

# MULTIPLE PERSONALITY DISORDER AS SEEN FROM A SOCIAL CONSTRUCTIONIST VIEWPOINT

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## ABSTRACT

*This paper proposes that the perspective of social constructionism provides fertile theoretical grounds to comprehend and appreciate the phenomenon of multiple personality disorder (MPD). From a social constructivist standpoint, the manifestations of MPD are constricted by local and historical constructions of the self. It is suggested that the independent and separate self characteristic of some western cultures, and especially its magnification in the last three centuries, has created the necessary background for the development and unfolding of a disorder such as MPD. It is proposed that in cultures where the self is collectivist and interpersonal in orientation, a disorder such as MPD will be rare or non-existent. Also, social constructionism posits that culture will restrain the presence of high-risk situations that facilitate the development of MPD. It is proposed that MPD should be studied at a local and historical level, and that we should doubt the notion that MPD is an atemporal and universal phenomenon.*

## INTRODUCTION

Multiple personality disorder (MPD) is not a culture-bound condition of the continental United States. Past and recent research demonstrate that MPD has been detected in the Netherlands (Boon & Draijer, 1991), Canada (Ross, Norton, & Wozney, 1989), Puerto Rico (Martínez-Taboas, 1989, 1990a), India (Adityanjee, Raju, & Khandelwal, 1989), Italy (Morselli, 1930), France (see Fine, 1988), Japan (see the cases mentioned by Takahashi, 1990), etc. Although this type of data appears to sustain the idea that MPD transcends nations and culture, it seems to me that such a conclusion is premature.

In this paper I will argue that there are sound reasons to question the universalistic position. I will advance a reasonably cogent case to defend the view that the development of MPD is unlikely to occur in some cultures and societies. To support my position I will adopt a social constructivist approach throughout the article.

According to constructionism, a wide variety of personal experiences (e.g., emotions, attitudes) are mainly determined by systems of cultural belief. It differs from natural-

ism in that it regards emotions and other constructs not as natural responses elicited by natural features which a situation may possess, but as socio-culturally determined patterns of experience and expression which are acquired, and subsequently manifested in specifically social situations. In terms of this paper, I will highlight the way in which culture and consciousness make each other up (i.e., form constructions). It is a basic tenet of constructionism that the processes of consciousness may not be uniform across the cultural regions of the world (see Ward, 1989).

## CULTURE: DOES IT HAVE A PLACE IN MPD?

A growing literature has studied the importance of cultural factors in understanding and assessing psychopathology (Fabrega, 1989; Harré, 1986; Kleinman, 1988; Kleinman & Good, 1985; Obeyesekere, 1990; Tseng & Dermott, 1981). It is considered established that diverse cultural influences not only alter the course, prognosis and phenomenology of the psychopathologies, but they also create the essential conditions for the appearance of exotic and rare conditions—the so-called culture-bound syndromes (Friedmann & Faguet, 1982; Simons & Hughes, 1985). Numerous examples could be cited, such as the following:

- (a) alcoholism, drug abuse, and suicide become major mental health problems during periods in which traditionally oriented populations are modernized rapidly (Lin, Kleinman, & Lin, 1982)
- (b) anorexia nervosa and bulimia, well-known psychopathologies in the Western world, are nearly non-existent in many Oriental and Asian countries (Yates, 1989)
- (c) the clinical course of schizophrenia is markedly better for patients in the less developed countries, and worse for those in the industrially most advanced societies (WHO, 1979)
- (d) numerous studies of depressive symptomatology in non-Western cultures allude to the reduced frequency or absence of psychological components of depression and the dominance of somatic aspects (Marsella, Sartorius, Jablensky, & Fenton, 1985)

Additional examples could be cited. I agree with the position expressed by Kleinman (1988): "Mental health and illness, we may conclude, are inseparable from the social world" (p. 63).

Given that culture transforms a vast array of personal experiences, meanings, and psychopathologies, what is the import of this phenomenon for the study and analysis of MPD? In this paper I will present three significant ways in which culture could exert a direct effect on MPD by influencing the self, patterns of abuse, and aspects of dissociation.

## THE SELF

Many social researchers have remarked that the self can be considered an interpersonal creation (Baumeister, 1987; Cushman, 1990; Markus & Cross, 1990; Shweder & Miller, 1985; Triandis, 1989). Vygotsky (see Wertsch, 1985) was one of the first to emphasize that human consciousness is a product of social history. Luria (1976) elaborated Vygotsky's thesis and concluded that: "The perception of oneself results from the clear perception of others and the processes of self-perception are shaped through social activity, which presupposes collaboration with others and an analysis of their behavioral patterns. Thus the final aim of our investigation was the study of how self-consciousness is shaped in the course of human activity" (p. 19). Kelly (1955), Mead (1934), and Geertz (1973) insist that an individual becomes an object to himself only by taking toward himself the attitudes other individuals manifest toward him within a social environment in which both he and they are involved.

