MULTIPLE PERSONALITY BEFORE "EVE"

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ABSTRACT

The history of the diagnosis and treatment of multiple personality during the 160-year period preceding The Three Faces of Eve *falls into two periods: the magnetic sleep period and the dissociation period. Using magnetic sleep techniques, early investigators learned to control switching and trust the patient for guidance in the treatment. Recognition of dissociation as a means of dealing with traumatic material by forming multiple psychic centers led to an effective psychotherapy for multiple personality disorder. The etiological role of child abuse was not acknowledged until modern times, but statistical evidence of sexual crimes against children in late nineteenth-century France may provide a fruitful area of future research. A scrutiny of historical cases raises questions about the univocalness of the concept of multiple personality. It also reveals data that have not yet been fully acknowledged by modern clinicians.*

INTRODUCTION

"The psychiatric manifestation called multiple personality has been extensively discussed. So too have the unicorn and the centaur" (Thigpen & Cleckley, 1954, p.1). With these words Doctors Thigpen and Cleckley opened the description of their treatment of a case of multiple personality that would soon become world famous. "Eve," whom we today know as Chris Costner Sizemore, was viewed by her therapists in 1952 as an example of a very rare condition. When one examines the scientific sources cited by Thigpen and Cleckley, it is clear that only one investigator really made an impression on them: Morton Prince, in his therapy of "Miss Beauchamp." That they could have thought that treatment of multiple personality had by and large not gone beyond the stage of speculation about unicorns and centaurs, shows how out of touch the psychiatric world of the 1950's was with a rich therapeutic tradition.

Although that deficiency has been somewhat corrected today, with historical essays by Greaves (1980, 1993), Alvarado (1989, 1991), Bowman (1990), Hacking (1991a, 1991b, 1992), Fine (1988), Kenny (1981, 1986), Van der Hart (1989), and myself (1985, 1986, 1992, 1993), to mention some, an overall history of the treatment of multiple personality disorder before the modern era — before "Eve" — has yet to be written.

The case of "Eve" was a turning point in the modern history of multiple personality. Not that the therapy carried out by Thigpen and Cleckley was innovative—it was not. The true importance of the case lies in the fact that the book and movie, *The Three Faces of Eve*, kindled the imagination of the public and sparked curiosity about the nature of this mysterious disorder. That was the beginning of a renewal of interest that suddenly burgeoned into full force in the late 1970s and early 1980s.

The case of "Eve" was the beginning of the modern era of the study of multiple personality disorder. In this article I would like to sketch the history of treatment of multiple personality disorder before "Eve," with the hope that it will make a contribution to a more complete history yet to be written. This is not meant to be a full account—or even a listing—of the multitude of cases that has occurred over the 160 years before 1952. Instead I would like to suggest a framework for understanding the evolution of our knowledge and treatment of multiple personality over that period, and relate a few cases that illustrate aspects of that evolution. I would also like to raise some questions that the study of this history provokes.

THE ALTERNATE-CONSCIOUSNESS PARADIGM

The date of the first detailed report of a case of multiple personality is 1791. An overview of the treatment of multiple personality from 1791 to 1952 suggests that there are two distinct periods. The first lasted from 1791 to 1880. During that time the only coherent theory of multiple personality was based on magnetic somnambulism or magnetic sleep. For that reason I will call it the *magnetic sleep period.* The second phase, from 1880 to 1952, began with a recognition of dissociation and the fact that an individual may be divided into any number of psychic centers arising as the psyche attempts to deal with traumatic experiences. I will call this second period the *dissociation period.*

We have to go back two hundred years for the begin-

ning of this story. In 1784 a discovery occurred that not only made it possible to recognize and treat multiple personality, it may even have made it possible for multiple personality to exist at all as a syndrome in our society (Crabtree 1985, 1993). In the spring of 1784 the Marquis de Puységur returned home to his estate near Soissons in France. He was fresh from a series of healing seminars taught in Paris by Franz Anton Mesmer, a famous and controversial Viennese physician. Using Mesmer's version of the laying on of the hands called "animal magnetism," Puységur needed only a few minutes to cure the toothaches of the daughter of his estate manager and the wife of his watchman.

