Also by Rita Carter

Exploring Consciousness
Mapping the Mind

Multiplicity

The New Science of Personality, Identity, and the Self

Rita Carter

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For RH, with thanks from all of us

CHAPTER 1

A Brief History of Our Selves

The idea of there being two or more selves in a single body sounds crazy. Look carefully, though, and you will see that the evidence for human plurality is all around us and always has been. We glimpse it wherever people talk to ancestors, get divine wisdom from spirit guides, receive messages from personified gods, consult oracles, get "taken over" by the souls of the dead or tune in to an "inner helper." It is on view when we act out a part, take on roles, live up to expectations and reinvent ourselves. More commonly, but less obviously, it shows in day-to-day shifts of feeling and behavior. When someone says "I don't know what got into me," or "I just wasn't myself," they are implicitly acknowledging the existence of a self other than the one who is speaking.

Most of our greatest philosophers, psychologists and therapists have recognized the essential multiplicity of the human mind. In ancient Greece, Plato saw the psyche as a three-part affair consisting of a charioteer (the rational self) and two horses (one the spirit and one the "appetite"). In the fourth century St. Augustine wrote of his "old pagan self" popping up at night to torment him. Shakespeare's characters endlessly morph from one identity to another. Serious cases have been made to attach the label of Multiple Personality Disorder to Hamlet, Othello, Macbeth and several others.

In the twentieth century, Freud's enduring id, ego and superego model introduced the idea of a horizontal split between the conscious and unconscious mind, and Jung's theory of archetypes held that there are

separate powerful entities within the unconscious. The influential "object-relations" school of psychiatry taught that external "objects" could be internalized and become personalities of a sort, and Transactional Analysis, developed in the 1950s by Eric Berne, was based on the concept of three inner beings: child, adult and parent.

The idea that each of us is made up of often conflicting multiple personalities was stated most clearly, perhaps, by the Italian psychologist Roberto Assagioli, who founded a form of therapy called Psychosynthesis. "We are not unified," he wrote. "We often feel we are because we do not have many bodies and many limbs, and because one hand doesn't usually hit the other. But, metaphorically, that is exactly what does happen within us. Several subpersonalities are continually scuffling: impulses, desires, principles, aspirations are engaged in an unceasing struggle."

Twenty years later American psychologist John "Jack" Watkins and his wife Helen pioneered Ego-State Therapy, which envisages our personalities as a family of self and uses hypnotic techniques to bring them out. Around the same time California psychologists Hal and Sidra Stone started to develop a therapeutic system called Voice Dialogue, between inner personalities.*

In parallel with this, neuroscientific investigation strongly suggests that there is no essential self to be found in the human brain. The more we learn about the workings of that amazing organ, the more we see that each of us is just a bundle of learned and/or biologically programmed responses that click in as and when the situation demands. As Robert Ornstein, professor of human biology at Stanford University, put it: "The mind contains a changeable conglomeration of 'small minds' . . . fixed reactions, talents, flexible thinking . . . and these different entities are wheeled into consciousness and then usually discarded, returned to their place, after use."[1] Since he wrote that, imaging technology has made it possible to watch this kaleidoscopic brain activity on a computer screen.

*Ego-state Therapy, Pychosynthesis and Voice Dialogue are all still going strong, and details of how to track down therapists trained in these disciplines can be found at the back of this book.

Brain scans of extreme multiple personalities have even shown the neurons associated with one personality turn off, like an electric light, and another lot turn on, as a person changes in demeanor and behavior and in what he or she can remember. Even in the dry prose of scientific reporting the researchers speak of different selves within a single brain.[2]

Despite all this, personality shifting is still seen as something weird and spooky—a manifestation of spiritual possession rather than a natural physiological phenomenon. Even the language of possession persists. Describing the process of composing, for example, songwriter David Gray says: "You start off by tinkering around with a few sounds and having a really good time. But when you get deeper into it and your demands get greater and more ambitious, something rears its ugly head. You become possessed."[3]

Yet multiplicity has a long history of scientific investigation, albeit much of it entangled with superstition.