More recently, social constructionists have paid particular attention to the vast differences in the construction of the self in diverse cultures and societies (e.g., Heelas & Lock, 1981; Marsella, DeVos, & Hsu, 1985; Shweder & Miller, 1985; Shweder, 1991; White & Kirkpatrick, 1985). For example, the bounded, masterful, unique, separated, and distinct self characteristic of Western society has slowly emerged during the last three centuries. Indeed, many Eastern and Asian cultures have a self that is totally different in qualities and relatedness. As Markus and Cross (1990) remark: "The Japanese experience of the self, for example, seems to include a sense of the interdependence and of one's status as a participant in a larger social unit. American culture, by contrast, does not value such an overt connectedness among individuals. It is based on a belief in the inherent separateness of individuals. A normative task of culture is to become independent from others and to discover and express one's unique attributes" (p. 599).

Triandis and his colleagues (Triandis, 1989; Triandis, Bontempo, Villareal, Asai, & Lucca, 1988), in their cross-cultural work on individualism and collectivism, have found that "in individualist cultures, there is emotional detachment, independency, and privacy for the child" (Triandis, et al., 1988, p. 325). In collectivist cultures, interdependence between parent and child is maximized by frequent guidance and socialization. Also, an essential attribute of collectivist cultures is that persons may be induced to subordi-

nate their personal goals to the goals of some collective; in individualist societies one is able to do one's own thing and get away with it.

The consequences for MPD of this type of conceptualization could be staggering. If the self is a social construction, then it follows logically that many different experiences of self will be found throughout the world and its history. From a social constructionist position, MPD is most likely to take preeminence in a culture where the self is viewed as unique, dynamic, different, and separate. In other words, MPD is more congruent with a culture in which the self is individualistic. In this type of culture the self is expected to be rich in phenomenology and separate in experience. Also, the self is supposed to develop multiple and specific roles (or possible selves—see Markus & Nurius, 1986). On the other hand, the self in many Oriental and Asian countries relegates the individual self and extols the interdependent and the social self, which is not a fertile ground in which a disorder of the self (such as MPD) might take root.

So, one of the most important predictions of social constructionism is that MPD will be found mostly in highly individualistic societies, where the self is viewed as autonomous and isolated. Perhaps it is not a coincidence that Triandis et al. (1988) have identified the United States and Canada as among the most individualistic societies in the world—precisely the two countries where there is an *epidemic* of MPD (Boor, 1982). On the other hand, the social constructionist thesis predicts that MPD will be rare or non-existent in collectivist societies. As I remarked elsewhere (Martínez-Taboas, 1990), maybe this is the reason MPD cases are apparently so rare in Japan.

Another topic deserving to be mentioned is that almost all the authorities on MPD acknowledge that prior to the nineteenth century, reports of MPD were rare. For an alternative perspective that maintains MPD is only the current expression of a phenomenon that has long been appreciated, see Kluft (1991). It is interesting to note that the scholars who have studied the emergence of the individualized self place its modern inception some three hundred years ago (Baumeister, 1987). Previous to that, awareness of the self was crude by modern standards, suggesting that self-knowledge was not regarded as an important problem. Baumeister (1987), in his historical research, has remarked that there was an expansion of the realm of the hidden self in the nineteenth century: "Thus, the task of self-knowledge was increased. As the size of the self was deemed greater, there was more and more of the self to know. One area of expansion was personality. During the nineteenth century, personality (rather than social rank and roles) came to be increasingly regarded as a, even *the*, central aspect of the self" (p. 166).

In summary, there is transcultural evidence and sophisticated theoretical work which posits that the self is not a natural *given*, but a social and cultural construct. As Cushman (1990) recently remarked: "There is no universal, transhistorical self, only local selves; no universal theory about the self, only local theories" (p. 599). The acknowledgment of our social embeddedness has been an important step for sci-

entific and therapeutic psychology, insofar as it has deepened our understanding of the complex interface of personal identity and social influence processes (Mahoney, 1991). And this important insight has the potential to contribute to our understanding of MPD. For, as some seeds cannot grow in sterile ground, so sophisticated alter personalities probably do not have a place in a self which is external and collectivist in orientation.

### CHILD SEXUAL AND PHYSICAL ABUSE

There is widespread agreement that MPD is a response to early physical and sexual abuse (Kluft, 1985; Ross, et al., 1991). From a social constructionist point of view, MPD will be an unlikely occurrence in a society where children are respected and valued. That such societies do exist is documented in Levinson's (1989) analysis of family violence in ninety small-scale and peasant societies. According to Levinson, physical punishment is rarely or never used in 27% of such societies.