Buoyed up by this success, he turned to a more difficult task. One of his workers, Victor Race, was ill with congestion of the lungs and fever. After moving his hands in the prescribed manner over Victor's body for a few minutes, Puységur was surprised to find that the young man fell peacefully asleep. He soon discovered, however, that this was not a normal sleep.Victor had slipped into an unusual state of consciousness: he was awake while asleep.

While in this state Victor showed some peculiar qualities. He was extremely suggestible and his personality changed so that his usual rather slow witted ways were replaced by a remarkable brightness and mental agility. Not only that, he seemed to be able to read Puységur's thoughts and was apparently able to diagnose his own illness and those of other people. He could also predict the course of the disease and prescribe treatment, often with great success.

To top it off, Victor showed strange quirks of memory. When he came out of this unusual state of consciousness, he retained absolutely no memory of what had occurred. Yet when in the new state, he had complete knowledge of both his waking state and every previous altered state.

Puységur decided to call this newly discovered state "magnetic sleep" (after "animal magnetism"). He likened it to naturally occurring sleepwalking or somnambulism, and so also called it "magnetic somnambulism" (Puységur 1784).

Magnetic sleep revealed a world of mental activity separated from normal awareness. It pointed to a second or alternate consciousness that possesses distinct personal qualities and a separate memory chain. What Puységur had discovered was that human beings are potentially divided and that mental events can occur in which the normal consciousness has no part. This state of divided consciousness became the basis for all modern psychotherapies that accept the notion of unconscious mental activity (Crabtree, 1993).

In fact, the discovery of magnetic sleep introduced a whole new paradigm for understanding the way the human psyche works. Before this time, if an individual suffered from a mental disturbance or disorder, there were only two paradigms available to explain it. Either the person was influenced by some external entity (as in possession or sorcery) or was suffering from some physical imbalance that affected the brain or nervous system. The explanation that posited an external intruding entity I call the *intrusion paradigm.* The approach that supposes an organic cause I call the *organic paradigm.* With the discovery of a second, alternate consciousness, a new explanation suddenly emerged: the disturbed person was being affected by mental processes outside his or her conscious awareness. This is what I call the *alternate-consciousness paradigm.* With this in mind it is easier to understand the first encounters with multiple personality and the treatment approaches that evolved.

MAGNETIC SLEEP PERIOD

It is intriguing that the first detailed account of multiple personality was published just seven years after Puységur's discovery of magnetic sleep. In 1791 Eberhard Gmelin wrote about a twenty-one-year-old Stuttgart woman who suddenly exhibited a personality that spoke perfect French and otherwise behaved in the manner of a Frenchwoman of the time. In that state she believed herself to be a native of Paris who had emigrated to Stuttgart because of the French Revolution. She would periodically enter these "French" states and then return to her normal German state. In her French state she spoke in elegant, idiomatic French, and when she attempted to speak German it was labored and hampered by a French accent. The two states had no direct knowledge of each other, but in her French state she had knowledge of all previous French states.

Gmelin immediately saw a parallel between these alternating states and magnetic sleep. He treated the woman's French state as the counterpart of magnetic somnambulism, and her German state as the counterpart of the normal waking state. Using magnetic procedures, he discovered that when he employed techniques for putting an individual into magnetic sleep, he was able to bring forward the French state. When she was in her French state and Gmelin applied procedures devised to bring someone out of magnetic sleep, the German state would come forward. In this way he was able to control the switching.

Another aspect of Gmelin's treatment was similarly based on experiences with magnetic sleep. I mentioned above that while magnetized, Puységur's subject was apparently able to diagnose his own illness, predict the course of the disease, and prescribe remedies. Many magnetizers developed an implicit trust in these utterances and looked to the ill individual as the principle architect of the treatment. Gmelin did the same thing, in that he asked the Stuttgart woman how these "attacks," as he called them, of alternating personality would proceed. She predicted the onset and ending of each attack with accuracy and also predicted when the cure would take place. As it turned out, the alternation of personality ceased at the time she said it would (Gmelin 1791). (Incidentally, the tendency of magnetizers to look to the somnambulistic subject for guidance in treatment puts one in mind of the inner-self-helper phenomenon of modern therapy.)

