Eich and colleagues showed that this discrepancy in inter-alter transfer of explicit and implicit knowledge could not be reproduced in a sample of simulators. In that study, mental health professionals familiar with the condition of DID were instructed to create two mutually amnestic alters. There were no indications that one simulated alter performed better on the picture identification task when the other sham alter had been previously exposed to the pertinent object information. Post-experimental interviews made it clear that the simu-

The Alters are not Real

While the Eich et al. studies certainly belong to the best of their kind, some critical remarks are in order. To begin with, it is unfortunate that the authors did not combine DID patients and simulating controls in one and the same experiment. Secondly, the picture completion data of the simulators show that the implicit memory task was extremely sensitive to strategic control. That is, simulators could control their responses on this task in such way as to make it look 'real'. If simulators can do this, DID patients can do it as well, and, perhaps, the discrepancies in implicit memory transfer between DID patients and simulators reflect different views on how alter metaphors should be expressed. Thus, the Eich et al. findings do not refute an interpretation of alter behaviour in terms of metaphors and strategic role enactment. It is also noteworthy that some authors claim to have shown an absence of implicit memory transfer between the alters of DID patients, a finding that is difficult to reconcile with the Eich et al. results.39

As things stand, experimental studies on memory performance of alters do not support a literal multiple-persons-in-one-body interpretation of DID. On the contrary, findings available in this domain of research are highly confusing and it is probably time to invite DID experts to articulate more precise predictions as to the types of amnestic barriers that may occur with multiple alters of DID patients. In the absence of such predictions, any type of outcome may be interpreted as support for the idea that alters do exist in "some" sense. Meanwhile, if one truly believes that the multiple-persons-in-one-body idea is an accurate description of what is going on in DID, the most coherent prediction one could make is that neither explicit nor implicit autobiographical memories can leak from one alter to the other(s). If one takes this view, there is no reason to expect that procedural memory (e.g., skilled motor output) fluctuates as a function of the alter that is controlling behaviour. Results on memory performance of alters are far removed from such a pattern of findings. They certainly do not falsify the idea that alters are socially created metaphors.

39. Peters et al., op. cit.
The Biology of Alters

To elucidate the status of alters in DID, some authors have adopted a biological approach. The idea behind this approach is as follows: suppose one asks a DID patient to alternate between different alters. And suppose that physiological activity is measured during such alternations. If one were to observe that the alters differ in their physiological profile, this could be evidence that they are more than just iatrogenically created metaphors in the minds of patients and therapists. The article about the PET research at Groningen University Hospital with which we began this chapter is a fine example of this type of reasoning. Another illustration is provided by a functional magnetic resonance imaging (fMRI) study described in a recent issue of New Scientist.40 On its cover page, New Scientist announced that “now we can watch multiple personalities in the brain.” In the pertinent study, one DID patient was instructed to switch from her adult alter Marnie to her eight-years-old amnestic child alter Guardian while fMRI brain recordings were made. Interestingly, when Marnie was in control, hippocampal activity was relatively normal, but as Guardian emerged hippocampal activity was found to be decreasing. While this result is presented by New Scientist as an innovative contribution to the biological underpinnings of DID, the biological approach to DID has, in fact, a long tradition spanning almost a century. At several points in that history, breakthroughs have been heralded. Indeed, the first was in 1908, when Prince and Petersen showed that the alters of a DID patient reacted with different skin conductance activity.41 The next development took place in the fifties when studies appeared demonstrating that alter states differed in terms of EEG activity.42 Then, in the seventies, evoked potential studies were published in which it was found that alter states are accompanied by fluctuating evoked potentials. One typical study was that by Larmore and co-workers who recorded evoked potentials in a patient with four alters. The authors concluded that “the average visual evoked potentials (AER) for each personality were quite different from each other [...] such as would be expected if four separate individuals had been tested.”43

Thus, modern neuroimaging research on DID finds itself in the good company of many researchers who documented substantial variations in physiological activity between alter states. Are we to conclude, then, that the accumulated evidence shows that alters are genuine agents rather than metaphors? The answer is a simple no. Summarizing the literature on psychophysiology and DID, Miller and Triggiano explain why

the answer must be negative: "In general, the neurophysiologic studies have suffered from methodological flaws that make generalisation of their findings difficult. Such shortcomings include an overreliance on the single-subject, case-study design, as well as a lack of adequate experimental controls." The latter point raised by these authors is especially serious and to demonstrate this, we will give an experimental illustration.

