

THE DEVELOPMENT AND DYNAMICS OF
MULTIPLE PERSONALITY

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ABSTRACT

THE DEVELOPMENT AND DYNAMICS OF MULTIPLE PERSONALITY

BY

Emanuel Berman

Following a historical survey on past research and attempted explanations of multiple personality, a study of one case is reported. The subject, a 20 year old Black female, has been observed for 18 months, in and out of the hospital. Numerous interviews were conducted with her and with members of her family, and fourteen self-descriptive, objective and projective psychodiagnostic tests were administered to both personalities, some of them on several occasions. A shorter battery of tests was administered to the subject's mother and to five siblings.

The major conclusions reached are:

1. The psychological reality of the split between the two personalities is confirmed, and seeing it as a simulation or a delusion is not supported by the data. Blind judges do not see any greater similarity between the

two personalities than between each of them and other persons, members of the same family.

2. The split consistently spreads over numerous levels, including physical appearance, expressive movement style, self concept, cognitive functioning, affective functioning and object relations.

3. The two personalities cannot be explained as representing single structural systems in the traditional sense (e.g. id or super-ego), and drives and defenses are interwoven in each. Their closest approximation to structural elements is in their similarity to the "libidinal ego" and "anti-libidinal ego", which are described by Fairbairn and Guntrip not as constant mental entities, but rather as possible constellations of dynamic patterns.

4. An attempted genetic reconstruction points to the existence of an initial integrated personality, but suggests an early onset of the splitting process, related to the deprivation of infantile oral needs. A cumulative process of splitting, internalizing and fusing objects appears to be involved in the gradual formation of the two personalities in their present form, and neither can be accounted for by identification with a single figure. Oedipal dynamics are important in this process, but their impact is determined by crucial pre-oedipal variables.

5. Marked changes within both personalities are detected throughout the study period, and these appear

to be related to the effects of psychotherapy and external events. A close relation exists between changes in the two, at times bringing about greater convergence, at other points greater distance. This complementarity reinforces the conclusion that the two personalities, beyond their separate phenomenological existence, are closely interrelated.

6. Role theory, and a broader sociological perspective, also contribute to the understanding of the split. The two personalities embody conflicting role expectations imposed on women in American society, as well as conflicting images in the evolving Afro-American identity.

Discussing the study's theoretical implications, it is suggested that dynamic personality theory will benefit from abandoning the insistence on the monad-like unity of personality. The observations of sociologists on the inner representation of divergent roles, of hypnotists on the uncovering of childhood patterns in age regression, of therapists on subpersonalities in their patients, all suggest a need for a greater recognition of splitting in normal life. Freud's structural concepts are insufficient in explaining individual differences in these complex formations. A systematic theory of "multiple selves" is called for.

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AND DYNAMICS OF
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By
Emanuel Berman

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Dedicated
to "Diana"
and to "Julie"

ACKNOWLEDGEMENTS

This dissertation would not have been possible without the contributions of dozens of teachers and colleagues, both in Michigan and in New York. The list offered here is of necessity partial.

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Professors Arthur Seagull and Bertram Karon also served on the committee, and I am grateful for their encouragement to pursue my own interests and not to compromise for an "acceptable" study. I am well aware of the suspiciousness within the scientific community toward idiographic research, and of the pioneering and innovative spirit expressed by my committee, and thus by the Department of Psychology at Michigan State University, in accepting such research as a doctoral dissertation.

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Most of the research has been conducted during my internship at the Albert Einstein College of Medicine in New York, and was encouraged by my supervisors, members of the Division of Psychology in the college's Department of Psychiatry. Professor Harry Fiss (now at the University of Connecticut Medical School) personally supervised the analysis of most of the tests administered, and his availability as a New York-based committee member was invaluable. He also edited my first report on the testing results. Professor Aryeh Anavi, in many thorough discussions of the case, helped me in crystallizing my understanding of its uniqueness, and in understanding its implication for a "theory of multiple selves". Important comments were made in seminar discussions by Professors Phima Engelstein, Saul Grossman, Michel Radomisli, Joe Richman, Moshe Vardy and Fred Wolkenfeld, as well as by several staff members at Jacobi Hospital and Bronx State Hospital.

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TABLE OF CONTENTS

I.	INTRODUCTION	
1.1	Past studies of Multiple Personality	1
1.2	Variations of Multiple Personality	8
	1.21 Types of organization	8
	1.22 Nature of differences	11
	1.23 Source of split	13
	1.24 Outcome	15
1.3	Attempted Explanations	18
	1.31 Supernatural	18
	1.32 Physiological	19
	1.33 As an artifact of simulation or shaping	21
	1.34 Psychological	28
	1.35 Sociological	39
1.4	Methodological Problems	44
	1.41 Psychological testing	46
II.	GOALS AND HYPOTHESES	51
III.	METHODOLOGY	53
3.1	Direct observations	53
	3.11 Videotape recording	54
3.2	Verbal communications with subject	55
3.3	Verbal communications with family	55
3.4	Testing of subject	56
3.5	Testing of family	59
	3.51 Comparison by judges	59

IV.	FINDINGS	
4.1	Subject's family history	61
4.2	Subject's life prior to study	64
4.3	The initial picture: Diana & Julie	71
4.31	Appearance & general attitude	71
4.32	Kinesics	73
4.33	Self Concept	75
4.34	Cognitive functioning	82
4.35	Affective functioning	90
4.36	Object relations	93
4.4	Developments with time	104
4.41	Crises & stability: 9-11, 1971	104
4.42	Attempted integration: 11, 1971	108
4.43	Convergence: 11-12, 1971	116
4.44	Intensified transference: 12, 1971 - 2, 1972	127
4.45	Follow up: 1972 - 1973	134
4.5	Diana, Julie, parents and siblings	139
4.51	Judgements on similarities	139
4.52	Members of the family	141
V.	DISCUSSION	
5.1	Genetic reconstruction in analytic perspective	168
5.2	Confirmation of hypotheses	183
5.3	Validation of past explanations	185
5.4	Theoretical implications	189
	REFERENCES	193

LIST OF TABLES

Table

1	Tests administered to Diana - Julie	57
2	Adjective Checklist responses	76
3	WAIS results	83
4	Rorschach responses	85
5	TAT responses	96
6	Value Survey responses	121
7	Perceived degrees of similarity between tests (average)	140
8	Family Rorschach psychograms	146

LIST OF FIGURES

Figure

1	Incidence of reported multiple personality cases	4
2	The subject's family genealogy	62
3	Schemes of characteristic postures	74
4	Female drawing by Diana (10-71)	80
5	Female drawing by Julie (10-71)	81
6	Tree drawing by Diana (10-71)	92
7	Male drawing by Diana (10-71)	95
8	Bender Gestalt by Julie (10-71)	101
9	Male drawing by Julie (10-71)	102
10	Female drawing by Julie (11-71)	111
11	Male drawing by Julie (11-71)	113
12	Self drawing by Julie (11-71)	114
13	Self drawing by Diana (11-71)	119
14	Julie's semantic space	123
15	Diana's semantic space	125
16	Female drawing by Diana (2-72)	133
17	Male drawing by Diana (6-72)	137

List of Figures (cont'd)

Figure

18	First figure drawing by mother	148
19	First figure drawing by Mildred	150
20	First figure drawing by Sebastian	155
21	First figure drawing by Jane	158
22	First figure drawing by Henry	162
23	First figure drawing by Gloria	166

I. INTRODUCTION

1.1 Past studies of multiple personality

"Multiple personality" is defined by Webster's dictionary (1958) as "a pathological state of mind characterized by the person affected exhibiting two or more distinct personalities or types of individual characters". This definition fits well the current usage of the concept in the psychological and psychiatric literature.

Little has changed in this usage since 1823, when H. Dewar suggested that "a divided consciousness, or double personality (is) exhibiting in some measure two separate and independent trains of thought, and two independent mental capabilities, in the same individual; each train of thought, and each capability, being wholly dissevered from the other, and the two states in which they respectively predominate subject to frequent interchanges and alterations".

