

# OBSERVATIONS ON FANTASY IN THE FORMATION OF MULTIPLE PERSONALITY DISORDER

Walter C. Young, M.D.

Dr. Young is the Medical Director of Columbia Psychiatric Center, Littleton, Colorado.

For reprints write Walter C. Young, M.D., Columbine Psychiatric Center, 8565 South Poplar Way, Littleton, Colorado, 80126.

## ABSTRACT

*This paper presents observations on fantasy as it participates in the formation of multiple personality disorder. It focuses on the function of restitution in the fantasy life of children during the development of the disorder. It is proposed that one pathway to the development of multiple personality disorder utilizes repressed early childhood fantasies of mastery over trauma and that these early fantasies form a psychological structure which is amalgamated with dissociative defenses to evolve the clinical picture of multiple personality disorder.*

## INTRODUCTION

The dissociation of severe trauma has an established role in the development of multiple personality disorder (Bliss, 1980, 1984b; Bowman, Blix, & Coons, 1985; Coons & Milstein, 1984; Putnam, Guroff, Silberman, Barban, & Post, 1986; Saltman & Solomon, 1982; Spiegel, 1984; Wilbur, 1984). Freud struggled over the nature of the factors influencing neurotic symptoms. His first views were that traumatic events overwhelmed the psyche when patients incompletely abreacted psychical trauma (1893/1966). Symptoms arise when memories of the traumatic experiences are forced upon the patient (Breuer & Freud, 1985/1955). Freud's (Breuer & Freud, 1895/1955) major statement came in *Studies on Hysteria* where he introduced a theory of traumatically induced symptoms which arose from the repression of real traumas and reflected a symbolic representation of those traumas. At this point multiple personality disorder was viewed as a traumatic neurosis that was, like other hysterical symptoms, resolved when the traumatic events and their accompanying affects were recalled and made available to consciousness.

Freud then abandoned this traumatic theory in favor of the idea that unconscious fantasy and wish-fulfillment were at the root of symptom formation. They were hysterical symptoms based on fantasy. He commented on the "vanished mental life of children" (Freud, 1900/1953, p. 250) and stated that "unconscious fantasies are the immediate psychical precursors of a whole number of hysterical symptoms. . . . Unconscious fantasies have either been formed in

the unconscious; or - as is more often the case - they were once conscious fantasies, or daydreams, and have since been purposely forgotten and have become unconscious through 'repression'" (1908/1959, p. 161). He wrote that "psychoneurotic symptoms are to be regarded as fulfillments of unconscious wishes . . . or more correctly, one portion of the symptom corresponds to the unconscious wish-fulfillment and another portion to the mental structure reacting against the wish" (1900/1953, p. 569).

The wishes were, however, often seen as derivatives of real experiences: "Hysterical symptoms are not attached to actual memories, but to phantasies erected on the basis of memories" (1900/1953, p. 491). And he writes, "I had observed that this is precisely what hysterical subjects do: along side what has really happened to them, they unconsciously build up frightful or perverse imaginary events which they construct out of the most innocent and everyday material of their existence. It is to these phantasies that their symptoms are in the first instance attached and not to their recollections of real events whether serious or equally innocent" (1900/1953, p. 217).

Much later Freud returned again to tackle the problem that many dreams and dissociative symptoms did not easily fit into a simple pattern of wish-fulfillment, but reflected attempts at mastering psychic trauma. In *Beyond the Pleasure Principle* (1920/1955), Freud described the now often recognized "compulsion to repeat" unresolved trauma and saw traumatic residue as a "physical fixation" that was much more debilitating. Noting the repression of the trauma, Freud stated, "the patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it . . . he is obliged to repeat the repressed material as a contemporary experience instead of, as the physician would prefer to see, remembering it as something belonging to past." (1920/1955, p. 18).

He noted that the symptomatic picture seen in traumatic neuroses approaches that of hysteria, but surpasses it in its marked signs of subjective ailment. Freud again allowed the notion that dissociative symptom formation could be traumatically based.

Despite Freud's shifting viewpoints regarding the role of trauma and wish fulfillment in hysterical symptoms, it is likely that both trauma and fantasy are necessary for the development of the dissociative symptoms seen in multiple personality disorder and that an either/or approach of trauma versus fantasy cannot adequately account for the clinical phenomena seen in patients who dissociate.