During the period between 1791 and 1880, many cases of dual personality may be found in the literature and practitioners of animal magnetism were very interested in them. Puységur himself speculated about the relationship between the state of artificial somnambulism (or magnetic sleep) and mental disorders in general. He successfully carried out a remarkably sophisticated psychotherapy with a young boy

afflicted with memory problems and fits of rage, and came to the conclusion that: "the insane, maniacs, the frenzied, and mad people are simply...disordered somnambulists (Puységur, 1813, pp. 39-40)." Similarly, in 1846 John Elliotson of University College Hospital in London stated: "Mesmerism produces no phenomenon that does not occur in nervous affections without mesmerism....It does produce all the most wonderful phenomena of all affections...of the nervous system (Elliotson, 1846, p. 157)." Of course, the naturally occurring disorder most easily related to magnetic sleep was multiple personality disorder.

It should be noted that while those steeped in the magnetic tradition were busy drawing fruitful parallels between magnetic sleep and multiple personality (e.g., Dewar (1823) and Mayo (1845), some who reported cases during this period did not make the connection, but were content to venture speculations about physiological causes, while attempting little treatment (e.g., Plumer (1860) and Jackson (1869).

In 1842 the Manchester physician James Braid rejected certain phenomena connected with animal magnetism and renamed it "hypnotism." From 1860 on Braid's nomenclature enjoyed wide acceptance in France, and when in 1876 Eugène Azam wrote about his newly discovered case of dual personality, he couched his explanation in terms of hypnotic states. He observed "Félida X" for three decades and described her two alternating states in many articles and two major works (Azam, 1887, 1893). Azam provided no treatment for Félida, but noted that over the years, her "secondary state," which had memories of both states, gradually gained the upper hand, so that the "primary state" showed itself only rarely. As the magnetizers before him, Azam described Félida's two states as the counterparts of the waking state and the state of artificial somnambulism. His work provided respectability among conventional medical colleagues for both hypnotism and the study of multiple personality disorder.

While treatment by magnetic sleep did enjoy some success during this first period (witness the treatment of the young "Estelle" by Dr. Charles Antoine Despine (1838; also Fine, 1988), a fully satisfactory treatment approach was not yet in place. Part of the problem was an imperfection in the theory. While the concept of an alternate consciousness that could be reached in magnetic sleep was a crucial step forward, it was lacking in two ways. First, although it very nicely explained *dual* personality, it could not easily account for *multiple* personalities. Second, it did not specify a precipitating cause of the disorder.

DISSOCIATION PERIOD

This brings us to the second great period in the treatment of multiple personality disorder before "Eve": the dissociation period. This period is characterized by two insights. The first is an awareness of dissociation and the fact that the psyche is capable of partitioning off segments of experience. The second is the discovery that dissociation often occurs in response to trauma, and that in the process any number of psychic centers may be formed. These insights provided the basis for understanding how it is possible to have *multiple* personalities and for pinpointing what causes the formation of the personalities.

Although it was Pierre Janet who, in the 1880's, developed the notion of dissociation as a mature psychological concept, awareness of dissociative phenomena preceded him by many decades. The concept of alienated parts of the psyche was alluded to by several magnetizers. August Roullier (1817) and Friedrich Fischer (1859) noted in some somnambulists a dissociated voice phenomenon that they identified as an external projection of a part of the psyche. Friedrich von Strombeck's somnambulist "Julie" hallucinated a helpful, advising figure whom she came to recognize as an externalized part of herself (Strombeck, 1814). Then there was the bizarre case reported by William James (1889) of a woman whose right arm became completely split off from her ordinary consciousness and functioned as a kindly guardian to the rest of the body. These and many other cases hinted that parts of the psyche could be separated off and experienced as alien to the normal self.