Priests, possession and Mesmer's plural pianist

In the latter part of the eighteenth century cases of possession were generally dealt with by exorcism. One of the most celebrated exorcists of the day was a Catholic priest called Father Johann Gassner, who practiced in Switzerland. His technique involved swinging a metal crucifix in front of his subjects while chanting ritual incantations.

While Father Gassner became famous for his victories over demons, another flamboyant character, an Austrian physician called Franz Anton Mesmer, was struggling toward a natural (rather than supernatural) explanation for the healing powers of person-to-person interaction. At that time there was much interest (as there is today) in mysterious forces and fluids and energies. And (again, as today) it was often difficult to distinguish between superstitious nonsense and the cutting edge of scientific discovery.

Mesmer believed he had discovered animal gravitation (later animal magnetism)—a mysterious life-giving substance or energy that flowed through countless channels in the body and could be influenced by

magnets. Illness, according to Mesmer's theory, was caused by blockages of the flow, and these could be released by crises—acute attacks of whatever the ailment might be. A person with asthma, for example, might be cured in the course of a severe asthma attack, while someone with epilepsy might be cured during a seizure.

Mesmer believed the magnetic flow joined everyone together in an invisible force field, and that physicians could therefore help restore their patients' health by using the harmonizing influence of their own magnetic flow. One way to bring this about was for the physician to make passes—sweeps of the arm over the patient's body—to induce a healing crisis and rebalance the patient's energy.

Animal magnetism was widely regarded as a scientific breakthrough, and Mesmer's treatment was reputed to have remarkable effects. Wrong though it turned out to be, the theory behind it was at least rational, given the biological knowledge of the time. And it chimed happily with the mood of enlightenment that was sweeping Europe.

Meanwhile, for the same social climatic reasons, Father Gassner and his theatrical exorcisms were coming under critical scrutiny. In 1775 Mesmer was asked to observe Gassner at work and give his opinion to the Munich Academy of Sciences. Mesmer noted the rhythmic swinging of Gassner's crucifix, and presumably saw some parallel with his own passes. He concluded that Gassner's often dramatic healing effects on the possessed were brought about by the priest's powerful animal magnetism and his deployment of the metal crucifix. Although Mesmer observed that he thought Father Gassner was entirely sincere in his beliefs, his report more or less finished off the priest's career.

Mesmer's own practice, by contrast, flourished. His theory became increasingly sophisticated, and over the years he invented elaborate paraphernalia to aid healing sessions. One of his techniques, for example, was to seat patients around a vat of dilute sulfuric acid and then get them to hold hands while the healing force—facilitated, somehow, by the acid—passed through them. The setup was similar to a séance—more similar, in fact, than Mesmer knew, because with hindsight it is clear that, as with spiritual mediums, most of his success was due to the power of trance, suggestion and belief.

A couple of years after bringing Johann Gassner's career to an end, Mesmer met someone who unwittingly triggered a crisis in his own life. Maria-Theresa von Paradies was an eighteen-year-old pianist, singer and composer who had been born into elevated social circles in Europe and became a favorite of the Austro-Hungarian empress. Maria-Theresa had been blind since infancy, but despite the attentions of Europe's leading eye specialists, no cause or cure for her condition had been found.

In Mesmer's care, Maria-Theresa regained her sight. However, with the cure came a disaster: she completely lost her ability to compose and play music. Not only was this a tragic loss of talent; for her parents it meant a disastrous loss of money, because Maria-Theresa received a generous artistic scholarship from the empress. Much to the girl's distress, her parents took her away from Mesmer, upon which her blindness promptly returned.

Mesmer's reputation never fully recovered after this episode, and although he made a number of high-profile comebacks, by the time of his death in 1815 he had been practically forgotten by the outside world.

Mesmerism did not die with its inventor, though. It continued to flourish in different guises, and eventually, stripped of its cosmic fluid, it laid the foundations of modern hypnosis. Although Mesmer himself did not realize it, his passes and trance-inducing healing sessions were a means of accessing and manipulating brain-states that were not usually conscious. By hypnotizing Maria-Theresa he had turned on a personality that could see, but turned off the pianist. In at least one crucial way the two states were different personalities.