More recent definitions frequently reflect particular theoretical biases of the authors. Thus, Fox (in Leavitt - 1947) suggests it "consists in the alteration of two or more distinct personalities, the sum of whose distinctive characteristics, roughly speaking, is equivalent to what should be the normal personality of the individual". Taylor

and Martin (1944) offer an almost opposite view: "A case of multiple personality we take to consist of two or more personalities each of which is so well developed and integrated as to have a relatively coordinated, rich, unified, and stable life of its own".

The issue of multiple personality first appeared in the history of abnormal psychology at the beginning of the 19th century. The earliest reference is possibly by the British scientist, Erasmus Darwin (1801): "I was once concerned for a very elegant and ingenuous young lady, who had a reverie on alternate days which continued nearly the whole day; and as in her days of disease she took up the same kind of ideas, which she had conversed about on the alternate day before, and could recollect nothing of them on her well days; she appeared to her friends to possess two minds".

The case of Mary Reynolds, a Pennsylvanian woman (1793 - 1854), is believed to be the first to be published in detail. It was first reported briefly in 1817, and later fully described by Mitchel (1888). This dull and melancholy young woman, then nineteen, was found one morning "in a profound sleep from which it was impossible to arouse her". When she did wake up, she had no memory, no knowledge of language, no consciousness of ever existing before. She had to be re-educated in all aspects of life, but learned rapidly, and could read and write after a few weeks. Her character changed as well: "Instead of being melancholy she was now cheerful to extremity. Instead of being

reserved she was buoyant and social".

After five weeks of the new life she awoke as her "old self" with no memory for the transformation. Thereafter the two states alternated irregularly, until at the age of thirty-six the second state became permanent. At this stage, however, this more lively and joyful self was much more responsible and practical than at its first appearance. "Some of her family spoke of it as her third state".

William James (1890), after discussing this case in detail, suggests that as "the secondary character is superior to the first, there seems reason to think that the first one is the morbid one". The same controversial view was later adopted by Prince (section 1.34).

Taylor and Martin (1944), after thoroughly surveying the literature and eliminating cases which did not fit their definition, list Mary Reynolds as the first scientifically established case; the second acceptable publication on their list is that by von Feuerbach (1828). This is a discussion of a German epileptic, Sorgel, who possessed a criminal and a decent personality, the latter amnesic to the former (Prince, 1906).

Next in the list appear two British cases by Mayo (1845), and Skae (1845), both of the dual, alternating, mutually amnesic type (section 1.21). In the 1870's, several French cases became prominent in the scientific world. The last two decades of the 19th century saw the peak as

the interest in this phenomenon; the list of Taylor and Martin also proves this was the peak of frequency in reported cases (Figure 1).

Number of Cases

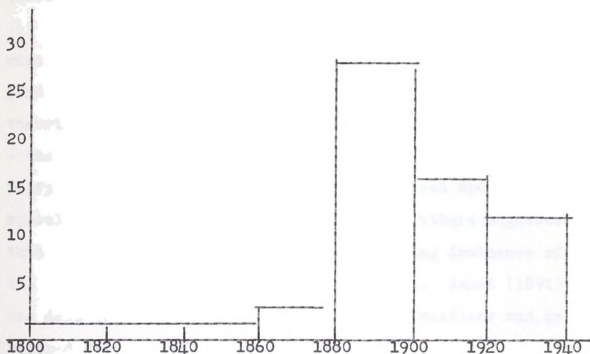


Figure 1. Incidence of reported multiple personality cases (1800 - 1940)

Sutcliffe and Jones (1962) suggest several reasons for the great interest. Under the impact of Darwinism, they say, belief in the unity and immortality of the human soul has been called into question. Identity as a concept was challenged, and people were concerned about the moral and legal responsibility of human beings in view of the findings of the French hypnotists such as Janet and Bernheim who demonstrated manipulations of memory and will in their subjects.

The interest in animal magnetism, mediumship and telepathy, which was encouraged by the Society for Psychical Research, established in 1880, added a new perspective to this concern. The connection between telepathy, hypnosis and multiple personality is central to the writings of Myers (1886) and other authors on "psychical" issues.

Within psychology, the cases of multiple personality were utilized by both sides in the controversy between physiological reductionism and autonomous psychological theories. Azam (1892) utilized his discussion of Felida X -- the most famous French case in the area -- both to exemplify and develop a physiological theory based upon Broca's speculations about cerebral localization. Others suggested that dual personalities represent alternating dominance of the left and right hemispheres of the brain. Janet (1891) was decidedly opposed to physiological explanations and developed a theory of his own (section 1.34).

As a final cause of the abundance of cases, Sutcliffe and Jones suggest the state of psychiatric diagnosis around the turn of the century. Descriptive labels were almost arbitrarily applied to emotional disorders with no attempt at a logical arrangement of categories. This made diagnostic fashions into a powerful force. When "multiple personality" became popular, cases were frequently attributed to it through partial similarity, while at a later stage many of them would have been diagnosed as manic-depressive (mood alterations), schizophrenic (recurring regressive periods),

epileptic (sudden behavior change) or brain damaged (amnesia).

The study of multiple personality in the 20th century is linked to the name of a person educated in the 19th century, who in many ways still belonged to its cultural climate. Morton Prince, who established the Journal of Abnormal Psychology in 1906, saw multiple personality as a central issue in its domain. This perception was clearly represented in the first volumes of the new journal. A year earlier Prince published one of the most detailed case histories of that period's abnormal psychology: "The Dissociation of a Personality", a book devoted almost entirely to the case of Christine Beauchamp. Prince's theory of multiple personality, developed in the book and in later publications will be discussed in greater detail (section 1.34).

The interest in multiple personality gradually declined during the 20th century. By 1944, Taylor and Martin listed 76 cases; not many will be added to the list today. The notable exception is the case of Eve White, described by Thigpen and Cleckley (1957). While lacking in theoretical depth, their book, and the movie based upon it, again focused the public attention on this intriguing phenomenon.

When the present study was close to its completion, two new reports of multiple personality cases were published, by Ludwig et al (1972) and by Horton and Miller (1972). The former is based mostly on a descriptive research accompanied by thorough tests in neurology, physiology and learning

psychology. The latter reports the findings and outcomes of an individual analytically oriented psychotherapy. Theoretically, Ludwig et al. go in a role-theory direction, while Horton and Miller emphasize identification problems. With their sophistication and divergence, these new studies may signify a renewed interest in a long neglected area.

1.2 Variations of multiple personality

A first step in the direction of explanation is frequently classification. I will therefore review some of the suggested classifications in the area, before turning to theoretical formulation per se.

Taylor and Martin (1944) suggest two levels of classification: (1) types of organization, (2) nature of differences between personalities.

1.21 Types of organization

Three types of organization are described on the level of the relationship between the different personalities. An additional differentiation uses the nature of amnesia as a criterion:

1.211 An alternating personality, when only one at a time is dominant and conscious. A typical example is the Norma - Polly - Louise case reported by Goddard (1926).

1.212 A coconscious personality, when one personality continues to function subconsciously while another is dominant. In most reported cases, this possibility appears in combination with alternation; but at times it is reported as the only phenomenon, as in the Anna Winsor ("Old Stump") case observed by Barrows (Myers, 1903) in which one personality had control of the right hand, and the other of rest of the body.

1.213 An intraconscious personality, where a coconscious personality can follow the dominant one's

thoughts. This was the case in "Miss Damon - Miss Brown" study by Erickson and Kubie (1939).

Among the 76 cases reported by Taylor and Martin, an alternating personality appears in 72; a co-conscious personality in 23; and an intraconscious one in 8.

