

## THE ARTIFACTUAL NATURE OF MULTIPLE PERSONALITY DISORDER

Comments on Charles Barton's  
"Backstage in Psychiatry:  
The Multiple Personality  
Disorder Controversy"

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Barton has attempted to provide a theoretical structure through which to criticize the article (Merskey, 1992a) in which I dismissed the concept of multiple personality disorder. His arguments develop partly from a study of what he describes as the behavioral aspect of the controversy reflected in the attitudes of different professionals. While this is an interesting topic, the position he takes is defensive in a special way. He seems to assume that critics of multiple personality disorder may be criticized, but practitioners of multiple personality disorder should be immune from objections to their behavior or notions. I have found the practice and views of many exponents of multiple personality disorder to be held in disrepute throughout the English speaking world of psychiatry by numbers of competent and experienced individuals. So, I can agree with Barton and the other authors, whom he cites, that the protagonists of the diagnosis of MPD can expect to encounter much hostility and resistance among those who object to their claims.

Barton's allegations that "some skeptical psychiatrists and mental health professionals do not always conduct themselves in a professional manner" is itself an ad hominem attack in an effort to defend a position whose logic is indefensible. In a current book review, Vize (1994), who accepts the diagnosis of MPD, notes the belligerent style of many authors who favor it and who show a tendency to label others as plainly unobservant. She notes, as well, a lack of "objective critical appraisal" of the aetiology of the alleged origin in childhood abuse.

It is unfortunate that professional topics, such as diagnosis and etiology are beset with this type of emotion. The fact that controversy exists, however, scarcely supports the claim that MPD is a valid diagnosis, and Barton ought to take more seriously the possibility that the MPD label reflects an ineffectual, even damaging, approach to medical treatment. The view is beginning to be put forward — with some significant support — that the diagnosis of MPD can be an act of professional negligence. Lawsuits on this theme are already in progress, as Barton may well be aware. When nursing staff and senior psychiatrists challenge practices which

give rise to the diagnosis of MPD, they can properly claim that they are trying to adhere to improved standards of practice and to prevent the wasteful misapplication of limited resources.

Barton is unfortunate in choosing the case of Sybil (Victor, 1975) as an example of unfair criticism. I could make a case for every word of the remarks which Victor applied to Sybil and, in any event, the parallel that he attempts to make between Victor and those who diagnosed Senator Barry Goldwater as a schizophrenic without knowing him, is inappropriate. The latter offered their views as a professional statement to which they subscribed in a political context, while Victor is clearly writing sarcastically in a professional one.

We now have a most important item of evidence, which was not published previously, with respect to Dr. Cornelia Wilbur and her diagnosis of "Sybil." Dr. Herbert Spiegel was asked by Wilbur to assess the patient and, in a television interview, he records the following exchange between himself and "Sybil."

"When she worked with me, she would ask...when we wanted to go to a certain period of life, well shall I become Flora, or can I just say it? I didn't know what she meant at first. Well, she said, well, when I'm with Dr. Wilbur, she wants me to be that person. And I said, well, if you want, you can, but you don't have to if you don't want to. So, with me, she didn't have to be these personalities."

Spiegel added that this MPD "was created by the therapist" (The Fifth Estate, 1993). I should note that the transcript of the program in question reads floral, not Flora, but a review of the videotape indicates the word is Flora.

In a later interview, Spiegel is also reported as saying that there was no sexual abuse of "Sybil" and that naive therapists, influenced by "Sybil" are working at "memory mills," diagnosing MPD in patients and producing "phoney memories" that patients then take into court (Taylor, 1994, pg. 84). The factual evidence in the matter supports Victor's interpretation of the situation, as it does mine, although when we made our separate comments, these historical details had not been published. Presumably Victor thought, as I did, that the prima facie implausibility of the diagnosis, as proffered by Wilbur, made it seriously suspect.