The term "hypnosis" comes from the Greek *hypnos*, meaning sleep. It was coined by a Scottish physician, James Braid, in the 1840s. He chose it because he thought at first that mesmerized subjects were asleep. Later, though, when more familiar with the state, he concluded it came about from extreme narrowing of attention and tried to rename it as "monoideism." This, as we will see, is a pretty accurate description of what happens, but by the time Braid came up with it, the technique was being used under the name of hypnosis by hundreds of physicians, as well as a growing number of entertainers and quacks. It was too late to change, and to this day we are stuck with the rather misleading notion of hypnosis as a form of slumber.

Pierre Janet and the vanishing furniture

Hypnotic techniques were refined throughout the nineteenth century, and various verbal inductions ("Look into my eyes," etc.) came to be used in addition to the sort of rhythmic movements that Mesmer had stumbled upon. Most practitioners, though, had no real idea of what was happening in the hypnotic state. Braid was on the right track when he proposed that hypnosis altered attention. But it was a French physician—Pierre Janet—who realized that in some circumstances it could effectively switch off one personality and switch on another.

Janet theorized that the human brain can generate many different ways of seeing and responding to the world—mind-states that he called "existences." Only one existence is generally conscious at any time, and a person might therefore be entirely unaware of the existences within himself or herself who are not currently conscious. In a hypnotic trance, however, a person can be easily induced to switch attention from one to another, and in doing so, bring the second existence into consciousness and put the other out of it.

Janet's theory emerged from hundreds of experiments in which hypnotized subjects underwent extraordinary transformations. Entranced volunteers would be told by him, for example, that when they opened their eyes, they would not see any furniture in the room. Subjects would then come around, be asked if they saw any furniture, and dutifully reply that they did not. If asked to walk around the room, however, they would carefully skirt around the table and chairs. When Janet asked why they had taken such an indirect route they would offer some weak explanation or simply say that they did not know. Asked specifically if they did it to avoid the furniture, the subjects would hotly deny such an absurdity.

Janet also discovered that it is not necessary to take a person through a hypnotic ritual in order to access a secondary existence. He developed what he called the method of distraction, which involved first engrossing his subject in some fascinating task, or getting him to engage in an intense conversation with a third party and then whispering a command

or question in a voice so quiet that the subject would not consciously notice it. The second self, however, clearly received the subliminal message, because the subject's body would signal a reply with unconscious movements, such as raising an arm. Janet found that he could even place a pencil in the person's hand and he would write a response, all the while continuing his task or conversation as though entirely oblivious to what his hand was doing.

Janet used the French word *disaggregation* to describe the separation of existences. His explanation was that the human mind consisted of many elements and systems, each of which can combine with others to form complex states. Some of them draw others to them—including certain memories—and so become centers for distinct personalities. These successive existences may interact with external reality and develop further by absorbing and retaining new impressions. They might even develop higher psychological functions such as desires and ambitions, and—crucially—a sense of self, so that when they became conscious they feel (as well as behave) like an autonomous person.[4]

This description of what we would now call multiple personalities cannot be bettered today. The main difference between Janet's ideas and those held by many contemporary psychologists is that Janet recognized multiplicity as a normal, albeit often hidden, state of mind, whereas today it is generally assumed to exist only in people who are ill. The nearest translation, in modern English psychology, of *disaggregation* is "dissociation"—defined as the separation of mental processes, thoughts, sensations and emotions that are normally experienced as a whole. And this term is usually used—wrongly, I shall argue—to mean a psychiatric disorder.

Severe dissociation can certainly be disturbing and destructive, but as we will see later, it is not in itself abnormal. Rather, it is a manifestation of the extraordinary flexibility of the human psyche and is often perfectly healthy or even beneficial. Far from being pathological, the separate existences it helps to create and maintain can help us cope with the complexity of modern life and exploit the opportunities it offers.