1.214 A special sub-classification suggested by the same authors is guided by the nature of amnesia. Many alternating personalities are mutually amnesic, remembering nothing of each other's experiences. Thus, in the case published by Hodgson and discussed by James (1890), there was no commonality of memory to "The Rev. Ansel Bourne" and to "the merchant, Albert Brown". While Brown appeared spontaneously only for 2 months in 1887, he re-appeared when Bourne was hypnotized by William James in 1890, and then again had no memory of Bourne's life.

1.215 One-way-amnesia appears in other alternating personalities. Thus, in Azam's case of Felida X (Prince, 1906), the "secondary" personality had memory for both, while the "primary" one knew only her own life; this indeed was one of the reasons that made Prince dispute the attribution of "primary" and "secondary" titles by Azam.

One-way-amnesia is very characteristic of co-conscious personalities. In Erickson and Kubie's (1939) patient, the subconscious Jane Brown knew everything about the dominant Miss Damon, while the latter could learn things from Jane Brown only indirectly through automatic writing.

1.216 Taylor and Martin, in discussing mutual and

one-way-amnesia as sole possibilities, imply that some type of amnesia is essential to multiple personalities. Prince (1906) argued, however, that "amnesia is not in any way an essential characteristic of secondary personalities" and that "retention of memory is more likely to be met with when the alterations have gradually developed". Ellenberger (1970), in his own classification of successive (alternating) multiple personalities, indeed adds a third possibility "mutually cognizant of each other". His example is a case of alternating personalities reported by Cory (1919), in which "A" and "B" were on good terms with each other.

A careful examination of the case reveals, however, that amnesia was not absolutely absent: "When either appears she is aware of what the other has done (...) But the inner thought that lies back of an act is known only to the self that performs it. Of this inner life each knows only as much as the other sees fit to reveal".

1.217 Another difference between the classifications suggested by Taylor-Martin and by Ellenberger is in their approach to cases involving more than two personalities. Among the 76 cases on the Taylor-Martin list, 48 involve two personalities, 12 three personalities, 4 four, 5 five, 2 six, 2 seven, and one each involve eight and twelve different personalities. Taylor and Martin still see all these cases as varieties of their basic types, and categorize the 12 personality case as alternating and including mutual and

one-way-amnesias. Ellenberger sees them as qualitatively different from simultaneous (co-conscious) or successive (alternating) cases, and suggests a third category of "personality clusters".

Counting personalities is one of the least reliable assessments in this field. Wilson (1904), in describing the dozen personalities of his patient Mary Barnes, includes a "personality" B-IV which is deaf, dumb and totally amnesic, as well as a "personality" B-I described as being in coma and simulating death, thus lacking any consciousness. It is surprising that Prince (1906) is ready to accept them in his count. Confusion appears in less extreme cases as well. W.F. Prince (1916) speaks of "a case of quintuple personality", describing five distinct patterns, named "Real Doris", "Sick Doris", "Margaret", "Sleeping Margaret", "Sleeping Real Doris". This count is disputed by Ladd (1919), who believes there were actually only two personalities involved. Taylor and Martin (1944), in an apparent compromise, speak of four.

1.22 Nature of differences

Structural classifications, while pointing to important characteristics, seem to contribute little to a causal understanding of the phenomenon. More meaningful in this respect may be the other classification suggested by Taylor and Martin, involving the nature of the differences between split personalities. Their list includes:

1.221 General quality - including temperament,

sociability, values, etc. . This seems to be an over-inclusive category, as the lack of any such differentiation will cast doubt on the diagnosis of multiple personality itself!

1.222 Propriety or good behavior; criminality vs. innocence. While a central component in the popular view of multiple personality, heavily influenced by Stevenson's "Dr. Jekyll and Mr. Hyde", this differentiation is far from being general. Taylor and Martin find it in half their cases, but in many instances they refer to subtle variations in social acceptability rather than to a real good - evil dichotomy. Sorgel (Prince, 1906) seems to be the only historical figure to conform to the "Jekyll-Hyde" pattern; he murdered a person most cruelly and drank his blood while in his secondary personality, and in his trial was judged irresponsible and acquitted.

1.223 Sex; in nine cases one personality was of another sex or sexual orientation than the other(s). Violet Z. (Muhl, 1922) wrote automatically with both hands at the same time; the left hand wrote in a feminine style and characterized herself as a girl, while the right hand wrote in a masculine style and claimed to be a man. It can be noted here that more than two thirds of the reported cases occur in women.

1.224 Youthfulness; significant differences in age appear in 20 out of 76 listed cases. In the B.C.A. case described by Prince (1919), A was a woman of 40 while B was like a girl of 20. Sally, in Prince's (1905) Beauchamp case, was a child of ten or twelve.

1.225 Sensibility differences -- paresthesias, anesthesias, etc. This is a wide-spread phenomenon in this as in other forms of dissociation. Thus, Sally Beauchamp (Prince, 1905) felt no fatigue, and was analgesic and tactually anesthetic (unless pain or touch were indicated by visual or auditory stimuli; e.g. pricking would hurt her only if she saw the needle).

1.226 Particular responses as paralysis or automatic acts also commonly differentiate split personalities, as well as differences of skill, knowledge of languages, etc. In Cory's (1919) case, B. had a good voice and enjoyed singing, which A. was unable to do at all.

1.23 Source of split

Two more classifications were never conducted systematically but seem of utmost importance; they concern the emergence of the split and its final outcome.

As to the source of the split, a clear continuum can be seen in the degree of intervention by an investigator or therapist in the process. Three points on this line are:

1.231 Cases in which the split was initiated from the outside as part of an experimental or clinical treatment. Thus, Leavitt (1947) discusses a case in which "the experimental application of hypnosis resulted in apparent 'isolation' of components of the psyche with each component being manifested as a distinct and separate personality entity". Actually, the secondary personality "was produced by suggesting that the (automatic) writing was under control of a

certain part of his personality unaware to him", and similarly a tertiary "personality" was suggested at a later point. Both were introduced to facilitate psychotherapy with the subject, a twenty year old soldier who developed hysterical paralysis during World War II.

1.232 Cases in which the split was apparently spontaneous, but it first appeared in a hypnotic trance initiated by the investigator or the therapist. This was the case with Prince's Miss Beauchamp whose alternate personality first appeared hypnotically, and whose normal personality - as Prince (1905) defined it - was "recovered" through hypnosis. In another case of Prince, that of Mrs. J. (Prince, 1906) the only manifestation of a split was the existence of a hypnotic personality.

1.233 Cases in which the split clearly existed prior to the first contact between subject and investigator, and its emergence could not therefore be influenced by the latter. This was true of the first documented case in psychiatric history, that of Mary Reynolds (Mitchel, 1888). Another report that meets this criterion is that by Goddard (1926), where the alternations between Norma and Polly started and were observed before any treatment was offered, even before the patient came under the author's attention.

This differentiation is of crucial importance, in the attempt to understand the causation of multiple personality. The cases in the first group, those artificially induced, as well as some of those in the second group, where some

suggestion was evident, were often used as model for understanding the phenomenon of splitting in its entirety. Only the cases in the third group, where no part is played by the investigator in starting the split, can prove this to be an inadequate paradigm (section 1.332).

1.24 Outcome

Dividing reported cases in terms of outcome, and excluding those in which outcome is unknown, three rough categories can again be outlined:

1.241 Cases in which the existence of more than one personality persists, in spite of all attempts to reduce them (or unite them) to one. Thus, Felida X, the famous French patient of Azam (1892), showed throughout 45 years of observation many changes in the relationship between her 2 personalities, but neither did fully disappear. The secondary condition became more and more the predominant one, although it never became exclusive. As long as Azam observed her, Felida had short relapses into her primary normal condition (Ellenberger, 1970, p. 138).

1.242 Cases in which one of the initially present personalities stays, while the other(s) disappears. This happened with Mary Reynolds (Mitchell, 1888), whose second personality overcame the first one. Goddard (1926, p. 182) also reports "Gradually the Norma personality became established and Polly rarely appeared -- For the past two years there have been practically no lapses".