Then in the early 1880s the treatment of a case of male multiple personality was published that opened new vistas. Louis Vivé was twenty-two years old when he came under treatment by Drs. Bourru and Burot, professors at the medical school of Rochefort, France. Louis exhibited six distinct personalities, each with its own set of muscle contractions and anesthesias, and each with its individual group of memories. Each personality was tied to a particular period of Louis's life and held memories only for that period, except for one personality whose memories overlapped with four of the others. Personality 1 was violent and unruly. Personalities 2 and 3 were quiet and well educated. Personality 4 was shy, childlike in speech, and had the skill of a tailor but little education. Personality 5 was obedient, boyish and well educated. Personality 6 was the best balanced of them all, with a decent character, moderate education, good physical strength, and a memory for nearly all the events of Louis's life.

Bourru and Burot, who described their treatment in a landmark book called *Variations de la personnalité* (1888), used hypnotic regression to return Louis to the various periods of his past. In this way they were able to tie specific personalities to specific memories. Then they could control switching of personalities by inducing the memories of the different time periods. They considered this discovery to be of great importance, because it allowed retrieval and restoration of the blocked memories that caused the formation of each personality.

Bourru and Burot called Louis Vivé's states "variations of personality," seeing them as successive trance-like states. Their view was influenced by the great theorist of hypnotism, Hippolyte Bernheim, who noted that hypnotic states were merely special manifestations of altered states that people go into all the time. In a framework that makes one think of modern ideas about state dependent memory, Bernheim said that these various states become tied to memories of the specific events that occurred in those states. Bourru and Burot viewed Louis Vivé's personalities as successive hypnoid states of one individual, successive variations of one

personality.

Pierre Janet went a step beyond. Working with hysterics he developed the concept of "dissociation," demonstrating that some individuals can form several psychic centers, each of which carries its own personal traits and may initiate actions (Janet 1887). Janet called these dissociated centers "personalities" and considered them not merely successive variations of the personality, as posited by Bourru and Burot, but psychic centers that coexist, each thinking and reacting simultaneously with the others. Janet's work concentrated on hysterics, where the personalities coexist and operate on subconscious levels, only occasionally taking over from the normal consciousness in hypnosis or automatic writing. He discovered that the subconscious personalities of the hysteric were constructed in response to traumatic events that formed subconscious fixed ideas that became the seeds of the new personalities. As it turned out, Janet's system was equally effective for understanding and treating multiple personality disorder, in which the various personalities spontaneously emerge to interact with the world.

With Janet's work, the potentials of the alternate-consciousness paradigm were fully revealed. His alternate-consciousness psychotherapy served as the basis for the effective diagnosis and treatment of a variety of psychological disorders. From here on the dissociation/trauma model of psychotherapy is established and begins to show up in descriptions of cases of multiple personality.

Let me add in passing that the momentum of the alternate-consciousness paradigm, having provided an effective framework for explaining functional mental disorders in general and dissociative disorders in particular, lost ground with the rise of psychoanalysis. Valuable insights into dissociation and therapeutic integration were acknowledged by Breuer but for the most part ignored by Freud. For that reason, in the early decades psychoanalysts were not very interested in or adept at treating multiple personality disorder, a fact pointed out both by contemporaries (e.g. Hart 1926) and recent writers (e.g., Bliss 1986). I have taken up this issue at more length elsewhere (Crabtree, 1986, in press).

TREATMENT

Returning now to treatment of multiple personality, a study of cases reported in the dissociation period reveals that, as in the magnetic sleep period, some cases were merely observed, with no attempt to provide treatment—for example Félida X and Molly Fancher the "Brooklyn Enigma" (Dailey, 1894). However, many did attempt psychotherapy. It is not possible to do justice to these interesting cases. It will have to suffice to mention two: the "Miss Beauchamp" case of Morton Prince and the "Doris Fischer" case of Walter Franklin Prince.