Multiple Personality Disorder—the first wave

Although Mesmer did not, apparently, interpret what he was seeing in Maria-Theresa as the switching from one personality, or existence, to another, a pupil of his, the German physician Eberhardt Gmelin, was soon to do so in another patient. In 1791 Gmelin reported the case of a young German woman who regularly transformed into a French aristocrat: "[She] suddenly 'exchanged' her own personality for the manners and ways of a French-born lady, imitating her and speaking French perfectly and speaking German as would a Frenchwoman." These "French" states repeated themselves. In her French personality, the subject had complete memory for all that she had said and done during her previous French states. As a German, she knew nothing of her French personality. With a motion of his hand, Gmelin was easily able to make her shift from one personality to another.[5]

With that Gmelin kicked off what in recent decades has become the highly contentious history of multiple personality disorder (MPD). Throughout the nineteenth and into the twentieth century there was a steady trickle of reports of dual or multiple consciousnesses. Some of the more sensational ones became known beyond the medical profession; their stories were published in popular magazines or written up by the patients themselves—for example: *The Three Faces of Eve* and *Sybil*.

There was Mary Reynolds, who alternated between being "buoyant, witty, fond of company and a lover of nature" and "melancholy, shy and given to solitary religious devotions," and Felida X, whose three different personalities each had their own illnesses. One of them even had her own pregnancy, unknown, at first, to the others.

Then there was the most famous of all, the pseudonymous Christine Beauchamp, whose numerous different personalities would, according to her therapist, "come and go in kaleidoscopic succession, many changes often being made in the course of twenty-four hours."[6]

In 1906, Harvard Medical School hosted an international conference on MPD, but this, it turned out, marked the high point of the first surge

of interest in the condition. Over the next thirty years interest died away, perhaps because MPD was eclipsed by the new fashions of hysteria and neurosis. In 1943 one eminent psychiatrist declared that MPD was extinct.

The announcement, however, turned out to be premature. A second wave of MPD was to erupt in the late seventies, and would turn out to be far more controversial than the first. In the meantime, though, the idea of multiplicity went seriously out of fashion.

Ego-states and hidden observers

Therapeutic hypnosis fell out of favor, too, but a few academics and practitioners continued to research and apply it. One of these was Professor Ernest Hilgard, a psychologist at Stanford University. By 1975 Hilgard had already pioneered the use of hypnosis in pain relief, and as part of his teaching, he routinely demonstrated to his psychology students how to induce hypnotic dissociation. One such session led to the discovery of a phenomenon he called the Hidden Observer.

Hilgard did a conventional hypnotic induction on one of his students, lulling him by suggestion into a state of relaxation and compliance. He then told him that, on feeling a touch on his shoulder, he would become unable to hear anything. Another touch would bring his hearing back to normal. Sure enough, after the first touch, the student ceased to respond to questions or remarks and he didn't jump when two blocks of wood were banged together right next to his ear. Hilgard explained to the other students that the subject was, effectively, deaf. Yet his ears are fine, objected one of them. The sounds must be getting into this brain, so at some level he *must* be hearing.

Hilgard decided to test this idea. He spoke quietly to the hypnotized student, observing that there are many systems at work in the brain—those governing digestion and blood pressure, for instance—which respond to the environment but of which we have no conscious knowledge. Perhaps, he suggested, there was such a system at work in the student now, processing sounds but not offering them to his conscious

mind. Then he asked: If there is a part of you which is hearing and understanding these words, please would it raise a finger?

When, after a few seconds, the subject's index finger lifted, it came as a surprise to everyone—including, it seemed later, the subject himself. Hilgard restored the student's normal hearing by touching him again on the shoulder. The lecturer then asked his subject to describe what he had been aware of from the time of his induction into hypnosis.

The student had little to report: he hadn't been able to hear anything from the time of the induction until now, he said, and the session had thus been rather boring. To keep himself occupied he had been working on a mathematical problem. Then, he said, he felt his finger lift. He had no idea why. Fascinated by this turn of events, Hilgard put the subject back in a trance and suggested to him that there were two parts within him, one of which had heard everything that went on in the prior session, while the other part was deaf. Hilgard said that he would touch the student's arm in a particular way, and that would be the signal for the hearing part to talk to him. A second touch would signal the return of the part that had been deaf.

