

Making Sense of Dissociative Identity Disorder in Late Modern/Postmodern America

Laura K. Kerr
Institute for Research on Women & Gender
Stanford University
December 15, 2004

Growing Up Abused in America

- Focus: Adult survivors of childhood abuse
- Interactions Between:
 - Professionalization of psychiatry
 - Creation of selfhood through psychiatry's discourse & practices
 - Social trends effecting institutional status of psychiatry and the production of personhood

Focus:

- Loss of Personhood due to childhood abuse
- Loss of Personhood in the Construction of Selfhood
- Distinction between Personhood and Selfhood
 - Selfhood: psychological construct
 - Personhood: continual balance between autonomy and authentic commitment to others

Mary Wollstonecraft Shelley:

My father had forever deserted me, leaving me only memories which set an eternal barrier between me and my fellow creatures. ... [His] unlawful and detestable passion had poured its poison into my ears, and changed all my blood, so that it was no longer the kindly stream that supports life but a cold fountain of bitterness corrupted in its very source. It must be the excess of madness that could make me imagine that I could ever be aught but one alone; struck off from humanity; bearing no affinity to man or woman; a wretch on whom Nature had set her ban.

Population

- Experience of female psychiatric patients
- Women with histories of
 - sexual abuse
 - physical abuse
 - witnessed domestic violence

Scope of Problem:

- Majority of psychiatric patients are women
- Most studies estimate over half of all psychiatric patients have a history of childhood maltreatment
- Predominance of psychiatric discourse in mainstream America

Case Study: Dissociative Identity Disorder (DID)

- Reveal about psychiatry's construction of institutional knowledge & power?
- Appeal to people using psychiatric knowledge for the creation of selfhood?
- Relationship between reemergence of DID and current trends for knowledge production and personhood in late modern/postmodern America?

Organization of Presentation

- Introduce: Foucault's "Matrix of Experience"
- Answer:
 - What is DID?
 - Why is it important to study?
- Focus on conditions of late modern/postmodern America:
 - Effect on the construction of institutional knowledge
 - Effect on the construction of personhood
 - Effect on women raised in violent households

Foucault and the "Matrix of Experience"

- Introduced in the Preface to *The History of Sexuality*, Volume Two
- How thought is formed, developed, and transformed
 - Historically
 - Through lived experience

Foucault's Definition of Thought

" it is the basis for accepting or refusing rules, and constitutes human beings as social and juridical subjects"

" thought is understood as the very form of action... insofar as it implies the play of true and false, the acceptance or refusal of rules, the relation to oneself and others."

Contributors to the Matrix of Experience:

- Domain of Knowledge
 - concepts, theories, disciplines
 - "psy-complex"
- Modes of Self-relations
 - methods for recognizing oneself as a particular kind of person in relation to others
 - contributes to self-governance: "What kind of person do I want to be?"
- Types of Normativity
 - Distinguishes between the permissible and the forbidden (personhood), the normal and the pathological (selfhood)
 - Includes implicit rules for governing experience (and construction of thought)

Person-Centered Analysis

- Addresses the question: *How should one govern oneself?*
- Possibilities constrained and afforded by:
 - Domains of knowledge (psychiatry as medicine)
 - Modes of self-relations (psychiatric diagnoses)
 - Types of normativity (social norms)

**How Should One Govern Oneself?
Empowerment is Central**

"It is a matter of the formation of the self through techniques of living, not of repression through prohibition and law." ("Subjectivity and Truth")

**Presentation's Focus:
Types of Normativity**

What is it about late 20th century America that makes the diagnosis dissociative identity disorder so appealing to many female psychiatric patients?

OR: Why govern one's self with a diagnosis of DID?

**Appeal: Being Sane in an Insane System
(Or Pathos Before Pathology)**

- Majority of persons receiving diagnosis of DID are in mental health system 7-8 years before receiving diagnosis
- Recognizes history of sexual and physical abuse as the etiology of suffering

The Appeal of a DID Diagnosis

- Vickie G: *"When I think of all the cracks I slipped through over the years trying to get help, an anger stirs inside me. It took so long before someone finally knew what I was suffering from!"*
- Beverly R: *"I have been incorrectly diagnosed as having depression (occasional and severe), psychosis, neurosis... and the list goes on. I don't think Schizophrenia was ever used. Manic depressive was probably the most popular. All of the incorrect diagnoses are actually symptoms of MPD and characteristics of my many people."*

**Judith D. on why DID is preferable to
schizophrenia:**

"It didn't hurt and there were no expectations to change in the world of Schizophrenia. But the door to our world has been unlocked. As days have become weeks and weeks have become months, my need for the old diagnosis has diminished.... And now as I begin this journey of getting to know those pieces, and putting the puzzle together, I know that we have a chance to realize our full potential. But the most important thing is that we see ourselves as being sane. It is the first time in thirty-four years that our picture of ourselves is one of sanity. At times, when the memories and pain get too great, we still retreat into our world. But slowly as we re-emerge we learn how to see the world from others' eyes and learn to see the newness as a beginning. And so we know the soul has survived. And so we are working hard to survive."