1.243 Cases in which a new, presumably integrated personality emerges and brings the split to an end. This was the case with Christine Beauchamp (Prince, 1905) when the normal and healthy B replaced both B I - supposed for many years to be the normal personality, but melancholic and neurasthenic - and the child-like B III, as well as the later developed choleric B IV.

Sidis and Goodhart (1904) also describe a case of successful integration. Their subject, the Rev. Hannah, developed a secondary personality following an accident, and for a while two personalities co-existed. In a retrospective report, he describes the re-unification (p. 226); "Yet how could one person live and feel both lives? Here was the critical point. But the doctors persisted they were both my lives, and indeed I knew each one was, though it is impossible to take two men and make them both into one. But the lives were constantly becoming more and more personal, until at last, by a deliberate, voluntary act, the two were seized, and have both remained for half a year to the present date".

Thigpen and Cleckley (1957) believe their "Jane" replaced both Eve White and Eve Black. Ludwig et al (1972) describe "Jusky" as the integration of Jonah, Usoffa, Sammy and King Young, the four initial segments of their subject.

Closer inspection will lead us to the conclusion that the last two categories (1.242 and 1.243) are not really different, and that the choice of a new name or retention

of one of the old names is irrelevant to the true nature of the final personality. Some integration seems to be present in all cases where the split disappeared. Mitchell (1888) says of the later stage in Mary Reynold's life: "The change from a gay, hysterical, mischievous woman, fond of jests and subject to absurd beliefs or delusive convictions, to one retaining the joyousness and love of society, but sobered down to levels of practical usefulness, was gradual. The most of the twenty-five years which followed she was as different from her melancholy, morbid self as from the hilarious condition of the early years of her second state. Some of her family spoke of it as her third state". Similarly, Goddard (1926) remarks: "We were surprised to find that what we now had was a blend of the Polly-Norma personalities rather than the Norma we had known".

1.3 Attempted Explanations

No comprehensive or generally accepted theory of multiple personality has emerged so far within psychiatric, psychological or psychoanalytic theories. Many partial explanations have been, nevertheless, suggested throughout the years, and I will attempt to summarize the major points made.

1.31 Supernatural explanations

Historically, the phenomenon now described as multiple personality is closely related to the ancient concepts of possessions and mediumships. James (1890, p. 375) sees possession and multiple personalities as two of the three types of alterations in the present self (the third being insane delusions) and comments that the differences between these types are not always clear. It is interesting to find an Indian investigator, V.K. Alexander (1956) who reports a case of a girl "possessed with two evil spirits" and redefines it as a case of multiple personality. The belief in the possibility of a real presence of a deceased person's mind in one's body, which James (1890, p. 396) is cautious not to dismiss, is rejected by the Indian reporter.

James was not exceptional in this respect among his contemporaries. As mentioned (in section 1.1), many studies of multiple personality were conducted by members of the Society for Psychical Research and reported in its publications. Myers (e.g. 1886) wrote extensively on the subject; also,

Barrett (e.g. 1885), Hodgson (e.g. 1891) and later W.F. Prince (1916-8). As recently as 1933 a Swiss psychiatrist, Bircher, accepted without reservations the reports of a secondary personality of his patient, "Ikara", a Zurich housewife, about her life in a prehistoric age, and explained her as a reincarnation. Ellenberger (1970, p. 133) while discussing the case remarks: "It is regrettable that he did not make a detailed investigation of his patient's personal background".

On the other hand, many investigators rejected claims of supernatural nature even when made directly by their patients. Cory (1919), speaking of "B", one of the two personalities of his patient, comments: "Yet notwithstanding her ability to follow a psychological analysis, after a full statement of the case she retains unmodified her conviction that she is a reincarnated spirit, and she lived and died long ago". Cory does study carefully his patient's personal background and attempts to come with psychological explanations to some of the peculiarities of the case, as "B"'s pseudo-Spanish language.

Cory's approach is identical to the one that will be followed in the present study. Multiple personality will be examined as a natural phenomenon which must be explained within the limits of scientific understanding.

1.32 Physiological explanations

Azam (1887) was the major proponent of a physiological

theory to explain multiple personality. Utilizing and expanding Broca's theories of cerebral localization, Azam made several hypotheses about the brain structure of his patient Felida X. He attributed the splitting of her personality to fluctuations in the functioning of cerebral lobes or areas, caused by interruptions of the blood supply to them. The evidence for this hypothesis was anecdotal in nature, as was the evidence for Myer's (1886) explanation to another famous case, that of Louis Vige. Myers believed that in the good, civilized character the left lobe was dominant, while in the primitive and unrefined character the right lobe was the influential one. Other "ad-hoc" physiological theories of that period are discussed by Sutcliffe and Jones (1962, pp. 240-242) who characterize them as "often very crude and ... readily modified on the basis of slim evidence".

Few systematic physiological and neurological studies were conducted on cases of multiple personality, and those conducted did not lead to new explanations. In a recent research by Ludwig et al (1972) several psychophysiological measures were utilized. Galvanic Skin Response for emotionally laden words differentiated between the four personalities of the patient, and GSR conditioning was only partially transferred; this, however, is consistent with purely psychological explanations and is irrelevant to the causal explanation of multiple personality. Using

neurological measures, they noted significant differences in EEG patterns (contrary to the report of Thigpen and Cleckley, 1954) and VER (Visual Evoked Response) results, and one of the personalities was hypalgesic. The authors tend, however, to see the latter finding as "consistent with a hysterical conversion reaction" (p. 305), and speculate (p. 306) that "the differences noted on VER and EEG tests may likewise reflect differences in emotional status among personalities". Thus, their causal explanation is of a social-psychological nature.

The most recent attempt to postulate a physiological explanation to multiple personality is that of Condon, Ogston and Paoe (1969). They report a high frequency of strabismus (dissociation of normal oculomotor parallelis) in filmed interviews with "Eve Black" and her counterparts. Nowhere do they explain, however, how this could have contributed to the split.

While not dismissing the physiological line of thought, this present study -- due both to the rarity of physiological explanations in recent literature, and to the author's lack of training in physiological research -- will be limited to the psychological aspects of the problem and will test the validity of psychological theories only.

1.33 Multiple personality as an artifact

The theories explaining multiple personality as an artifact are, strictly speaking, psychological in nature. They

will, nevertheless, be discussed separately from other psychological explanations, from which they diverge due to the crucial difference between explaining a phenomenon and "explaining it away", i.e. dismissing its existence.

The present theories can be subdivided according to the person seen as responsible for the artifact, the patient or the investigator.

1.331 Multiple personality as a simulation.

The issue of credibility runs through the literature dealing with multiple personality from its earliest days. Plumer (1860) says: "Mary Reynolds had no motive for practicing an imposture, and her mental and moral character forbids the supposition that she had either the disposition or ability to carry out such a fraud". Likewise, William James (1890, p. 393) discussing his observations on the case of Ansel Bourne, comments in a footnote: "The details of the case, it will be seen, are all compatible with simulation. I can only say of that, that no one who has examined Mr. Bourne.. practically doubts his ingrained honesty, nor, so far as I can discover, do any of his personal acquaintances indulge in a skeptical view".

Later researchers were less generous. "After 1910,... Ellenberger (1970, p. 141) reports -- there was a wave of reaction against the concept of multiple personality. It was alleged that the investigators, from Despine to Prince, had been duped by mythomaniac patients...". Due to methodological difficulties, to be discussed later, the existing

reports were insufficient to ward off the suspicions, and recent investigators find that none of them "resolved the naive but crucial question of whether these alter personalities are 'authentic', 'fake', or explicable on some other basis" (Ludwig et al, 1972, p. 298).

Taylor and Martin (1944, pp. 291-293) list several arguments for the genuineness of split personalities: "The subjects ... number more than a hundred ... (and) are widely distributed in time and space. Most of them had never heard of other cases. A number of the subjects are uncommonly high-minded, honest people ... Likewise, the observers number more than a hundred; they, too, are widely distributed; many of them knew little or nothing of one another's work; and most of them have been accustomed to watching for fraud and to maintaining professional standards. Finally, many of the cases have been judged independently by different observers; and among all the various cases, there are essential parallels in the records for each type of multiple personality".