At the prearranged signal the student duly described things he had heard in the previous session. The instructor's voice, the students' remarks, the banging of the blocks—it had all been perfectly clear. "This part of me responded," he said, "so it's all clear now." At the second touch, however, he told the same story as before: he had not heard a sound.

Hilgard discovered that such a Hidden Observer could be created under hypnosis in almost anyone. He subsequently used the phenomenon to enable people who were unable to tolerate anesthesia to undergo surgery. Before the operations he would hypnotize them and tell them they would not feel the knife, but that a Hidden Observer would feel it for them. After the operation they duly said they had felt nothing. But when Hilgard put them back into hypnosis and addressed the Hidden Observer directly, it spoke freely of the excruciating pain that it had suffered.

Around the same time Jack Watkins—one of the few therapists who had continued to work on MPD through the middle part of the century—discovered that under hypnosis alters could be brought out in

people who had displayed no obvious signs of them in their normal waking state. In the early 1970s Watkins met his wife Helen, another hypnotherapist, who was then working with disturbed college students. Helen, too, noticed that under hypnosis her clients would quite often reveal different personalities. She found that these covert ego-states, as they called them, were often responsible in one way or another for the students' problems and that the best way to deal with them was to treat them as separate entities. As Helen describes them: "Ego-states may be large and include all the various behaviors and experiences activated in one's occupation. They may be small, like the behaviors and feelings elicited in school at the age of six. They may represent current modes of behavior and experiences or, as with hypnotic regression, include many memories, postures, feelings, etc., that were apparently learned at an earlier age."

The Watkinses recognized that ego-states were similar in content to Hilgard's hidden observers and also to the alters found in their MPD patients. In one study, wrote Helen: "when Hilgard's 'hidden observers' were activated in normal college students as hypnotic subjects, further inquiry into their nature and content elicited organized ego-states. We . . . consider that hidden observers and ego-states are the same class of phenomena. They represent cognitive structural systems that are covert, but are organized segments of personality, often similar in content to true, overt multiple personalities."[7]

The Watkinses, however, noted a clear distinction between the ego-states found in normal people and the alters in their MPD patients. Ego-states did not "take over" their hosts entirely because, as the Watkinses put it, the boundaries between them were permeable. Instead of being entirely cut off from each other, they shared memories and acknowledged each other's existence.

Modern MPD—a manufactured madness?

In the late 1970s and 80s, MPD made an explosive comeback. By then known more widely as dissociative identity disorder (DID), the term

which replaced multiple personality disorder in the U.S. *Diagnostic and Statistical Manual* (which lists psychiatric conditions and their symptoms).*

Between 1985 and 1995 some forty thousand cases are estimated to have been diagnosed—twice as many as in the entire preceding century. Some therapists claimed the disorder affected at least one percent of the population.[8] The apparent discovery of thousands—maybe millions—of MPD/DID cases was fantastically controversial because the condition was by then closely associated with cruelty in childhood and particularly with sexual abuse. The implication of such an epidemic was that child abuse was far more pervasive than anyone had dreamed. Either that or an awful lot of people were lying, deluded or both. The atmosphere surrounding the issue became so heated that more or less everyone concerned was forced to take a stand in one of two opposing camps.

Skeptics claimed (and many still do) that MPD/DID is a bogus condition created by a collusion (usually unwitting) between unhappy patients and overzealous therapists. The patients—encouraged by a climate in which self-revelation and victimhood is a matter of pride rather than shame—look for a framework in which to express some vague psychic discontent. Therapists see in such people the exciting possibility of a (relatively) rare and strange condition and, often without realizing what they are doing, encourage them to act out being various other personalities. They then induce these manufactured entities to fabricate stories of childhood abuse that are presented as recovered memories.