This paper focuses on the role of fantasy in the construc-

tion of multiple personality disorder. It explores the fate of childhood fantasies of mastery in the evolution of multiple personality disorder. It is suggested that much of the clinical phenomena in multiple personality disorder arises when fantasies of restitution are repressed and defensively incorporated into dissociative states. The memory of the fantasy is forgotten as the fantasy becomes dissociated. While fantasies play a part in the disorder, they are efforts at restitution on the part of the patient to master real trauma.

These fantasies subsequently resurface with states of dissociation to help manage the child's overwhelming experience. Fantasy becomes part of the psychological substrate upon which alter personalities form. Derivatives of these repressed fantasies reappear as the clinical picture of multiple personality emerges and as the structures shaped by the fantasies are developed. The clinical expression of multiple personality disorder in some situations may represent the incorporation of early imaginary playmates, but may also represent the involvement of a variety of other fantasies intended to solve impossible dilemmas in the child's life. In these instances, what begins as a conscious fantasy is repressed, and becomes represented in an increasingly complex dissociated structure. These dissociated structures remain unavailable for assimilation or modification within the overall personality in the same way that erroneous suggestions in hypnotic states can be accepted without critical judgment due to the dissociated character of the hypnotic state. In multiple personality disorder, however, the compelling nature of the dissociated material is even less susceptible to the corrective influence of reality testing due to the patient's defensive pressure to remain insulated from the trauma of overwhelming affective recollection. Further, the eventual transforming of fantasy into a persistent dissociated mental structure makes it unavailable for the patient's realistic appraisal and therefore relatively resistant to change. Only when dissociated material becomes available to the full capacities of the patient's conscious observing ego can it be relinquished.

Fantasy is defined here as the child's imaginary unfolding imagery and ideas used in the service of wish fulfillment or wishful mastery over a severe environment (Beres, 1962; Lichtenberg & Pao, 1974). Conscious fantasy is modifiable by reality testing, but has a wide latitude for exploring a variety of potential problems by temporarily ignoring reality, if the child wishes. Unconscious fantasy, on the other hand, tends to remain relatively fixed and unchanging.

I am not intending to underplay the significance of the real trauma in the lives of patients with multiple personality disorder nor the significance of the memories they retrieve. Multiple personality disorder is not just a fantasy; but fantasy clearly plays a key role. It is relevant, therefore, to examine the contribution fantasy does play in the development of multiple personality disorder, and this can be done without underplaying the gravity of the patient's abusive experiences.

It should be noted that fantasy is only one of many shaping influences that contributes to the development of multiple personality disorder. Examining fantasy is not meant to limit other equally important factors such as identifica-

tion (Young, 1988) and trance capacity (Kluft, 1984a; Bliss, 1984a), the sequelae of post dramatic stress disorder (Spiegel, 1984; Young 1988; Putnam, 1985), state dependent learning (Ludwig, Brandsma, Wilbur, Bendfeldt, & Jameson, 1972; Braun, 1984a), transgenerational factors (Braun, 1985), the myriad of perpetuating circumstances which have already received wide attention (Braun & Sachs, 1985), and the interaction of many factors (Kluft, 1984a). This discussion has intentionally singled out the role of fantasy as one factor among many to examine.

## ELABORATION OF FANTASY IN MULTIPLE PERSONALITY DISORDER

Clinically, we can regularly discover evidence of residual dissociated fantasy. Kathy, for example, had a child alter personality named Anne. Kathy was amnesic for Anne's dissociated behavior. Hypnosis revealed Anne had been an imaginary playmate created when Kathy hid in a closet to avoid her abusing father. Following integration, Kathy was suddenly flooded with memories of the makebelieve world and fantasized relationship which had disappeared when the dissociation began.

Kathy's father hated women and clearly favored her brothers. One of Kathy's fantasies was that she could be a boy and not be subjected to abuse. Kathy developed Tim, a boy alter personality, who denied abuse and was therefore not only immune to father's sadism, but who felt he was one of father's favorites. Kathy recalled this forgotten fantasy only late in the course of treatment, during an abreaction. Further, Tim's integration was achieved when Kathy delivered her only baby boy. Tim was perceived as having "entered into" the baby; it had "all the right parts." This perception clearly reflects the defensive wish fulfillment of a forgotten fantasy.