DID: What is It?

Dissociative Identity Disorder: New Name for an Old Diagnosis?

- 1994: Replaces multiple personality disorder in DSM-IV
- Reflects a change in focus from multiple personalities to dissociation as psychological defense mechanism
- Etiology of disorder: childhood sexual and physical abuse

What is Dissociation?

- A state of fragmented consciousness involving amnesia, a sense of unreality, and feelings of being disconnected from oneself or one's environment
- Long history in other cultures as "trance" states
- Theoretical construct

Core symptoms of DID:

- amnesia
- depersonalization
- derealization
- identity confusion
- identity alteration

Richard Kluff's 4-part model of DID (1984):

- a child able to dissociate is exposed to overwhelming stimuli
- the overwhelming stimuli cannot be managed by less drastic defenses
- dissociated contents become linked to underlying substrates for personality organization
- there are no restorative influences, or there are too many 'double-binds'

Description of the Emergence of DID:

- "A child who is sexually assaulted by a parent the young person trusts implicitly and totally depends upon for protection is facing an unimaginable terror.... Overwhelmed by the assault, the ego passively allows itself to fall apart, saying, in effect, "This is too much pain for any one person to survive, so I'll split off a part of myself and create another person to help me bare it." This is different from repression, in which the ego expels inner threats from consciousness and preserves the person's sense of self intact. In dissociation the ego falls to pieces and causes the person to experience the self as more than one. Repressed material kept out of awareness is unlikely to emerge as a separate personality, but the dissociated part of the mind can be experienced as a separate center of consciousness capable of organized thinking—in other words, a personality. Since physical escape is impossible, the child escapes mentally. She floats out of her body, imagining that somebody else is being raped or beaten, and turns off her emotions, saying, "This isn't happening to me." As the abuse goes on, dissociation becomes routine. The child continues to detach and float outside her body and create an imaginary person inside her to carry the abuse memories. Though a normal child may have an "imaginary friend" at age four or five who goes away, for the abused child the imaginary friend becomes fixed and continues throughout life."

Originates in Childhood Abuse, Doesn't Appear Until Adulthood

- Relies on theories of development to explain formation of alter identities
- Social push towards internal consistency is thought greater in adulthood
- Major life events posited as triggers (e.g., marriage, divorce, motherhood)

Presenting Symptoms

- Headaches
- Depression
- Anxiety
- Nightmares
- Mood swings
- Hallucinations
- Drug and alcohol misuse
- Relationship problems

DSM-IV Conception of Dissociative Identity Disorder

- The presence of two or more distinct personality states
- At least two of these identities or personality states recurrently take control of the person's behavior
- Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness
- The disturbance is not due to the direct physiological effects of a substance

"Tortured Child Syndrome"

- Blanks in memory
- Poor or no relations
- Emotionally overwhelmed (and overwhelming)
- Medications typically don't work, but are typically overmedicated
- Difficult to get to know
- Comes to therapy with depression and anxiety as major complaints
- Presents with a psychotic break

Nine of Ten Persons with DID are Women. Why?

- More female victims of incest
- Men act out dissociative states, women turn it against themselves
- Dissociation in women is socially enforced as a way to deal with socially unacceptable emotions
- Women more likely to accept therapeutic suggestions, men more likely to resist ("iatrogenic illness")

Why is DID Important?

- Crucible for psychiatry's present dilemma as an Enlightenment Science in late modern/postmodern America
- Believed to constitute 10% of the general population (multiples, 1%)

MPD Epidemic?

- 1922-1972: fewer than 50 cases of MPD reported in the medical literature
- 1990: 20,000 cases of MPD reported in the medical literature

“A postmodern diagnosis”

Jo Anne M: If people would stop, look, and listen, then they could see that we are because of the real world—we reflect how it really is out there.