The opposing theory is that children who are repeatedly abused learn to go away in their heads when the situation becomes intolerable. Their brains continue to respond to what is happening, but the experience is

*The name change in the U.S. coincided with a slight change in the diagnostic criteria, but it is thought to have been made mainly to allay criticism from skeptics who thought "MPD" gave the condition too much credence. "DID" suggests identity confusion, rather than any genuine separation, so patients were henceforth treated for the delusion of multiplicity rather than for the condition itself. The other major psychiatric handbook, however, *The International Classification of Diseases*, which is widely used outside the U.S., still refers to MPD. In this book I will usually use the term Multiple Personality Disorder (MPD) rather than DID.

not integrated with the personal memories that contribute to the child's major identity. Instead it is stored in the brain as a separate little package of bad feelings and horrible memories. These remain unconscious until another traumatic episode triggers them into life. Each time the nasty memories are revived they collect more experiences, so repeated "outings" gradually turn the package of trauma-related responses into a complex entity with a distinct personality. It might give itself a name and develop its own opinions and ambitions. Such personalities usually remain rather two-dimensional and childlike because while they are unconscious they are not (usually) privy to what is happening, and thus tend not to learn much beyond their small, traumatic world.

So which is right? The answer, I think, is that it is not an either/or situation. There is certainly persuasive evidence to show that memories of childhood abuse recovered from apparently traumatized alters can be false.[9] But the reality or otherwise of the events that are recounted by a personality have no bearing on whether the personality itself is real. Remembering things wrongly or lying about past events does not mean a personality doesn't exist—it just means it has got things wrong or is lying!

As for the charge that personality switching is just acting, the problem is that there is no sharp division between being a character and acting it. Of course, it is possible to affect a role—deliberately acting and speaking in a way that is quite at odds with your inner thoughts and feelings. Equally, though, if you are totally immersed in a part, your thoughts, perceptions and feelings *become* those of that character. In this state your behavior is an honest reflection of your inner self, and as I'll explain in a moment, it therefore seems reasonable to describe it as the adoption of a different identity rather than an act.

Until recently there was no objective way of knowing whether a change in someone's behavior corresponded with an alteration in their subjective identity. The only way to assess whether those with MPD were acting was to look at their behavior and guess. But that is no longer the case. Brain-imaging technology has made it possible to see inside a person's head and observe the neural machinations that produce sensations, thoughts and feelings. The generation of their inner life can be displayed on a screen for all to see.

Brain imaging shows what is going on in a person's mind by signaling which parts of the brain are active. When one part flares up, a person feels angry, and another creates fear. Hunger is produced by one lot of neurons, lust by another. A true statement is marked by a pattern of activity different from that marking a lie. You can even see, by looking at a scan of a person's brain, whether he is looking at a face or a cat or a house.[10]

When the inner workings of MPD patients' brains are displayed, what we see is a pattern that suggests very strongly that alters are not just acts. As one set of behaviors disappears and another takes its place the neuronal patterns in their brain change in tandem with the altered demeanor. The brain scans even suggest that different memories are available to each personality.

One study, for example, involved eleven women, each of whom seemed to have two distinct states of being. In one state they claimed to recall some kind of childhood trauma, while in the other they denied any such memory. The women's brains were monitored while they listened to tape recordings of someone reading out some of their own previously related recollections. One of the recordings described the traumatic memory. When the women were in their nontraumatized personality, the parts of their brains that would be expected to respond to a personal anecdote remained quiet. In other words, they registered the information as though it was something that had happened to someone else. When they switched to the other personality, however, the trauma story stirred a flurry of activity in the brain areas associated with a sense of self. Instead of just registering what they were hearing, they *identified* with it, remembering the story rather than just recognizing it. Just as the women's behavior suggested, their two personalities had different autobiographies.[11]

Another imaging study was done on a forty-seven-year-old woman who could switch from one personality to another more or less on cue. During the transition from one to the other the part of the brain that processes memories momentarily closed down, as though it was shutting off one bag of memories while switching to another.[12] A third study of personality switchers found that their brain-wave coherence—a measure of which neurons are firing in synchrony—was completely different in

each of their personalities. This suggests that the subjects were thinking and feeling quite differently in each state.[13] No such changes were seen in actors trying to mimic the condition, nor in the subjects themselves when they were asked to act out a change of identity. Taken together these studies suggest that alters do not just behave differently—their brains think, feel and recollect things differently too.