Morton Prince, founding editor of the *Journal of Abnormal Psychology*, through his own work and articles published in his journal, contributed greatly to our understanding of the nature of dissociation. His "Miss Beauchamp" case of multiple personality was first mentioned in the *Proceedings of the Society for Psychical Research* in 1901 and then published in book form in 1905 as *The Dissociation of a Personality*. "Miss Beauchamp" (real name Clara Norton Fowler) had three principal personalities. There was BI, called the "saint," who was meek, religious, and dependent. Then there was BIV, called the "woman" and the "realist," who was strong, quick to anger, and self reliant. The third personality was "Sally," mischievous, breezy, and irresponsible. Sally was always coconscious with the other personalities and, according to Prince, was made up of fragments repressed from the main consciousness during childhood. Prince considered Sally to be a subconscious personality present from infancy who only took executive charge of the body much later in life. BI, the saint, was formed to "save" her mother from illness and unhappiness. BIV embodied personal qualities that were unacceptable to BI and emerged for the first time in the course of therapy.

Prince's treatment plan was simple: get BI and BIV to merge, and then force Sally back into the subconscious where she belonged. This would result in the "real" Miss Beauchamp and a completely unified life. By his own standards Prince was successful in his treatment and, writing more than twenty years later, claimed that the result was permanent and that Miss Beauchamp, like the princess in the fairy tale, was married and "lived happily ever afterward" (M. Prince, 1929, p. 208).

Walter Franklin Prince (no relation to Morton Prince) published a summary account of his therapy with Doris Fischer twelve years after Morton Prince's case study, and he published it in Morton Prince's journal (W. F. Prince, 1917). This article was preceded by a mammoth thirteen-hundred page treatise on Doris and her treatment (Prince & Hyslop 1915) and followed by another one thousand pages of psychical experiments done in connection with her case (Hyslop, 1917; W. F. Prince, 1923). This makes Doris Fischer by far the most massively documented multiple personality to date.

Doris had five personalities in all. The first was Real Doris, the "primary personality" who had disappeared for years at a time because of traumatic shocks. Real Doris was amiable and self-reliant. The second was Sick Doris, a personality without affect or initiative. The third personality was Margaret, a lively, mischievous sprite, somewhat reminiscent of Morton Prince's Sally. Like Sally, Margaret was coconscious with the other personalities. The fourth, Sleeping Real Doris, was actually a somnambulistic personality who appeared only when Doris was asleep. The most puzzling personality was called Sleeping Margaret. She was not, in fact, Margaret asleep, but a personality whose function was to protect Doris against harm and aid Prince in the conduct of his therapy (in the tradition of the inner healer of magnetic practitioners and the inner-self-helper of modern times). Interestingly, Sleeping Margaret also claimed to be a spirit and not a part of Doris (Prince & Hyslop, 1915, p. 14).

Doris had been encouraged in her ability to dissociate by her mother who loved to play what she called the "supposing" game with her daughter. The hours they spent together in shared fantasy, creating imagined adventures, heightened what seemed to be an unusual ability to dissociate.

The relationship between multiple personality disor-

der and childhood trauma is set out quite clearly in the course of Doris's treatment. Doris's father was a selfish and violent man who had a severe problem with alcohol. The first formation of an alter took place as a result of violence that he perpetrated on the three-year-old Doris. His violence was extreme and continued until Doris was twenty-two. The question of possible sexual abuse by the father cannot be confirmed or disconfirmed from the information given. Doris did, however, have a powerful aversion to being touched by anyone, even her beloved mother.

Walter Franklin Prince's approach to treatment was reminiscent of that of Morton Prince, with a few original twists of his own. Doris actually lived with Prince and his wife for most of the duration of the treatment, and Prince was able to make use of the unique therapeutic opportunities that arose. It became clear early on that hypnotism was contraindicated because of the perturbation it caused and, as it turned out, it was not necessary. Prince was able to use Real Doris's periods of sleep to implant suggestions to quiet her fears and induce helpful dreams. With the cooperation of Sleeping Margaret, Prince took measures that weakened Sick Doris and Margaret, while strengthening Real Doris. As Sick Doris and Margaret faded, they also regressed in age and lost more and more of their memories, which were transferred to Real Doris. As treatment progressed, Sleeping Margaret began to say that she was not needed as much any more and began to be absent for periods, apparently spending more and more time on "the other side" (the spirit world), where she claimed to be from. Finally, Real Doris attained continual consciousness, and the other personalities passed from sight, except for Sleeping Margaret, who would occasionally put in an appearance for a few minutes in the evening part of sleep.