A similar example of a repressed fantasy that returns to defensive functioning is described by Lichtenberg and Pao (1974). Their female patient developed a delusion of being Cleopatra when she was psychotically depressed. Later, during treatment, they discovered that as an adolescent, she harbored the fantasy that she was Cleopatra to compensate for enormous feelings of inadequacy. In her later delusion the early fantasy became operative as a fixed delusional structure. What began as fantasy was repressed and subsequently re-emerged as a psychotic "reality" for her in the service of defense.

Another patient, Janet, was repeatedly abused by a grandfather who forced her cousin to sexually molest her and put sticks into her vagina. The patient dissociated at the time into a child alter personality, Susie, who remembered the abuse. Susie decided if she had no body, her cousin would not hurt her. Susie imagined she had no body but only her head. The fantasy she had no body to hurt, led to a dissociation of all perceptions of her body and the belief that she avoided pain and her cousin could not hurt her. This mechanism shows the interplay of reality and fantasy in a dissociative defense. Through fantasy, Susie has no body and no pain. Simultaneously, the reality of her torture was recognized as the source of this adaptation. Dissociative defenses



adopted her wishful fantasy to solve a brutal experience and its memory.

Another woman lost a twin sister at birth. She developed an alter personality identified as the lost twin. The patient described a close attachment to this twin while in utero and even described having "water fights." Clearly this introduces the element of fantasy into her belief that she had a relationship with her dead twin.

Yet another patient presented an alter personality that reportedly could talk to birds. With integration the patient recalled that as a child she used to imagine she could talk to birds when she wandered through a nearby forest to find solitude.

The literature reports numerous examples of this sort. Congdon, Hain, and Stevenson (1961) report the transition from role playing, in their case, Betty. Betty had an imaginary playmate, Elizabeth, who lasted well into high school. As an imaginary playmate, Elizabeth would "do the things that she herself was forbidden to do" (p. 500). Eventually the fantasized playmate disappeared and Elizabeth emerged as a dissociated alter personality.

Alter personalities of adult patients often report that they were instantaneously precipitated by a particular trauma while the patient often has little recollection of the presence of a pre-existing fantasy corresponding to the alter personality's description. One patient, for example, reported several of her alter personalities as having "fallen out" after the witnessing of a particularly traumatic event. This is the "big bang theory" of the instant origin of alter personalities in multiple personality disorder, which is contrary to the possibility suggested here that alter personalities evolve gradually, often as derivatives of established childhood fantasies already present. Clearly, neither theory precludes the operation of the other as well.

In some cases it may be accurate that alter personalities emerge spontaneously, especially after dissociative defenses have become well established and frequently utilized by patients subjected to severe abuse. One needs to remain wary, however, that the patient's first recollections may be subject to distortions caused by the disorganizing effects of on-going trauma and the dissociation of the early fantasy life. The notion of the instant precipitation of an alter personality may, at times, simply be an artifact of recall.

## TRANSITION IN THE DISSOCIATION OF FANTASY

Examining children in transitional stages in the development of this disorder lends support to the view that multiple personality reflects the gradual crystallizing of a fantasy that is amalgamated with dissociative defenses. Sixteen year old Michelle would dissociate and perceive herself as entering a yellow room in her head where she pretended she was kept company by four imaginary playmates. Further investigation revealed that, as a child, Michelle was locked for hours in a yellow room and had made up her imaginary friends. Michelle remembered her imaginary playmates and saw them when she withdrew "in her head," but she "went to sleep" and was amnesic when they emerged. Here the pre-existing fantasy was apparent even to Michelle, but the fantasy began

reappearing as dissociated alter personalities while Michelle was "asleep."

Kluft (1985a, b) describes eight year old Tom, who could "space out," but remain aware of partially dissociated alter personalities. One, Marvin, was based on the character Captain Kirk of the TV series "Star Trek," and on the TV series character "Hulk." Marvin also represented Tom's father. Another alter personality was derived from Mr. Spock, who was also identified with his mother. Two female alter personalities had names taken from "The Flintstones." The use of fantasy is clearly apparent despite the fantasized characters being identifications with real characters in the child's life. Tom gives us a glimpse of the transition of his fantasies becoming dissociated mental structures.