A more subtle version of the simulation theory appears in recent publications. Alexander (1956) suggests that "it is the same ego that acts in disguise in the various personalities", although he does not imply conscious cheating but rather an unconscious (or preconscious?) defense mechanism. Most notably, Sutcliffe and Jones (1962, pp. 251-257), while rejecting the possibility of deliberate pretense (defined by them as "simulation with correct perception")

suggest instead a theory of "as if behavior", classified as "simulation with erroneous perception".

"Multiple personality cases -- they summarize their argument -- were found to be free from social pressures to assume a new identity which usually surround instances of simulation with full awareness: the "agreement with others" to assume a role (actor), or the need to simulate a new identity in order to escape the reprimand of others (absconding criminal). The multiple personality patient's assumption of new identity allowed him to escape his own restrictive standards, rather than to conform to the rules or requirements of others. Self delusion, rather than deliberate pretense, would be appropriate to these conditions".

While the content of this discussion is very valuable, the subsequent decision of Sutcliffe and Jones to use the term "simulation" in defining multiple personality is mystifying and misleading. It ignores Freud's contribution in differentiating between hysterical symptoms and simulation, and confuses conscious and unconscious processes. When their confusing vocabulary is discarded, Sutcliffe and Jones can in fact be counted as serious opponents of the dismissal of multiple personality as simulation.

Simulation as an explanation is also discarded by Ludwig et al (1972, p. 301) who note in describing the MMPI profiles of the four personalities of their patient: "From our perspective the internal consistency of the individual profiles is remarkable and argues against the possibility

of faking, especially by a relatively unsophisticated person from a lower socioeconomic group". The same disparate and consistent patterns emerge from their other measures (section 1.41) and augment their belief in the reality of the split.

1.332 Multiple personality as shaped by the investigator.

The accusation that investigators of multiple personality "involuntarily shaped the manifestations they were observing" started appearing after 1910 (Ellenberger, 1970, p. 141). Sutcliffe and Jones (1962, p. 248) offer three major arguments in favor of this assumption:

1. "Cases having the most luxuriant growth and long life of additional personalities were under protracted hypnotherapy".

2. "During the course of therapy all the clinicians accepted the idea of "other" personalities, gave them names, discussed them with patients, and admitted in their accounts of the cases that the transformations had impressed them".

3. "Demand characteristics (Orne, 1959) are likely to be particularly strong in a therapeutic atmosphere". The therapist's belief, at times fascination, is "likely to communicate itself to the patient".

The issue of shaping appeared in major controversies around 19th century psychologists and hypnotists. Charcot was criticized by Janet of discussing his patients in their presence, thus influencing their subsequent behavior in line with his models (Ellenberger, 1970, p. 98). Janet, in

turn, was also blamed for reinforcing certain behavior patterns in his own patients (Sutcliffe and Jones, 1962, pp. 248 - 249). "Having found this deeper trance and change of personality in Lucie, M. Janet naturally became eager to find it in his other subjects" -- comments James (1890, p. 291).

Prince, Thigpen and Cleckley all claimed they were skeptical about multiple personalities, but in practice fully accepted the emergence of new personalities in their patients and frequently actively encouraged the transformations (e.g. Thigpen & Cleckley, 1957, p. 60). As mentioned earlier, the alternate personalities of Miss Beauchamp (Prince, 1905) and Mrs. J. (Prince, 1906) appeared in a hypnotic trance induced by the author, and thus their previous "latent" existence is a matter of inference. McDougall (1926, p. 497) warned that "in the course of Prince's long and intimate dealings with the case, involving as it did the frequent use of hypnosis, both for exploratory and therapeutic purposes, he may have moulded the course of its development to a degree that cannot be determined".

An extreme outgrowth of this speculation is Harriman's (1942, 1943) theory. Harriman describes an ingenious hypnotic procedure in which student volunteers "develop" multiple personalities through indirect suggestions. "One wonders, therefore -- concludes the author (1943, p. 643) -- how much the "classic" examples of multiple personality are due to the interpretations which have been assigned to automatic behavior or to roles indirectly suggested to these

subjects, and how much they are mental phenomena which demand a type of scientific insight differing from that found in the field of psychology or psychiatry".

Sutcliffe and Jones (1962, p. 251) note that "the evidence of Harriman's studies is incomplete, since only a few of the behaviors found to be characteristic of multiple personality are covered". A more crucial criticism is possible:

Harriman's subjects chose for themselves their own new roles, and he discusses these roles as determined by fantasies and identification with significant persons. While the actual external emergence of a second "character" is artificially induced, Harriman's experiments demonstrate its universal potential and possibly its universal presence in the unconscious. They reinforce the conclusion of Sutcliffe and Jones (1962, p. 259) "that the contrast between multiple personality and certain behaviors of normal people was probably too strongly drawn".

It must be conceded, however, that all cases in which a dual personality emerged under hypnosis are bound to be controversial. The "hard core" cases of multiple personality, which make an explanation by shaping or suggestion impossible, are those numerous instances in which the split occurred prior to any intervention by a therapist or investigator and was independently observed by others. Some of these cases were listed earlier. The present study will investigate one in detail.

1.34 Psychological explanations

We are now approaching the attempts to explain multiple personality while accepting it as a bona fide phenomenon of a psychogenic nature. These attempts are numerous and mostly fragmentary, but following their development -- roughly in a chronological order -- illuminates the recurrence of certain concepts, themes and theoretical insights.

The French Pierre Janet appears to be the first to formulate a theory of multiple personality. In his classical "L'Automatisme Psychologique" (1889) he discusses "successive existences" as a complex manifestation of the activation of psychological "automatisms". Subconscious fixed ideas can prevent the perception of some sensations, thus excluding them from memory, and creating split parts of the personality endowed with an autonomous life and development. The origin of the splitting is in traumatic events of the past, and one of its causes is a narrowing of the "field of consciousness" due to psychological weakness. The split, as well as parallel hysterical symptoms, can be cured through the discovery and subsequent dissolution of the subconscious system manifested in it.

These ideas, which in Ellenberger's (1970, p. 406) view stand "at the threshold of all modern dynamic psychiatry", include many elements that influenced the explanation of

multiple personality to the present day: the unconscious source; the influence of a childhood trauma; the splitting; the energetic function served.

Janet's contemporary William James (1890, pp. 384-5) accepts Janet's view that the source of the split is inhibitions bearing "on a certain class of sensations (making the subject anaesthetic thereto) and also on the memory of such sensations". The anaesthetic and "amnesic" hysteric -- he proceeds -- is one person; but when you restore her inhibited sensibilities and memories by plunging her into the hypnotic trance -- in other words, when you rescue them from their 'dissociated' and split-off condition, and make them rejoin the other sensibilities and memories -- she is a different person".

This may be the first expression of the idea that the "secondary" personality is actually the primary, more complete and less inhibited one. This is a central issue for Prince (1906, p. 181) who complains about some cases discussed by Jules Janet (Pierre's brother) in which: "The first abnormal personality ... was regarded as the normal state or personality, while the completely normal person who was artificially restored was, in consequence, regarded as a secondary (dissociated) personality".

In general, however, Prince's theory still resembled Janet's, and is based on the assumption that "alteration of personality is effected through the primary organization by experience and later coming into dominating activity of

particular systems of ideas with their affects, on the one hand, and the displacement by dissociation or inhibition of other conflicting systems on the other". (Prince 1919, p. 225).