A Little Experimental Control

Our experiment relied on a sample of 28 undergraduate students (20 women) with a mean age of 19.9 years (range: 18-24 years). Students heard an audiotaped version of a highly aversive narrative. They were instructed to vividly imagine themselves in the described situation. The narrative was about a student who causes a severe motor vehicle accident while (s)he is on his (her) way to an important job interview. The story ends with a description of the victims, namely a mother and her baby ("you hear her cry out, she's dead! She's dead! My baby is dead!"). Next, students were confronted with two series of 12 words in a within-subject design. In each series, half of the words (associative words) referred to the story (e.g., "baby"; "crying"), while the other half (control words) was not associated with the story (e.g., "illness"; "fire"). Of course, associates and control words were matched on emotionality. One series was presented to the participants while they simulated an amnestic alter. That is, participants were instructed to behave as if they had never ever heard the narrative. The other series was presented to the same participants while they simulated a traumatic alter. That is, participants were told once more to identify with the main character of the narrative. Participants’ skin conductance responses (SCRs) to the associates and control words in both conditions (i.e., simulating an amnestic alter or a traumatic alter) were measured. Of course, series and conditions were counterbalanced across participants so as to eliminate possible order effects. After the experiment proper, participants completed several questionnaires, among which a scale on fantasy proneness (Creative Experience Questionnaire; CEQ).

Table 1 shows mean SCRs of amnestic and traumatic ‘alters’ to associates and control words. As can be seen, the amnestic alter reacted with higher SCRs to the control

44. Miller & Triggiano, op. cit., p. 49.
47. A pilot study (N = 10) generated associates and control words. Words were selected form a large pool of words in such a way that associates and control words differed significantly in the extent to which they referred to the narrative, but not in their emotional value.
words than to words associated with the story, a difference that attained significance.

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<th>Alter</th>
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<td>traumatic</td>
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\[ t(27) = 2.1, p < .05, \text{two-tailed}. \] In contrast, mean SCRs of the traumatic alter to control words and associates did not differ significantly \[ t(27) < 1.0. \] In this condition, the absence of heightened SCRs to associates is probably due to the emotional provocative nature of the control words, which might have made it difficult to detect superior SCRs to associates.

Differential SCR responding of the amnestic alter to control words and associates disappeared \[ t(17) = 1.3, p = .20 \] when the analysis was confined to participants scoring relatively low on the fantasy proneness scale. However, differential responding of the amnestic alter was highly evident \[ t(9) = 2.3, p < .05 \] for participants scoring relatively high on this scale.

Two conclusions can be drawn from these results. To begin with, it is relatively easy for normal people to enact multiple alter states in a way that these states are accompanied by different physiological profiles. More specifically, our findings show that people asked to play the role of an amnestic alter react with reduced SCRs to personally relevant cues.\(^{49}\) One could counter that role-playing amnesia might produce real amnesia. Yet, post-experimentally collected free recall data in our experiment indicated that students remembered more associates than control words and that there were no differences in this respect between the amnestic and traumatic alter condition. Thus, our findings show biological differences between role-played alters in the absence of true memory effects. Secondly, these differences seem to be most robust in people scoring high on fantasy proneness, i.e., people who are talented in role-playing.

\(^{49}\) Interestingly, some older studies have suggested that such a pattern is typical for patients with genuine as opposed to simulated amnesia. See for examples, S.P. Crecy, D.J. Schretlen & J. Brandt (1997) Simulated amnesia and pseudo-memory phenomena. In K. Rogers (ed.), Clinical assessment of malingering and deception (pp. 85-107). New York: Guilford.
Simulating Amnestic Alterns

Attempts to clarify the status of alters found in DID patients by means of biological techniques (e.g., peripheral physiology, EEG, PET scans, fMRI) are uninformative unless they include a control group, preferably a control group consisting of fantasy-prone individuals. To our knowledge, no such study has been conducted. Therefore, the PET research at Groningen University Hospital, or the single-patient fMRI experiment described earlier, cannot be considered groundbreaking studies. Meanwhile, given the seductive power that neuroimages have in the courtroom, the preliminary announcement of these studies might have a misleading effect on judicial decision-making in cases that involve DID.

Over the past few years, a number of studies have shown that, under certain conditions, normal people need relatively few prompts to take on the role of an amnestic alter. For example, in a pioneering study by Spanos and co-workers, college students were asked to play the role of an accused murderer who was confronted with strong forensic evidence. The role players were not informed about DID or alters. They underwent a simulated psychiatric interview of the Ken Bianchi type. The large majority of the role players (81%) enacted an alter in response to subtle cues from the interviewer that “there might be another part” of the accused. In most cases, it was this second alter that admitted responsibility for criminal behaviour, while the primary alter simulated amnesia for the second alter.