Moreover, it is entirely possible that in some cultures where child abuse is practiced, a child would not create a dissociative world to cope with the situation. Angel and Thoits (1987) have reviewed a vast amount of literature that "clearly documents the fact that culture constrains the *perceptual, explanatory, and behavioral options* that individuals have at their disposal for understanding and responding to illness" (p. 465, italics mine). Perhaps the self in those cultures does not have the attributes to fragment itself, or maybe cultural meanings restricting its members to notions of *possible selves* are inconsistent with MPD (Markus & Nurius, 1986).

### DISSOCIATION

Dissociation is a psychological mechanism in which thoughts can be split off from the main stream of the personality and eventually develop some form of autonomy. From our vantage point, dissociation is a mechanism that is exquisitely and always mediated by cultural expectations. Cultural expectations influence the patient's perception, experience, expression, and pattern of coping with stressors. From a psychopathological standpoint, we can expect a wide margin of psychoplasticity in the contents and processes of the dissociative experience across cultures. This may explain why the MPD cases of India have some alien contents when they are compared to the Western ones (Adityanjee, 1990). It might also explain why, in 90% of the countries of the world, dissociative states are mostly evident as trance and possession states (Goodman, 1988). But, why is the self in Western societies more vulnerable to MPD, and in other countries to magic and possession? Kleinman (1988) argues that: "The rationalizing powers of modern secular Western society have either created or intensified a metasef—a critical observer who watches and comments on experience. By internalizing a critical observer, the self is rendered inaccessible to possession by gods or ghosts; it cannot faint from fright or become paralyzed by humiliation; it loses the literalness of bodily metaphors of the most intimate personal distress, accept-

ing in their place a psychological metalanguage that has the appearance of immediacy but in fact distances felt experience; and the self becomes vulnerable to forms of pathology (like borderline and narcissistic personality disorders) that appear culture-bound to the West" (p. 50 - 51).

So, once again culture appears to create a reciprocal relationship between the social world of the person and his body/self. And this mediating dialectic creates a wide variety of experiences. From a social constructionist standpoint, dissociative experiences, and MPD in particular, will be molded and shaped by the idioms of distress of a particular society.

### DISCUSSION

In this paper I have tried to suggest that the analysis of MPD can be fruitfully approached from a cultural and social constructionist perspective. What these approaches have in common is that they emphasize that psychiatric categories are rarely, if ever, universal and transhistorical. Constructionists argue that human experience is not universal, but local; that it is deeply rooted not in atemporality, but in temporality (Faulconer & Williams, 1985). As Cushman (1991) recently remarked: "Local, historical, and particular phenomena cannot be removed from either the data psychological subjects produce or the findings that researchers produce. Constructionists, therefore, suggest that psychologists should embrace the inevitable and study local, historical, and particular phenomena and the indigenous psychologies of the multitude of cultures on earth" (p. 208).

From this vantage point, it seems inevitable to think that MPD will maximally unfold: (a) in individualistic societies (such as Canada and the United States); (b) in countries where the self is autonomous and separate; (c) in cultures where child abuse and neglect are rampant; and (d) in those places where dissociative capabilities are primarily used to defend the individual self. In those other cultures where the self is collective and interpersonal in nature, where children are respected, and where dissociative states are split off into semiotic systems of gods, ghosts, or ancestors—then we should not be surprised if MPD is rare or even non-existent. In other words, it is reasonable to suspect that a disorder such as MPD will be greatly transformed by culture and that its incidence and prevalence will be dissimilar across countries. Why? Because culture, as the framework of reality perception, shapes both the inner conflict and symptom presentation of its members.

It is very pertinent to emphasize that if our analysis is correct, it does not follow that MPD is a *spurious* or *iatrogenic* psychopathology. Like agoraphobia, anorexia nervosa, bulimia, drug abuse, borderline personality, and many other psychiatric categories, MPD is constrained by history, culture, and biology. But, contrary to epilepsy or schizophrenia, disorders such as the above mentioned are exquisitely attuned to cultural idioms of distress and to disorders of the self. Cultural influences take a pre-eminent and powerful role in the outcome of such pathologies.

I hope that this constructivist analysis will bring to clin-

icians and researchers a salutary reminder that in the social sciences it is inappropriate to invest all our intellectual energies *psychologizing* or *biologizing* the subject. The human experience usually cannot be reduced to either of them. And this is so because a variety of subjective experiences — and dissociative disorders in particular—are inevitably influenced by linguistic—cultural interpretations of reality. And, if our analysis is correct, the historically situated magnificent self of the twentieth century is the most fruitful place for a psychopathology with the characteristics of MPD to unfold itself.

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