The central portion of Barton's argument suggests that there are various logical and unscientific aspects to my paper (Merskey, 1992). For the record here, and to assist readers

of DISSOCIATION with an accurate statement of what I did say (with a mass of supporting detail), I set out the following summary:

There has been an enormous proliferation in the diagnosis of MPD. Several — perhaps many — individual practitioners claim to have seen, by their respective selves, more cases than were reported in the literature in the first 140 years after the diagnosis was made. During the 1970s, for whatever reason, there was a substantial growth in the frequency of the diagnosis and, from 1980 onwards, when *DSM-III* accepted the category, this diagnosis spread exponentially. MPD is not thought to be an infectious disease and, when a psychological disorder increases in this fashion, psychiatrists and others would be negligent if they did not consider the possibility that social effects might be promoting it. These include both iatrogenic effects and the varieties of different publicity present in the media. Despite the logic chopping in which Barton indulges, this is an inescapable issue.

It appeared to me that publicity had become so widespread, that there was no way in which we could say with certainty that any modern case arose without some contribution from suggestion, either lay or professional. Historical analysis offered one way of resolving this difficulty. If cases existed before the development of widespread publicity, it might prove that they would enable us to learn what true cases were like originally, before the suspicion of iatrogenesis or other suggestion had emerged. For this reason I undertook a review of the major historical cases, looking at the original documents so far as they were accessible. To my surprise, there was not a single case which allowed a valid diagnosis of MPD, free either from a misunderstanding or from the effects of suggestion. Several early cases were misdiagnosed examples of rapid cycling bipolar affective disorder. Later cases all showed the influence of suggestion — often frankly acknowledged.

I began as somebody who believed that multiple personality disorder might occur, but only rarely. I finished as a skeptic who had discovered that there was not a single true case from the past on which one could rely and who could only conclude that the present cases were being generated by social and professional forces. There is nothing in Barton's article which disproves that position.

Hacking (personal communication, 1994) pointed out to me that Janet (1925) himself confirmed part of my conclusions. In a late comment, Janet identified the previous prominent cases as hysterical illnesses having the same pattern as *Folie Circulaire*, i.e., Manic-Depressive illness: "The changes induced by aesthesiogenism [the removal of symptoms by suggestion or other psychological techniques] in hysterical patients, are only peculiar forms of the oscillations

that can be observed in periodic depressions." Janet goes on to say that, in effect, the phenomena in his patients were the same as those found in "alternating insanity."

Barton claims that I should have examined the evidence in the MPD literature which supported the diagnosis. In my view, the evidence is not impressive and does not carry conviction, and it lacks validity. Using appropriate procedures, MPD can be diagnosed in some people with high reliability, which proves merely that the examiners and the patients do the same thing, and not that that same thing is a spontaneous phenomenon. The same reliability is available for a performance of Hamlet given many times by one actor to hundreds of people on each occasion. It does not make Hamlet the actor's alter.

A radical examination of the concepts of multiple personality disorder and some of the doubts about them was previously provided by Fahy (1988) and Aldridge-Morris (1989). Piper (1994) has furthered the discussion by a thorough review of the topic and I urge readers of *Dissociation* who wish for more information on the pros and cons of this subject to read my 1992 article and Piper's review, as well as the other material which has offered a critique of this diagnosis. If they wish to follow up the correspondence in the *British Journal of Psychiatry* (Chande, 1992; Fahy, 1992; Fraser, 1992; Martinez-Taboas & Francia, 1992; Novello & Primavera, 1992; Putnam, 1992; Merskey, 1992b, 1992c) which followed my own article, or that in the *Canadian Journal of Psychiatry* (May, 1993) after the article by (Chande, 1994; Coons, 1994; Fahy, 1994; Heath, 1994; Merskey, Freeland, Mancharda, Sharma, & Chiu, 1994) and the letters that no doubt will appear after Piper's article, I anticipate that they will receive a very reasonable survey of the reasons why MPD is so widely questioned as a diagnosis. ■

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