Given the fact that others were able to replicate these findings, it is safe to conclude that they represent robust enactment phenomena. But how should one interpret them? Carson and Butcher were quite right when they remarked that when healthy college students give a convincing portrayal of a person with a broken leg, this does not imply that broken legs do not exist. Yet, these authors seem to miss an impor-

50. As an aside, it should be noted that the only study that comes close to this design found more significant EEG differences between role played alters of a normal than between alters of DID patients. See P.M. Coons, V. Milstein & C. Marley (1982) EEG studies of two multiple personalities and a control. Archives of General Psychiatry, 39, 823-882. These authors (p. 825) concluded: “It is not as if each personality is a different individual with a different brain. Instead, to put it simply, the EEG changes reflect changes in emotional state.”


54. R.C. Carson & J.N. Butcher (1992) Abnormal psychology and modern life. New York: HarperCollins, p. 209. Carson & Butcher’s remark touches upon a fundamental issue, namely people’s appreciation of simulation studies when they yield results that contradict current theories. Chinn and Brewer (1993, p. 19) noted that under such circumstances, people are quick to emphasize the limitations of simulation studies. As one of their subjects said about a laboratory simulation of meteor impact that produced anomalous findings for this subject:
tant point here. The question is not whether DID patients are real patients or simula-
tors. They are, by all standards, real patients. The important issue is whether their al-
ters are genuine agents that can be held accountable for, say, illegal behaviour. The
DSM-IV description strongly encourages such an interpretation, yet the enactment
phenomena documented by Spanos and others suggest that when faced with social
dilemmas, even normal people may resort to amnestic alters that are made responsible
for socially undesirable behaviour. Interestingly, attributing deviant behaviour not to
oneself, but to internal forces that are uncontrollable, is a widespread explanatory style
among offenders.\textsuperscript{55} Invoking alters to make sense of one's behaviour is not equivalent
to deliberate faking, but it definitely is a form of "effort after meaning" in which
metaphors and real behavioural antecedents may easily become mixed up. There is no
point in clinicians or forensic experts fostering this confusion.

In their scholarly review of the literature on DID, Lilienfeld and colleagues present
several examples of treatment interventions that seem to be predicated on the belief
that alters in DID are independent actors.\textsuperscript{56} These examples include asking to meet an
alter, giving names to alters, and encouraging alters to write letters to each other. Ac-
ccordingly, Lilienfeld \textit{et al.} conclude that "many or most influential authors in the DID
treatment literature treat alters as independent entities or even personalities, at least
during the early phase of treatment."\textsuperscript{57} While such a treatment approach is consistent
with the DSM-IV typology of DID, it is certainly not justified by the experimental litera-
ture on memory functioning and psychophysiological responding in DID diagnosed
patients and normals enacting DID.

\textbf{Conclusion}

The older literature on DID offers some bizarre claims as to the literal status of alters.
For example, there are anecdotal reports of alters differing in their allergic reactions, in
their response to medication, and in their eyeglasses. Such anecdotes lead Simpson to
pose the following question: "Why not claim that they wear different size shoes?"\textsuperscript{58}
While this was meant as a \textit{reductio ad absurdum} argument, the German DID expert
Huber tells us that one of her DID patients does have her shoe sizes vary (37, 38, or

"The earth is too big and different to be correctly represented by some small rock in a
acquisition: A theoretical framework and implications for science instruction. \textit{Review of
(1999) Dissociative identity disorder and the sociocognitive model: Recalling the lessons of the
\textsuperscript{57} Lilienfeld \textit{et al.}, \textit{op. cit.}, p. 513.
\textsuperscript{58} Simpson, \textit{op. cit.}, p. 124.
39) with her alter states. Huber writes: "I can even identify her different alters, because the colour of her eyes changes (from brown to blue)." To be sure, it is easy to recognise this as nonsense. Still, a literal interpretation of alters can also be found in the DSM-IV and in many serious articles on DID written by experts in the field. It is this interpretation and its medicolegal implications that have served as the main impetus for studies examining differences in memory functioning and physiological reactivity between various alter states of DID patients. The idea that alters should be considered as agents with causal force is not borne out by these studies. Most importantly, these studies do not refute an interpretation of alters in terms of role enactment.

Recent reviews by DID experts seem to suggest that they too have abandoned over-literal interpretations of alter activity. For example, Gleaves notes that "what is critical to understand is that acknowledging a patient with DID to have genuine experiences of alters as real people or entities is not the same as stating that alters are actually real people or entities." Obviously, this formulation is reminiscent of the position that alters exist largely as a result of role enactment in which patients become absorbed. Thus, it is time to de-emphasise the many-people-in-one-body view on DID advocated by DSM-IV. What remains, then, is the idea that unlike normal people, DID patients do not hold a subjective sense of unitary identity. Clearly, such a modest view on alters has no ramifications for legal responsibility issues. It does, however, have far-reaching consequences for the way in which future editions of DSM should portray DID and its alters.

60. Gleaves, op. cit., p. 48.