Another example shows the transition of an imaginary companion into a dissociated alter personality. An 11 year old girl treated by the author recalled making an imaginary friend when she was five. "I needed a friend then, but now she is real!" She stated that the alter personality remained five years of age because it was less embarrassing to "act immature when you're five." The patient's mother also suffered from multiple personality disorder. When one of the mother's child alter personalities presented to the five year old alter personality of the daughter, the child began to speak with the lisp of the mother's child alter personality. This shows the imitation and modeling that can be incorporated into children's alter personalities when their system is more impressionable and less fixed. This girl showed further use of fantasy when the five year old daughter showed how she could "be" any age. She then presented her 5 year old alter personality at her own age of 11, at age 36 and the age of the author, in his 40s. The apparent maturity of the alter personality's presentation at each age changed during this demonstration, but she maintained the lisping speech incorporated from her mother. This child recalled the original fantasy of the imaginary friend, and could remain co-conscious during the switches if she were not stressed. If stressed, she was amnesic for the behavior of the dissociated state. In casual moments she could change characteristics of her five year old alter personality to the point at which the 11 year old version was only distinguished by her lisp. Finally, this girl demonstrates the evolution of a fantasized playmate into a "real" believed in personality that, while showing a residual fluidity in character, was achieving a relatively stable internal structure.

In some instances the fantasies may not be based on imaginary companions, but upon other imaginary figures. Nonetheless, it is significant that imaginary companions are frequently forgotten precursors of subsequent alter personalities. Pines (1978) reports that up to 65 percent of normal children have invisible companions. Bliss (1984) found 8 percent of alter personalities "represented early imaginary playmates" (p. 142). Bliss goes on to note that the process "begins with realistic imaginary companions who are consciously known" (p. 139), but the multiple personality begins "at the point of partial or complete amnesia" (p. 139). Bliss goes on to state that all multiple personality states are "obviously imaginary constructs" (p. 140).

One surprising finding is Kluft's (1984b, 1985b) report of

five children with multiple personality, four of whom were stated to have no "currently active" imaginary companions. This finding may only reflect the small size of the sample or may support the idea that as fantasies are dissociated, they are forgotten and the memory unavailable to the child to report. Further, "currently active" may not mean no memory for previous imaginary companions. Kluft (1984b, 1985b) speculated that a transition from imaginary companion to alter personalities had occurred.

The ability to use fantasy in this way is of more than a little interest, especially when one sees the realistic way in which some children may perceive their imaginary friends. Wilson and Barber (1983) report an interesting group of normal subjects they refer to as fantasy prone personalities. This group is of interest because it represents a subgroup of the population who appeared relatively well adjusted, were highly hypnotizable and had an extensive and vivid fantasy life that was as "real as real" (p. 340). They often had trouble differentiating between their fantasies and reality. One woman, as a child, for example, pretended she was a princess, and then felt she was "a princess pretending to be an ordinary child doing things ordinary children do" (p. 347). Another woman, at 11 years of age was "lost" in a "fantasy in which she was walking with her imaginary pet lamb through an imaginary meadow . . . concentrating on stepping with deliberately high steps through the tall grass. She was startled out of her fantasy by the sounds of automobile horns. She was shocked to find herself surrounded by heavy traffic in the middle of a busy city street" (p. 348). This population is characterized by the profound intensity of their fantasy life. Memories are perceived as being relived in all sensory modalities rather than being simply remembered. Further, they had imaginary companions, some developed amnesias, many were prone to somatic memories and reported numerous dissociations and out-of-body experiences. This group comprises about 4 percent of the population, which is about the same percentage of people who are very highly hypnotizable subjects. This raises the question whether the population they studied contains the pool of individuals at risk for the development of multiple personality disorder if a sufficiently traumatizing environment exists during their formative years, an issue addressed by Kluft (1984a).

### VALIDITY OF ABUSIVE MEMORIES

The vividness with which fantasies may be elaborated in hypnosis is a well known phenomena and may be as believable and intense as the recovery of traumatic memories recollected by patients in hypnosis. Further, fantasies which may be elaborated in hypnosis or dissociated states may be equally believable to the patient because of the suspension of critical judgement which often occurs (American Medical Association, 1986; Orne, 1979).