"It should be noted -- explains Prince (1919, pp. 226-227) -- that the formation of a secondary personality is the result of two processes, dissociation and synthesis ... As to the mechanism by which pathological dissociation is effected, it may be well to point out here that there is no reason to suppose that it is anything more than an exaggeration of the normal mechanisms by which ... mental processes are temporarily inhibited from entering the field of consciousness ... By the second process, synthesis, particular systems of ideas with the conative tendencies of their feeling tones rise to the surface out of the unconscious and become synthesized with the perceptions, and such memories and other mental systems and faculties of the individual as are retained". Prince mentions three categories of such particular systems: (1) systems belonging to one "side" of the character; (2) outgrown systems of childhood; (3) repressed sentiments and thoughts now rising to the surface.

The issue of the emotional shock or trauma, raised by Janet, also emerges in the writings of Prince and his contemporaries. Christine Beauchamp (Prince, 1905) lost her mother at the age of 13, and Prince suggested this was the

point where the split started. Doris (W.F. Prince, 1916) also lost her mother in traumatic circumstances, and one of her splinter personalities appeared according to the author on that occasion; he believed, however, that a prior splitting was caused by the shock of being dashed upon the floor by her furious father. Cory (1919, p. 281) had no doubt that "the cause of the dissociation (in his patient A-B) was...a shock that A received from the tragic death of her father". Norma's twin sister died at ten (Goddard, 1926, p. 182) and her father died of tuberculosis when she was sixteen, shortly before the appearance of her alternate personality, Polly.

The major trauma is reported in most cases to be object loss. In the Norma - Polly case however, there appears the theme found by Freud and Breuer (1895) in their hysterical patients. Goddard (1926, p. 185), in his characteristically stilted language, reports: "The *vita sexualis* was manifested through the *hallucinosi incestus patris*". Both personalities persistently reported intercourse with the father at the age of 14 (two years prior to his death), and the ease with which Goddard determines this is but a hallucination discloses a moralistic bias, and a total disbelief in Freud's findings on sexual development. "Why did a young woman without experience and with an unusually pure mind in regard to such matters, have such a dream or imagination?" - asks Goddard (1926, p. 186), and answers she

must have acquired the idea when staying in a "home for wayward girls". Thirty years were to pass before the oedipal issue was raised again as relevant to the understanding of multiple personality (Alexander, 1956; later Horton and Miller, 1972).

Goddard's faithfulness to 19th century ideas is also manifested in his return to Janet's energetic postulates. "We have seen from Norma's history that she has always been a child of what we may call "low vitality" ... with no surplus of energy ... (therefore) these cell bodies which are the supposed storehouses of energy are ... possessed not of their full quota of energy, but barely enough to start the next neuron into activity". This makes it possible for one part of the nervous system to be activated without arousing other parts, and thus a splitting of consciousness occurs (Goddard, 1926, pp. 188-189).

Goddard's position is regressive in nature, as Janet's approach was rejected by Prince (1914, p. 499) who wrote: "Janet, when interpreting such phenomena, attributes them to "psychological feebleness" in consequence of which the personality cannot synthesize more than a certain number of emotions and ideas to form the personal self-consciousness. It certainly cannot perform the synthesis involved in retaining certain formerly possessed sentiments, etc., but it is not because of feebleness. Many hysterics can synthesize quite as many psychological elements as a normal person,

but not sentiments and emotions of a certain character, i.e., those which pertain to certain experiences, to certain systems of remembrances".

Avoiding the neurological terminology, and attempting to synthesize both Janet and Prince, Taylor and Martin (1944, p. 296) explain energetic notions of multiple personality: "Lowered general energy undoubtedly favors multiple personality ... Severe conflicts between urges use up energy ... and they precipitate emotions which likewise use energy, unbalanced urges, and are disruptive".

A Freudian version of the energetic concept is offered by Glover (1943, p. 12): "The weakness of the ego depends on the degree to which early nuclei retain energy and are capable of a degree of autonomic function -- in this way preventing mental energies from being distributed amongst more integrated layers. Energy can be withdrawn or absorbed from more integrated layers in two main ways: (a) regression to, and re-activation of primitive interest; (b) absorption of energy by direct conflict in the more integrated layers themselves. This conflict is in its turn exacerbated where there exists already an excessive amount of active primitive interest. (I suggest the use of the term dissociation to describe this clinically)".

Glover sees his use of the concept of dissociation as radically different from that of Janet, in whose

"atomistic association - theory ... dissociation is a falling away of groups of atoms from the aggregate of consciousness". In his usage, dissociation is a possible result of repression, reaction formation etc., not a defense mechanism in itself. His attempt to introduce the concept into psychoanalysis was, however, not quite successful. Thus, Alexander (1956, p. 275) writes: "I strongly feel that cases of multiple personality are not cases of dissociation, but rather cases of repression and identification" -- a dichotomy which disregards Glover's suggestions. Eidelberg (1968) does not list the concept of dissociation in his "Encyclopedia of Psychoanalysis".

Another way of describing the different uses of the dissociation concept is offered by Guntrip (1969, p. 96): "Janet held that the psyche, through some inherent weakness, could lack the strength to hold itself together and could 'fall apart' into dissociated fragments operating independently. Freud's dynamic explanation in terms of emotional conflict and repression led the way to the opposite view that ego-weakness is the outcome, not the original cause, of a splitting of the primary unity of the psyche under severe early traumatic stress. Fairbairn is one of the first to point out that hysteria runs back into a schizoid condition of the personality".

Indeed, before suggesting the word dissociation, Glover (1943) refers to the same process as nucleation of the ego. What he discusses, nevertheless, is but a more

detailed view of Freud's tripartite division. A much more radical view was offered by Fairbairn as early as 1931. Strangely enough, no references to Fairbairn's position are to be found in later writings on multiple personality. Leavitt's insistence on identifying the split personalities in his case with representations of the superego and the id (Leavitt, 1947, pp. 286-289), in spite of evidence to the contrary (manifestations of drives in the "superego" personality, and of guilt in the "id" personality) is an example of the results of this disregard.

Leavitt quotes Alexander (1930) to justify his approach: "Therefore, when I describe the superego as a person, and neurotic conflict as a struggle between different persons, I mean it, and regard the description as not just a figurative presentation". This is exactly the approach criticized by Fairbairn (1952, p. 218) when he raises "the question whether Freud's tripartite division of the mind has not led us to regard the ego, the id and the super-ego too much in the light of entities". Instead, Fairbairn suggests a flexible scheme, in which ego, id and super-ego represent only three out of many possible functioning structural units. He discusses a patient in whose dreams and fantasies stable personifications appear; this discussion leads him to the conclusion "that independent formations may become differentiated in the unconscious, having boundaries which do not conform to those implied in Freud's

tripartite division of the mind, and that such independent formations may also invade consciousness in cases of multiple personality". (Fairbairn, 1952, p. 220)

Fairbairn regards his suggestion as an outgrowth of Freud's view (in "the Ego and The Id") that multiple personality may have its origin in the various identifications of the ego. In subsequent papers he continued to develop these ideas, gradually abandoning libido theory and forming his new object relations theory. In 1944 (1952, p. 90) he suggested that "repressed 'impulses' are inseparable from an ego structure with a definite pattern", and utilized multiple personality as an example of such linkage. While in 1943 (1952, p. 62) he formulated the view -- along Kleinian lines -- that "what are primarily repressed are neither intolerably guilty impulses nor intolerably unpleasant memories, but intolerably bad internalized objects", this view is reformulated (1952, p. 168) in the theory "that repression is exercised not only against internalized objects ... but also against ego-structures which seek relationships with these internal objects".

While never fully followed, Fairbairn's ideas are supported by suggestions made by other contemporary investigators. Erickson and Kubie (1939, p. 505) assume that the split in their subject started during a traumatic childhood event, when "the young woman had made a very deep and painful identification with her grandfather".

Geleerd, Hacker and Rapaport (1945, p. 214), speaking of amnesia and allied conditions -- including double personality -- suggest "that in some cases at least (and possibly in all) the fugue state is brought about by a reversal of the process by which the superego was originally created. The superego or parts of it seem to be placed again into the outside world" ... In general, however, their discussion is loyal to Freud's original topographical and libidinal concepts.