Most people now being diagnosed with MPD have a number of alters, rather than just one, which are combined in what is conventionally called a system. There are endless variations: some make angry, aggressive alters to protect the children, or friends to alleviate loneliness, or torturers who mimic abusers. Some people have only child alters, but others go on making new personalities, which may be any age. Most MPD systems contain at least one member of the opposite sex. Some include animals.

Usually at least one member in a system is in some way disruptive, and the behavior of alters—promiscuity, self-harm, addiction, aggression, phobias—is often what first brings people with MPD to the attention of a therapist. However, the crucial thing about the disorder, which distinguishes it from normal multiplicity, is not the nature and behavior of the alters but the fact that they do not share a common memory. Although some personalities may share information there is always a communication gap in an MPD system. The normal household, as multiple systems are sometimes called, is open-plan, while in people with MPD, at least some of the personalities live in watertight compartments.

One reason for the spectacular rise in MPD diagnoses in the 1980s and 90s is that the Watkinses' careful distinction between alters and ego-states was often ignored: "Too many practitioners today are hypnotically activating covert ego-states and announcing that they have discovered another multiple personality," lamented Helen Watkins in 1993. For every true case of MPD that was diagnosed there were probably many whose normal multiplicity was uncovered by hypnosis and mislabeled.

This book is not for or about people with MPD—it is about the normal multiplicity common to us all. But understanding a little about that extreme form of multiplicity may help us to understand our own selves, because although the behavior of people with this condition

seems bizarre, they are probably not as different from the rest of us as we like to believe.

The strangeness of MPD arises from a mistaken assumption: that we start with a single, whole personality. MPD is thus assumed to be the result of this single personality being smashed. As I hope to show you, though, personalities do not come ready-plumbed in every baby, one to each body. An infant comes equipped with many built-in drives and individual genetic leanings but its personalities still have to be constructed from the building blocks of experience. You might think of a newborn's mind as a building site with a unique form—dips and hillocks, obstacles and pitfalls, soft spots and rocky areas. These influence and constrain what is erected on it, but they do not dictate it.

So what is a personality, anyway?

Before we go further, it is probably a good idea to clarify what I mean when I refer to personality. We don't usually stop to ask what someone is talking about when she uses the word because it seems obvious. Yet there is no single accepted definition of it in psychology, and dictionaries are not particularly helpful. Mine gives several definitions. The main one is "the sum of a person's mental and behavioral characteristics by which they are recognized as being unique," while another is "the distinctive character of a person that makes them attractive."[14] Obviously these are quite different things. Your dictionary may say something else again.

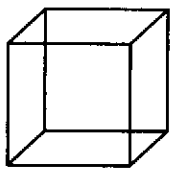
If we were to accept the definition of personality as "the sum" of a person's characteristics, it would, of course, rule out the possibility of them having more than one. But it would also make the word meaningless—just another term for a person. And a moment's thought will show that we don't really think of personality that way. If we did, phrases such as "that remark was out of character" and "she was a different woman after her illness" would be incomprehensible.

So I am using personality to mean something which I think is closer to the way the word is actually used. A short definition might be: *a coherent and characteristic way of seeing, thinking, feeling, and behaving.*

The crucial word is "characteristic." By my definition a personality has a certain style or pattern to it—something that binds the thoughts, feelings and acts into a distinctive set consistent enough to allow us to say about any part of it, "Oh! that's typical of Linda!" or "That sounds like me!"

A personality might, for example, have a whole bunch of ideas and behaviors that could be thought of as personal ambition. It might be determined to be the best at its job, the winner of every competition, the most competent sportsperson, the top salesman. It might like to travel fast, in straight lines, get angry with people who get in its way, forget to take time off, and try to bully its children to be more like itself. The personality may not do all these things (God forbid!), but it *could*, because they are not in conflict with one another. Another personality might believe that personal success is really not important at all. It might drift happily along in a nondemanding job, meander along country lanes rather than drive ferociously along expressways and allow its children to do exactly what they like. Although it is unlikely, both these personalities could exist in the same person. However, there would have to be some separation between them simply because the brain-states that generate rampant ambition and those that produce worry-free relaxation are too different from each other to occur at the same time. For the person to function normally, without perpetual inner conflict, her two personalities would have to take turns at being onstage. When one was active, the other would have to be unconscious.