SEXUAL ABUSE

Before closing this rapid sketch of the treatment of multiple personality before Eve, I would like to refer to a case that more directly raises the issue of sexual abuse. In 1926 the American psychologist Henry Herbert Goddard published a description of treatment carried out with a Bernice R., whom he diagnosed as having multiple personality (Goddard, 1926). Goddard's plan was to use hypnotism to try to fuse her two principal personalities. His approach was to put her in the trance in one personality and awaken her in the other. In the process Goddard also did a great deal of abreactive work with traumatic memories. Among them were Bernice's clear and persistent recollections of incest with her father. Goddard treated those memories as hallucinations, giving as his reason the fact that the incestuous acts purportedly happened at age fourteen but had not been mentioned until she was nineteen and a half. This indicates that Goddard was not really well acquainted with the nature of dissociation, and that he was stuck within widely held contemporary notions of hysterical sexual hallucination.

Goddard was not the first to allude to sexual abuse in the treatment of multiple personality disorder (e.g., Dewar, 1823). Nevertheless, the connection between childhood sexual abuse and multiple personality was not clearly made until the modern era. Even so, certain preliminary speculations may be offered regarding the role of childhood sexual abuse in the formation of multiple personality disorder in early times. For that let us return to the era of Pierre Janet.

It is impossible to know at this distance in time how many of the cases of hysteria treated by Janet or what portion of the hundreds of Charcot's hysterics at the Salpêtrière hospital were in fact multiples. In reading the case literature one suspects that MPD was fairly common in this patient population. But, for lack of information in the case material, if there is some strong relationship between MPD and sexual abuse, corroborating evidence will have to be obtained from another quarter.

That evidence may in fact be available. The data to which I refer are contemporary statistics about individuals charged with sexual crimes against children. Official statistics of the government of France show that between 1860 and 1890 there were 22,000 sexual crimes committed against children less than thirteen years old—this through a period when the population of France was around 37,000,000 (Thoinot, 1911; see also Tardieu, 1878). It seems to me that when one considers that these statistics refer to actual crimes brought to trial at a time when there was little legal sensitivity to children, one can extrapolate a very high incidence of childhood sexual abuse.

Could the apparently high incidence of childhood sexual abuse in France account for the large numbers of hysterics available for study and observation during this period? And could this also indicate a high incidence of MPD? These questions await a much more thorough study. Such a study might compare French statistics to those of England, where the incidence of hysteria in the same period seems much lower (as indicated, for example, by F.W.H. Myers's comment directed to Janet (Myers, 1903) that in England he could find no hysterics to study and so had to concentrate on dissociative phenomena produced by normal individuals in automatic writing).

QUESTIONS ARISING

If one looks closely at accounts of multiple personality over the past two centuries, certain questions come to mind. They can be summed up under one heading: is multiple personality a univocal concept?

In 1899 Theodore Hyslop wrote an article on "double consciousness" in which he distinguished seven types: 1) cases occurring in early life and preceded by night terrors, somnambulism, or both; 2) cases in which the abnormal state is preceded by profound sleep, and in which the normal state is only again reached after prolonged sleep; 3) cases resulting from accident injury or disease; 4) epileptiform cases; 5) insane cases; 6) hysterical anaesthetic cases; 7) cases involving possession. Hyslop's categorization seems to me to conform very well to the data, and I would like to use it as a framework for discussion.

Types 1 and 6 combined seem to very well cover cases that are now considered to be typical of multiple personal-

ity disorder. Type 2 is represented by the famous Mary Reynolds case (Mitchill 1816, Plumer 1860). Here the first onset was preceded by a severe convulsion and a long period of unconsciousness; later shifts between the two states occurred after long periods of sleep from which she could not be awakened. Type 3 is exemplified by the case of Hanna described by Boris Sidis (1905). In this instance the alteration began with a blow on the head and led to a secondary personality that was "deprived of most of his learned knowledge" and had to be reeducated in perception, speaking, eating, and social interaction. After a while the secondary personality was able to function competently. The two personalities were eventually merged. Other cases of this type were described by McCormack (1883), Dailey (1894), and Gilbert (1902). A Type 4 case is described by Trowbridge (1891). The case of Sõrgel (Feuerbach, 1846) illustrates Type 5. The "Doris Fischer" case is an example of Type 7.