A similar loyalty to Freud's topography is exhibited in other contemporary discussions. Thus, Sutcliffe and Jones (1962, p. 256) speak of multiple personality as "an escape from the anxieties of a strong superego repressive personality by creating a relaxed, easy going alternate." Freud's original framework is also kept by Luparello (1970) who attributes fugue states to a regression to an early phase of the mother - child relationship. Luparello emphasizes the role of denial in dealing with reality and external perceptions, in comparison to the more selective functioning of repression directed toward internally derived ego representations (Jacobson, 1957). Four features of fugues are listed: resemblance of sleep; intense separation anxiety; suicidal impulses; and murderous impulses against love objects that turned away.

Although "fugues with change of personal identity" (i.e., multiple personality) are included by Luparello in

his domain, there is no splitting in the case he discusses, which is limited to retrograde amnesia (return to an earlier period). This may account for the fact that no explanation is offered for the choice of a second identity in other instances of "amnesia".

To explain this, it is necessary to return to the phenomena of identification. Thus, Osgood and Luria (1954, pp. 588-590), in their discussion of the Eve White - Black case, note that Eve Black fully identifies with her father and rejects her mother to meaninglessness. This they interpret to indicate "the Electra complex as the underlying dynamism", and suggest that in Eve Black "selfish needs for superiority and playing the father role are achieved". Playing the father role is more than is usually regarded as the "Electra complex", but the distinction between cathexis and identification (internalization?) is not discussed by the authors.

Similarly, Alexander (1956, p. 275), is analyzing the relationships between his patient Soosan and her male split-personality Kotchu, concludes that "Kotchu was a personification of Soosan's sexual impulses which were repressed. The only cause to which we can attribute this repression is an oedipus situation, the father image in this case would be her uncle. In this culture, however, the paternal uncle is usually the father image and children address him as 'little father'". In the reported case, however, "Kotchu" reported that he "disguised himself as the uncle" in

a hypnotic fantasy. Soosan not only desired her uncle; she "became" the uncle.

Horton and Miller (1972) who also emphasizes the role of incestuous oedipal wishes in their patient, offer the most comprehensive formulation so far of the etiology of multiple personality from an identification view point. Summarizing their own case, as well as others (e.g. Lipton, 1943, Masserman, 1961), they reach the following conclusions:

"(1) The parent of the same sex is an unsatisfactory identification model and appears to show multiple personality facets that are contradictory; (2) the parent of the opposite sex presents multiple facets of personality functioning that are quite distinct and contradictory within the family structure; (3) the individual has the capacity to make meaningful emotional relationships so that substitute identification figures are sought; the syndrome follows the loss of these relationships; (4) to maintain marginal ego integration, knowledge of the different personalities is repressed. A failure of this dynamic repressive mechanism leads to acute ego disintegration in the absence of therapy".

1.35 Sociological explanations

Some of the recent explanations of multiple personality seem to abandon the intrapsychic domain in favor of more sociological, or perhaps social-psychological, formulation.

One such direction was indicated by Murphy (1947, p. 431) when he concluded that "most cases of multiple personality appear essentially to represent the organism's effort to live, at different times, in terms of different systems of values".

As mentioned (section 1.222), many of the differences in "propriety" between the two "partners" of a dual personality are related to social norms of the period rather than to absolute moral judgements. Several such differences, Taylor and Martin (1944, p. 289) report, "were more serious for the Victorian personalities involved than they would be for us". It is not hard to speculate about the possible usefulness of "splitting" as a way to avoid the conventions and role-expectations of one's society, or perhaps to simultaneously respond to contrasting role expectations.

A poem published in "Punch", and quoted by Prince (1919) seems to express such a view in its description of one of Prince's cases: "Whenever I am A. / The perfect saint I play; / My virtues are noted, / And I am devoted / To doing good works all day. // ... A proper and prim young girl, / A hair-very-trim young girl, / A chaste, unemotional, highly devotional, / Terribly grim young girl. // Whenever I am B / I am the very D / Delighted in joking / And cigarette smoking / And having a rare old spree. // ... A very alert young girl, / A cheeky and pert young girl, / A rackety, rollicking, merrily frolicking, / Bit-of-a-flirt young girl ..."

Taylor and Martin (1944, p. 295) speak of a situation in which past and present circumstances have caused the individual "to develop at least one disparate, protective role ... (in which) the individual can escape from some of his stresses, and so can feel more comfortable than he knows otherwise".

"The individual derives his role -- they continue -- from experience, whether passively or actively, and consciously or unconsciously. Passively, a role may come to him from out of his own history, or from a living example, or from verbal or other suggestion. Actively, he may select or synthesize a role from his various observations and thoughts ... The role that he finds acceptable may be simple at first ... however, the more the individual is interested in it and is unable to make it either include or exclude the rest of his make-up, the more he learns new reactions that augment the welcome role ... (which) grows stronger and richer".

In postulating a goal-directed behavior, such explanations come close to seeing multiple personality as simulated (section 1.331). Sutcliffe and Jones (1962) thoroughly explain the difference between multiple personality and consciously assumed roles and reject the idea of deliberate pretense; although they emphasize the importance of social settings in creating variability of identities.

The most comprehensive social-psychological discussion of multiple personality is offered by Ludwig et al (1972) in their analysis of their patient Jonah. Each of his three split personalities is competent in dealing with a certain type of social challenges; one is most suited to respond to sexual stimuli, another to those requiring aggressive action, a third one to interpersonal difficulties requiring a legalistic approach, "and each views himself and the world through a value system based in these emotional themes". "Actually -- they explain (p. 308) -- this automatic switch over to another personality is highly adaptive since this alter identity has accumulated and developed many nonshared experiences and skills over the years relative to its emotional specialty and is in a better position for handling the particular situation".

In emphasizing the contextually determined and role specific behaviors, the authors approach those sociologists who find role theory a sufficient tool for explaining individual actions, and tend to avoid the concept of personality. In assuming inner consistency of each of the "role performers", however, they differ from this extreme view. Their position is most closely related to Brown-fain's (1952) findings about various systematized "self pictures" acquired by individuals and selectively expressed and acted out in different social contexts.

In stating that "all individuals, to some extent, can

be 'different' people under different circumstances, depending upon their emotional needs and the external situational demands", Ludwig et al approach the idea of "sub-personalities" as inner representations of social roles, and point to a possible bridge between role theory and personality theory.

1.4 Methodological problems

The methodological development in the study of multiple personality corresponds to the changes in methods of psychological and psychiatric research in the 19th and 20th centuries.

In its first stages this research was purely observational in nature. Reports by Mitchell (1888), Mayo (1845), Skae (1845) or von Feuerbach (1828) are nothing but thorough descriptions of observable facts. While this approach in its best examples led to very detailed and exact reports based on extensive journals (Prince, 1906, is the most perfect specimen) the resulting studies could not penetrate the external facts and contributed little to the causal understanding of the cases they investigated.

Hypnosis was the first and foremost research method introduced into the field, most notably by Janet. It was utilized as both a research technique and treatment technique, frequently central to the discovery -- or, some say, creation -- of multiple personalities (section 1.232) as well as to their re-integration (section 1.243). The historical role of hypnosis in this area was twofold. On the one hand, by making it possible to communicate with different personalities according to the investigators' needs (e.g. Ludwig et al, 1972, p. 299) and by recovering memories long repressed and not otherwise accessible (e.g. Erickson and Kubie, 1938), hypnosis contributed greatly to our understanding of multiple personality. On the other hand, the

use of hypnosis considerably increased the suspicions regarding the genuineness of the whole phenomenon (section 1.332). The latter consideration contributed to the avoidance of hypnosis in the present study.

Of related value is the method of automatic writing (e.g. Erickson and Kubie, 1938) which is of particular usefulness in the study of coconscious and intra-conscious personalities (sections 1.212, 1.213). This method likewise involves a degree of suggestion and invitation on the researcher's part and is the subject of the same criticisms as hypnosis.