Either/or brain-states operate at every level of cognition, from complex thoughts and behaviors to simple visual perceptions. If two experiences are entirely at odds with one another, the brain has to choose to be conscious of one or other, and the best it can do by way of entertaining both is to switch rapidly between them. The simplest example of this is a thing called the Necker cube (below).



The box is drawn in such a way that the front panel could either be to your left and angled down, or to your right and up—both interpretations are equally "correct." Even when you know that, though, your brain will allow you to see only one at a time . . . it just can't "do" both patterns simultaneously. You probably know of other visual illusions that work in much the same way: the shapes that switch between being twin profiles and a vase, or the drawing that looks like a pretty girl when it is seen one way and an old hag the other.

This inability to see things in two ways simultaneously occurs throughout the brain, including areas concerned with thoughts and emotions. When we are listening intently to one conversation, the areas of brain concerned with attending to and processing information from that source effectively turn down the volume of any other noise in the room. That is why people in conversation often fail to notice background music that would seem quite loud if heard alone, or ignore the call to dinner when they are concentrating on a TV program. Similarly, with emotions the fear-generating areas of the brain are inhibited when the parts that create serenity are active, and the sadness part is quietened when the parts that create pleasure are triggered.

The seesaw effect is not absolutely cut-and-dried, of course; at times we are all aware of mixed emotions and conflicting thoughts. But when our conflicting beliefs, desires or urges become conscious simultaneously, we have to make a conscious decision to act on one or the other. We have to decide between "I want to smoke" and "I don't want to die of cancer," "I want to stay up and party" and "I want a decent night's sleep." At least at the level of behavior we cannot "be" more than one personality at a time. We have to switch from one to another.

Some people (though very few) go through life without ever confronting the lifestyle equivalent of a Necker cube. The situations they encounter offer them no choice of response—there is only one way to interpret them, one way to react, one way to be. Or they may meet situations that offer options and simply fail to see them. These people do not harbor other existences, they really are what they feel themselves to be—single and whole personalities.

Most of us, though, do not find life to be like this. We often encounter

situations that can be seen and responded to in myriad different ways. For most of us the options presented to us are increasing—life is getting more, not less, complicated. Hence we switch from one way of seeing things to another, one way of being to another. And as we do it, we accumulate an inner family of selves—Janet's existences—which take turns to be the self of the moment.

Rest assured, though, we are not talking Jekyll and Hyde. Although our personalities are by definition distinguishable from one another, in most of us they are more like conjoined twins than entirely separate individuals. Just being subjected to the same sensory stimuli blurs the dividing line between them. Their coexistence in the same body means they necessarily share so much that it may be difficult to spot exactly where one starts and another ends.

For this reason personality switches may easily be overlooked. The only giveaway may be a slight change of voice, the use of a slightly different vocabulary, or perhaps a subtle alteration in the way a person stands or laughs. For example, the wife of a Church of England vicar once told me: "When Gerry is with our friends he is a full six feet tall. But when he puts on his dog collar he shrinks half an inch. The vicar in him feels embarrassed about looking down on people, so he somehow becomes compressed. He laughed at me when I pointed it out and said it's nonsense—but one day I'm going to find a way of measuring him and I know I'll be right!"

Like Gerry, it is tempting to scoff at the suggestion that we shift from personality to personality. From inside it just doesn't feel like that—most of us have a strong and enduring sense of being a single more or less unchanging entity: the "I" I am now is the same "I" I will be tomorrow. If you look carefully at human behavior, however, you find this sense of certainly is misplaced. The next chapter examines the shifting and sometimes blurred landscape of our personalities, and shows how our fond notion of inner stability, consistency and unity has been shown, time and again, to be a myth.