The American Medical Association (1986) found that information retrieved during hypnosis may well be confabulation and pseudomemory as well as enhanced memory and the lifting of amnesia for real events. Care must be taken in the interpretation of hypnotically retrieved memories, particularly in forensic settings. Orne (1979) describes implant-

ing memories in subjects in trance states and demonstrating that, when the subject emerges from hypnosis, these "memories" are convincingly believed to have occurred. This suggests that suggestive influences may shape the picture seen when multiple personality disorder is investigated with hypnosis. One patient, for example, manifested an alter with no name. Upon hearing a hospital staff member say, "open Sesame" in an unrelated context, the patient's alter assumed the name Sesame. While this does not negate the traumatic origin of the patient's illness, it illuminates the many shaping influences that can mold the final clinical picture.

It needs to be emphasized, however, that the ability of fantasy to achieve a sense of reality is not an indication that the traumatic abuses recalled by patients with multiple personality disorder are fabricated or made-up. What is important to recognize is that the fantasy elaborations that are connected with dissociated states in these patients are efforts at restitution and represent attempts at mastering traumatic experiences through the use of imaginative solutions. This paper is examining the use of fantasy as it participates in the formation of the clinical picture of multiple personality disorder and is not intending to cast doubt on its traumatic origin.

The verification of the abuse may be difficult for a variety of reasons. Parents are often reluctant to acknowledge the abuse of children. The mother of one of the author's patients, for example, initially denied that her husband was abusive. On further questioning, however, she stated that living with her husband was like "walking through a mine field." When confronted by the patient, the mother admitted a recollection in which the father broke the mother's back when he pulled her backward over a chair.

Many investigators, however, have already clearly documented that repeated and prolonged sexual and physical abuse is a precursor to the dissociation in patients with multiple personality disorder (Bliss, 1980, 1984b; Bowman, Blix & Coons, 1985; Coons & Milstein, 1984; Putnam, Guroff, Silberman, Silberman, Barban, & Post, 1986; Saltman & Solomon, 1982; Spiegel, 1984; Wilbur, 1984).

Further, attempts at fabricating the symptoms of multiple personality disorder in experimental situations have failed to reproduce clinically convincing syndromes of the disorder. Harriman (1942, 1943) demonstrated automatic writing and secondary personalities (Harriman, 1943) in hypnotized test subjects who appeared to fantasize a personal history. He concluded that he could produce "some phenomena related to multiple personality" (Harriman, 1942, p. 244). Leavitt (1947) was able to have a subject name his bad side in hypnosis, but did not produce multiple personality disorder. Kampman (1976) age regressed highly hypnotizable subjects back to an age before their birth when they were someone else "to create a secondary personality" (p. 220). Spanos, Weekes and Bertrand (1985) published an interesting study showing that college students enacting roles of defendants undergoing psychiatric examination could learn to simulate a second personality by following cues given by an experimenter posing as a psychiatric examiner without the student's knowledge of what outcome was



to be expected. Inquiry was made of the students to talk to another part of themselves and to learn the part's name. This study is provocative in showing the shaping of behavior that can occur in a social context, but fails to show a persistent disorder of dissociation such as multiple personality disorder. Examination of these studies does show that some phenomena seen in multiple personality disorder can be artificially produced or simulated in experimental conditions. Further, except for Spanos, Weekes and Bertrand's (1985) study of role playing, the studies revealed phenomena that are hypnotically dependent, and all studies showed phenomena that were impoverished and lacking the stability and conviction of those symptoms seen in multiple personality disorder. Beyond this, however, no studies have used control subjects consisting of highly hypnotizable and abused children or adults which would be more appropriate to match with patients suffering multiple personality disorder. Bliss (1984a, b) created an artificial personality, "Dr. Bliss," in an attempt to provide a helpful alter that would function in his absence. Despite this alter emerging upon request, it provided no internal assistance, complained of the crowding and had no psychodynamic relevance, and therefore was of little usefulness to the patient.

Braun (1984b) argues against the iatrogenic formation of clinical multiple personality disorder. Braun notes that many patients present with a well established history of switching and multiple personalities prior to any treatment or hypnotic intervention. He states only 4 of 59 cases of multiple personality disorder he had diagnosed by 1980 had been hypnotized prior to his making the diagnosis. In addition, he notes hypnosis facilitates the expression of existing personality states while experimental procedures create fragmented manifestations easily distinguished from "full-blown personalities" (p. 194) with highly organized persistent features. Kluft (1982) offered similar observations.