Common Reasons for Increase in MPD/DID:

- The movie *Sybil* aired on national TV (1973)
- Increase in mental health practitioners and services and their mainstreaming in American culture
- Growing discontent with Freudian psychoanalysis & over-emphasis on mental states to the exclusion of real world events
- Suspected misdiagnosis of DID patients with schizophrenia and borderline personality disorder

Laura’s Reasons for Increase in MPD/DID:

- Women become psychiatrists in larger numbers
- Civil Rights, Gay Rights & Feminist Movements
- Technology mediated experience/thought
- Postmodern personhood vs. psychiatric selfhood
- Violence

An Archaeological Analysis

- Foucault, *Madness & Civilization*:
 - Lazar Houses become Asylums
 - Same social purpose: social exclusion

**Susan Brison:
“Surviving Sexual Violence:
A Philosophical Perspective”**

“Even those who are able to acknowledge the existence of violence try to protect themselves from the realization that the world in which it occurs is their world and so they find it hard to identify with the victim. They cannot allow themselves to imagine the victim’s shattered life, or else their illusions about their own safety and control over their lives might begin to crumble.”

“We are not taught to empathize with victims.”

Brison on the Split Self:

*“I am not the same person who set off, singing, on that sunny Fourth of July in the French countryside. I left her—and her trust, her innocence, her *joie de vivre*—in a rocky creek bed at the bottom of a ravine. I had to in order to survive. I now have my own understanding of what a friend described to me as a Jewish custom of giving those who have outlived a brush with death new names. The trauma has changed me forever, and if I insist too often that my friends and family acknowledge it, that’s because I’m afraid they don’t know who I am.”*

Types of Normativity:

*Institutional Knowledge and Personhood in Late Modern/
Postmodern America*

What Do I Mean by Late Modern/ Postmodern America?

- Post World War II
 - 'Traumatic' society (genocides, econocides)
 - Technologically mediated
 - Mass communication
 - Globalization
 - Time compression

What are the Effects:

- on the construction of institutional knowledge?
- on the construction of personhood?
- on women raised in violent households?

Modern Institutional Knowledge

- Authoritative
- Truth seeking
- Stable
- Centralized
- Ideological
- Strategically positioned for tabulation, prediction, control

Postmodern Institutional Knowledge

- Localized
- Corporate driven
- Legitimacy seeking
- Dependent on tactical maneuvers of utilizers

Psychiatry: quasi-postmodern, mostly modern

- Quasi-postmodern:
 - Corporate driven
 - Localized
- Modern:
 - Ideologically driven- 'one gene model of disease'
 - "Myth of Johnny" and stable illness identities
 - Modern conception of self is central

Modernity and the Construction of Selfhood

Clifford Geertz defined the modern self as that "bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment and action, organized into a distinctive whole and set contrastively against other such wholes and against a social and natural background..."

Characteristics of the Modern Self

- Stable
- Atomized
- One identity
- Continuous throughout the life course
- Democratic

Characteristics of the Postmodern Self

- Unstable (self and family)
- Crisis driven
- Protean
- Multiple
- Interdependent
- Technologically mediated
- Mind is Central for Self and Other Understanding

DID: A Postmodern Diagnosis

Annette K: "We have learned that all people are a product of their history—of their life. Since no two multiples had to survive exactly the same circumstances, people with MPD will experience and use their multiplicity uniquely. Simply put, just as no two people are the same, no two multiples could possibly be the same. It was a relief to find out that we didn't have to fit in a 'box,' bound up by a diagnosis."

Effect of Postmodernity on Women Raised in Violent Households

- Violence regularly witnessed in the media
- Violence depicted as common to most American communities

Victims of Violence: Self-perceptions as Exception to the Rule:

Susan Brison: "People also fail to recognize that if a victim could not have anticipated an attack, she can have no assurance that she will be able to avoid one in the future."

**Significance of Forgetting for Avoiding
Dissociated Memories**

- Constriction: Primary method for forgetting
 - Response to loss of basic self-defense skills (fight or flight response)
 - Escape reality by escaping consciousness
 - Walls off trauma from daily awareness
- Pierre Janet and the “Phobia of Memory”

**Violence and Television:
Dissociative Skills Overburdened**

- Alienation linked to mental illness, loneliness linked to television viewing
- Kenneth Gergen: “Specular Solipsism”
- Juxtaposition of mundane with violence challenges dissociative defenses

**Types of Normativity
and the Creation of Thought**

- Why Modern MPD May Be Different From Postmodern DID
 - More preoccupation with mind
 - Predominance of discourse on the self
 - Technologically mediated