Hyslop's distinction of types is based on the presenting symptoms. Even though the literature does not contain enough information to reach reliable conclusions about causes, a careful reading of the old cases of types 1-6 makes it difficult to believe that we are dealing with a single syndrome.

Type 7 cases create further puzzlement. For purposes of this discussion I would like to expand this category to include cases involving ostensible past-life personalities. And at this point we return to our point of departure—to "Eve."

In her recent book, *A Mind of My Own* (1989), Chris Sizemore relates the story of her final healing from multiple personality disorder under the guidance of Dr. Tony Tsitos. Since the integration of her twenty-four personalities, she has written two books (Sizemore, 1977, 1989), investigated the role of art in the healing process, promoted the cause of therapy by speaking on behalf of the Mental Health Association, and been the recipient of a number of awards. In *A Mind of My Own* she makes this startling statement: "Despite authorities' claims to the contrary, my former alters were not fragments of my birth personality. They were entities, whole in their own rights, who coexisted with my birth personality before I was born. They were not me, but they remain intrinsically related to what it means to be me (p. 211)." What are these entities? Past-life personalities.

Chris Sizemore is not unique among multiples in reporting that they experience some of their alters as past-life personalities. A number of therapists have informed me of this phenomenon in their patients. When these data are combined with reported instances of ostensible possession in connection with multiple personality disorder (see Crabtree, 1992), we are confronted with a great many Type 7 cases. This information seems to require more attention than it has so far received in clinical literature.

How often have those of us who read the old cases wished that the authors had asked more, gone deeper, given us greater detail. On the one hand, it simply did not occur to many investigators to probe into areas that we now consider important. On the other, some exercised a reflexive censorship, so that information presented by the patient was deliberately omitted on the basis of the author's prejudgment. An example of this is Goddard whose patient consistently spoke of incest with her father. He did not even mention that fact in his book about the case (Goddard, 1927), and he acknowledged it in a dismissive way in his technical paper (Goddard, 1926). It is important that we do not repeat the mistakes of past researchers by omitting to mention material brought forward by patients because we prejudge its significance. Today this is perhaps most likely to occur in regard to Type 7 phenomena.

Chris Sizemore remarks (personal communication, 1993) that there has been no response from clinicians nor reviewers to her statement that she experienced her personalities as past-life personalities. That is, to say the least, surprising. Whether one believes in the reality of past-life personalities or not, her report must be worthy of some kind of acknowledgement. Why would her description be ignored?

In 1991 Colin Ross drew our attention to a phenomenon he called the "cultural dissociation barrier," erected by a society or culture to keep unacceptable "part selves" from access by the "executive self." Ross identifies three dissociated part selves in our culture at large: 1. the receiver/transmitter for extrasensory and paranormal experiences, 2. programs responsible for running the physical body, and 3. the deep intuitive consciousness. Type 7 multiplicity experiences clearly fall under dissociated part self 1. I believe that clinicians working with multiple personality disorder have to make a special effort to refrain from the cultural dissociation that is going on all around them. That effort involves acknowledging reported experiences that are not broadly accepted by our society.

CONCLUSION

Treatment of multiple personality disorder before "Eve" took place in the context of a remarkably sophisticated psychotherapeutic tradition arising from the alternate-consciousness paradigm. Far from pursuing the psychological equivalents of unicorns and centaurs, as Thigpen and Cleckley thought, therapists of that 160-year period laid solid groundwork for the renewed and deepened knowledge of multiple personality that we enjoy today.

Although modern clinical practice tends to view multiple personality disorder as a single syndrome, a study of the history of the past two hundred years and a scrutiny of the data of the consulting room today raises questions about that perception. Those questions may be disconcerting for clinicians, since they threaten to introduce further complications into an already complex situation. Nevertheless, treatment of multiple personality will profit from any investigation that truly respects the data. ■

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