### STRUCTURALIZATION OF FANTASY

In looking at the evolution of fantasy in childhood personality disorder, it appears in some cases that we find a specific sequence of fantasy formation followed by the gradual dissociation of the fantasy. This process is followed by the later re-emergence of a derivative of the fantasy forming part of the clinical picture of multiple personality disorder. The material is now forgotten by the patient as being part of a prior fantasy life, and operates as a defensive structure with relative autonomy. It may well be that states of dissociation initially occur separately at moments of abuse and later incorporate fantasies of restitution for defensive purposes.

This gradual evolution of alter personalities is a process I term the structuralization of fantasy. The structuralization of fantasy is accompanied by dissociated activity, but clearly this activity is not limited to fantasy but includes the dissociation of the entire traumatic memory with its affects, sensorimotor components, distortions and associations as well. Braun (1984a), Braun and Sachs (1985), Kluft (1984b, 1985b, 1985c), Bliss (1980, 1984a), and Fagan and McMahon (1984), have all described the evolution of alter personalities in a gradual, rather than an instantaneous fashion.

Trauma in children may initially produce an instantaneous dissociative state of withdrawal, but not an alter personality. Repeated entry into states of withdrawal provides a dissociated substrate in which a fantasized system can become organized into a more permanent structure. The personality system evolves slowly as it is organized into these dissociated substrates and is separated by amnesic boundaries. This is akin to the hypothesis of state dependent learning that has been proposed by others (Ludwig, et al., 1972; Braun, 1984a). These boundaries provide the separation needed for the increasing structuralization of fantasy that progresses from childhood varieties of multiple personality disorder to the clinical picture seen in adulthood with its forgotten fantasies. These evolving states of dissociation become increasingly structuralized by the assimilation of either fantasy elaborations, identifications with real or imagined people in the child's life, or, more likely, a combination of both. The fantasies begin as a conscious attempt at mastery and gradually become internalized into fixed mental structures that function increasingly independently.

### DISSOCIATIVE WITHDRAWAL

The concept that there is an initial defensive state of withdrawal gains support from observations of adults who dissociate following a severe trauma. Traumatic experiences in adults generally do not produce multiple personality disorder but rather states of catatonic withdrawal, out-of-body experiences, fugue states, or psychogenic amnesias. They are unaccompanied by the complex fantasy elaborations seen when children are exposed to continuing trauma. One patient accidentally struck her head on the bedboard during an abreaction and instantly entered into a dissociated state of withdrawal without any alter personality emerging. In other instances, patients who are discussing painful material drift into trance states with no alter personality emerging.

In children, Fraiberg (1982) has described dissociative defenses, closely resembling dissociated states, in young children who do not develop multiple personality disorder. Emde (1971) has observed infants enter a state of withdrawal following circumcision. It would seem, then, that a dissociative process occurs independently, which in some instances becomes available for the incorporation of fantasy, with the subsequent evolution of dissociated personality structures.

Others have postulated that dissociated states occur following alterations in consciousness. Bliss (1986) writes that the primary pathology in multiple personality disorder occurs when trauma leads the patient to enter a state of self-hypnosis with its capacity for dissociated and hysterical symptomatology. He writes, "The multiple personality syndrome is probably the most extreme example of spontaneous self-hypnosis" (1986, p. 66). He further elaborates his thesis of the central role of self-hypnosis when he notes, "The syndrome of multiple personality begins in childhood, usually as a defense against physical, sexual, or psychological abuse. The prime mechanism appears to be spontaneous self-hypnosis, which creates amnesias, an unconscious repository, personalities, and many other symptoms" (p. 162).

Breuer (Breuer & Freud, 1895) also postulated that one

mechanism for hysterical symptoms was the presence of a "hypnoid state." An idea becomes pathogenic when it occurs during a hypnoid state rather than during normal consciousness. In this instance it was the mental state during which an event occurred that determined the outcome and not the traumatic nature of the event. Breuer states, "The hypnosis-like state is repeated again and again when the same circumstances arise; and the subject, instead of the normal two conditions of mind, has three: waking, sleeping and the hypnoid state" (Breuer & Freud, 1985, p. 219). The concept of dissociative withdrawal accompanied by attempts at mastery through dissociated fantasy was also anticipated when Breuer and Freud (1895) remarked: "that in hysteria groups of ideas originating in hypnoid states are present and that these are cut off from associative connection with the other ideas, but can be associated among themselves, and thus form the more or less highly organized rudiment of a second consciousness" (p. 15).

It is beyond the intent of this paper to define the differences between such concepts as hypnoid states, hypnosis and dissociation. Breuer (Breuer & Freud, 1985), himself, avoided this dilemma. "I speak of hypnoid states rather than of hypnosis itself because it is so difficult to make a clear demarcation of these states" (p. 219). It may be possible, however, to see the multitude of similar characteristics that hypnotic and dissociated states share and still see hypnosis as one form of dissociated process while reserving conceptually

the defense of dissociation as one compelled by the dynamic pressure of internal conflict, and therefore relatively more resistant to change than phenomena presented in hypnosis, which may be more readily reversible and available for conscious inspection.

There remains the intriguing question of the extent to which dissociated fantasies may continue to evolve despite their dissociated state. Observations that multiple personality changes during its life history and that early alter personalities in children initially seem not to be persecutory and aggressive, but develop new characteristics with the passage of time, suggest that even unconscious fantasy can evolve significantly (Braun, 1984a; Kluft, 1985c; Bliss, 1984a).

## CONCLUSION

This paper has examined children's fantasies of mastery as they are utilized in the formation of multiple personality. It is suggested that the structuralization of fantasy is a critical step in the defensive establishment of dissociated structures in multiple personality disorder. Early fantasies are forgotten by the child as they are repressed and connected to dissociated states of withdrawal. The derivatives of these early fantasies re-emerge, forming the basis of much of the overt symptomatology as the clinical syndrome of multiple personality disorder develop. ■

## REFERENCES

- American Medical Association Council on Scientific Affairs (1986). Scientific status of refreshing recollection by the use of hypnosis. *Journal of the American Medical Association*, 254, 1918-1923.
- Beres, D. (1962). The unconscious fantasy. *Psychoanalytic Quarterly*, 31, 309-328.
- Bliss, E.L. (1980). Multiple personality: A report of fourteen cases with implications for schizophrenia and hysteria. *Archives of General Psychiatry*, 37, 1388-1397.
- Bliss, E.L. (1984a). Spontaneous self-hypnosis in multiple personality disorder. *Psychiatric Clinics of North America*, 7, 135-148.
- Bliss, E.L. (1984b). A symptom profile of patients with multiple personalities including MMPI results. *Journal of Nervous and Mental Disease*, 172, 197-202.
- Bliss, E.L. (1986). *Multiple personality, allied disorders, and hysteria*, New York: Oxford University Press.
- Bowman, E.S., Blix, S., & Coons, P.M. (1985). Multiple personality in adolescence; relationship to incestual experiences. *Journal of the American Academy of Child Psychiatry*, 241, 109-114.
- Braun, B.G. (1984a). Towards a theory of multiple personality and other dissociative phenomena. *Psychiatric Clinics of North America*, 7, 171-193.
- Braun, B.G. (1984b). Hypnosis creates multiple personality: myth or reality? *International Journal of Clinical and Experimental Hypnosis*, 32, 191-197.
- Braun, B.G. & Sachs, R.G. (1985). The development of multiple personality disorder: predisposing, precipitating and perpetuating factors. In R.P. Kluft (Ed.), *Childhood antecedents of multiple personality*. (p. 37-64). Washington, DC: American Psychiatric Press.
- Breuer, J. & Freud, S. (1955). Studies on hysteria. *Standard edition of the complete psychological works of Sigmund Freud*, Vol. 2, pp. 1-312). London: Hogarth Press. (Original work published 1895).



- Congdon, M.H., Hain, J. & Stevenson, I. (1961). A case of multiple personality illustrating the transition from role playing. *Journal of Nervous and Mental Disease*, 132, 497-504.
- Emde, R. (1971). Stress and neonatal sleep. *Psychosomatic Medicine*, 33, 491-497.
- Fagan, J. and McMahon, P. (1984). Incipient multiple personality in childhood. *Journal of Nervous and Mental Disease*, 172, 26-36.
- Fraiberg, S. (1982). Pathological defenses in infancy. *Psychoanalytic Quarterly*, 41, 612-635.
- Freud, S. (1953). The interpretation of dreams. *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 4 & 5, pp. 1 - 686). London: Hogarth Press. (Original work published 1900)
- Freud, S. (1955). Beyond the pleasure principle. *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, pp. 3-143). London: Hogarth Press. (Original work published 1920)
- Freud, S. (1959). Hysterical fantasies and their relation to bisexuality. *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 9, pp. 159-166). London: Hogarth Press. (Original work published 1908)
- Freud, S. (1966). Sketches for the "preliminary communication." *Standard edition of the complete psychological works of Sigmund Freud* (Vol.1, pp. 1-312). London: Hogarth Press. (Original work published 1893)
- Harriman, P.L. (1942). The experimental production of some phenomena of multiple personality. *Journal of Abnormal and Social Psychology*, 37, 244-255.
- Harriman, P.L. (1943). A new approach to multiple personality. *American Journal of Orthopsychiatry*, 13, 638-643.
- Kampman, R. (1976). Hypnotically induced multiple personality: An experimental study. *International Journal of Clinical and Experimental Hypnosis*, 24, 215-227.
- Kluft, R.P. (1982). Varieties of hypnotic interventions in the treatment of multiple personality. *American Journal of Clinical Hypnosis*, 24, 230-240.
- Kluft, R.P. (1984a). Treatment of multiple personality disorder: A study of 33 cases. *Psychiatric Clinics of North America*, 7, 9-29.
- Kluft, R.P. (1984b). Multiple personality in childhood. *Psychiatric Clinics of North America*, 7, 121, 134.
- Kluft, R.P. (1985a). Hypnotherapy of childhood multiple personality disorder. *American Journal of Clinical Hypnosis*, 27, 201-210.
- Kluft, R.P. (1985b). Childhood multiple personality disorder: Predictors, clinical findings, and treatment results. In R.P. Kluft, (Ed.), *Childhood antecedents of multiple personality*, Washington, DC: American Psychiatric Press.
- Kluft, R.P. (1985c). The natural history of multiple personality disorder. In R.P. Kluft, (Ed.), *Childhood antecedents of multiple personality*, Washington, DC: American Psychiatric Press.
- Leavitt, M.C. (1947). A case of hypnotically produced secondary and tertiary personalities. *Psychoanalytic Review*, 33, 274-295.
- Lichtenberg, J.D. & Pao, P. (1974). Delusion, fantasy and desire. *International Journal of Psychoanalysis*, 55, 273-281.
- Ludwig, A.M., Brandsma, J.M., Wilbur, C.B., Bendfeldt, F., & Jameson, D.H. (1972). The objective study of a multiple personality. *Archives of General Psychiatry*, 26, 298-310.
- Orne, M.T. (1979). The use and misuse of hypnosis in court. *International Journal of Clinical and Experimental Hypnosis*, 27, 311-341.
- Pines, M. (1978). Invisible playmates. *Psychology Today*, 12, 28-38.
- Putnam, F.W. (1985). Dissociation as a response to extreme trauma. In R.P. Kluft, (Ed.), *Childhood antecedents of multiple personality*, Washington, DC: American Psychiatric Press.
- Putnam, F.W., Guroff, J., Silberman, M., Silberman, E.K., Barban, L., & Post, R.M. (1986). The clinical phenomenology of multiple personality disorder: Review of 100 recent cases. *Journal of Clinical Psychiatry*, 47, 285-293.
- Saltman, V., Solomon, R. (1982). Incest and multiple personalities. *Psychological Reports*, 50, 1127-1141.
- Spanos, N.P., Weekes, J.R., Bertrand, L.D. (1985). Multiple personality: A social psychological perspective. *Journal of Abnormal Psychology*, 94, 362-376.

- Spiegel, D. (1984). Multiple personality as a post-traumatic stress disorder. *Psychiatric Clinics of North America*, 7, 101-110.
- Wilbur, C. (1984). Multiple personality and child abuse. *Psychiatric Clinics of North America*, 7, 3-8.
- Wilson, S., Barber, T.X. (1983). The fantasy-prone personality; implications for understanding imagery hypnosis, and parapsychological phenomena. In *Imagery: Current theory, research and application*. New York: John Wiley and Sons.
- Young, W.C. (1988). Psychodynamics and dissociation: All that switches is not split. *Dissociation*, 1, 33-38.