Objective physiological and neurological investigations were introduced by Azam (1887), in his studies of Felida X, and by Bourn and Burot (1885) in their experiments on Louis Vive. Based on the limited scientific knowledge of their time these studies were simplistic and lacking in controls. EEG has been studied in more recent cases (Thigpen and Cleckley 1954, p. 145; Ludwig et al, 1972, p. 304), but physiological investigation in general has contributed little to the psychological understanding of multiple personality (section 1.32).

More valuable have been subjective reports of persons having split personalities. One must agree with Prince (1919, p. 230) who says: "If the writer is endowed with the capacity for accurate introspection and statement such an account ought to give an insight into the condition of the

mind during these dissociated states that is difficult to obtain from objective observation, or, if elicited from a clinical narration of the patient, to accurately transcribe".

Prince (1919) himself quotes extensively from the written reports of "B", one of the split personalities in the "B.C.A." case, and from those of "C", in Prince's view the recovered reintegrated personality. The influence of Prince's ideas and vocabulary is evident in these reports but they are still rich in relevant autobiographical and introspective detail. The report supplied by Sidis and Goodhart (1904) also describes vividly the experience of the split: "It seems to me, on reasoning, as if there were two bodies alike, like twins, perhaps, beings that had lived entirely different lives, or like twins of the same body ... You would think it impossible to join the two lives into one; they would seem so discontinuous and different ... I cannot fit the parts of the one into the space of the other" (pp. 196-199).

1.41 Psychological testing of multiple personalities

The development of psychological testing in this century supplied the researcher with a method highly useful for the study of multiple personality, which can help overcome problems of reliability (as those posed by observational studies) and validity (as those created by hypnosis). So far, however, the use of psychological tests in this area has been limited.

An early example of the use of systematic psychological measures is Prince's (1929) utilization of McDougall's classification of emotions as a basis for differentiating among the personalities of Miss Beauchamp. The same scale was recently used by Ludwig et al (1972, p. 301) following Prince's model.

Erickson and Rapaport (1941) presented the results of projective and psychometric tests administered to two persons with dual personalities, but their report was not published. Geleerd et al (1945, p. 219) while discussing five patients with fugue states and varying degrees of splitting treated at the Menninger Clinic, note: "The psychological tests in all our patients showed a predominance of compulsive features".

The first detailed report on the projective testing of a multiple personality was published by Leavitt (1947). It concerned, however, not a "natural" case, but one deliberately developed in psychotherapy (section 1.231). The Rorschach and the TAT were administered to "Dick, Frank and Leo". Leavitt (1947, pp. 287-8) explains:

"Employment of these projective techniques seemed to offer certain advantages. Rorschach cards and the T.A.T. plates are standard stimuli, and responses lend themselves to analysis. Thus, responses of the disparate personalities could be compared with well-established clinical personality patterns. In addition, the Rorschach and, to a lesser extent, the T.A.T. responses are less influenced by rationalization mechanism than is verbalization".

Leavitt discusses the different approaches of the three in the testing situation, reproduces the psychograms of

the Rorschach test and supplies summaries of the stories given to TAT cards 4, 7 BM, 6 BM, 13 MF, 16 and 1 BM. The results are of considerable interest and their complexity far exceeds the author's initial assumptions as to the nature of the experimentally produced personalities as "superego" and "id" personifications. Distributions of locations, determinants and content vary on the Rorschach; the TAT stories express different degrees of repression, anxiety, dependency and maturity.

Thigpen and Cleckley (1957, pp. 128-129) express open prejudices against projective tests. "From any patient's responses in such tests one can, if he likes, theorize indefinitely, and by the manipulation of the currently popular dynamic concepts, work out explanations of dubious validity along any line he might choose" (pp. 128-129). It is not surprising that they conclude that "the Rorschach and other projective tests ... revealed nothing important" in their case.

The testing report itself, however (Winter, 1954), gives a totally different picture. "A comparison of the projective tests indicates repression in Mrs. White and regression in Mrs. Black", concludes the examiner, and his analysis of test results (on the W-B, Wechsler Memory Scale, Figure Drawings and Rorschach) leads to many other differentiating elements. The raw data, unfortunately, is neither reported nor referred to, and attempts to secure it, by this author, have so far been unsuccessful.

The case of Eve White/Black was also studied through the analysis of handwriting (Thigpen & Cleckley, 1954, p. 149), but this was limited to the question of separateness or unity of the three personalities. Much more impressive was the use of the semantic differential (Osgood & Luria, 1954) which led both to a detailed "mapping" of the inner world of Eve White, Eve Black and Jane, and to important hypotheses regarding the development and reasons of the split itself.

Ludwig et al (1972) utilize several methods of psychological testing, divided into three categories. (1) The self descriptive techniques utilized were systematic interviews based on McDougall's scale of emotions, Form R of the MMPI (Hathaway & McKinley, 1967), the Adjective Check List (Gough & Heilbrun, 1965) and self drawings. All revealed considerable differentiation. (2) Intelligence was measured by the Kent Emergency Scale (Kent, 1946), the Shipley Scale (Boyle, 1967) and by the Similarities and Block Design subscales of the WAIS. No considerable differences were found on this level. (3) Finally, learning and memory tasks (paired words, associate learning, logical memory) were used to assess transfer of learning and retention of knowledge. They indicated uneven practice effects between personalities. This issue was further studied through psycho-physiological methods of GSR measurements and conditioning.

In view of the thoroughness of Ludwig and his associates, the lack of any unstructured techniques (beside the drawings) is disappointing. This avoidance cannot be justified by the non-psychoanalytic approach of the authors. The TAT, for example, has been utilized extensively in objective non-clinical research (e.g. on achievement motivation) and can be interpreted simply as "thought sampling" (McClelland et al, 1953, p. 321), analyzed in behavioral terms (deCharms, 1968, pp. 191-208) or "conceptualized as an imaginal reflection of the subject's current social position within the surrounding matrix of social role" (Klinger & McNelly, 1969, p. 574).

II. GOALS AND HYPOTHESES

The basic goal of the present study is to reach a better understanding of multiple personality -- its genesis, its dynamics, its functions. Contemporary psychoanalytic theory, in particular object relations theory, is utilized as a theoretical framework for such understanding, and the validity of Fairbairn's concept of ego splitting (section 1.34) is examined. The relevance of sociological role theory (section 1.35), and of the notion of subpersonalities as a general phenomenon of human life, is also given consideration. As a more far-reaching goal an attempt is being made to draw conclusions from multiple personalities as to the normal processes of personal development and of the crystallization of self identity.

Due to the exploratory nature of the study, its hypotheses could be stated only in general terms. The main hypothesis offered at the planning stage were:

- A. Multiple personality is not a delusion or a simulation but a psychological reality. The split personalities are separate, well crystallized and internally consistent patterns.
- B. These patterns can be detected not only in external-conscious -verbal behavior; the split persists on

- the levels of intellectual functioning, cognitive style, expressive movement and fantasy life.
- C. The split personalities cannot be seen as representing single structural systems (e.g., superego or id); drives and defenses are interwoven in each, in different combinations.
 - D. Beyond their separate phenomenological existence, the split personalities can also be seen as closely related, as representing alternative and complementary solutions to the same initial dilemmas.
 - E. Through a genetic reconstruction it is possible to trace an early pattern of an integrated personality, which includes elements later existing in all personalities; none of them could therefore be defined as the "real" one.
 - F. With the influence of psychotherapy or external changes, the split personalities will change; due to their inter-dependent nature, changes in one will always be complemented by changes in the other(s).

III. METHODOLOGY

Due to the rarity of multiple personality cases, the present study is based on one case only: a black female, 20 years old, who in this report will be called Diana, and whose secondary personality will be here called Julie.

In order to compensate for the limitations imposed by studying one subject, a large and varied sample of observations has been utilized. This study lies methodologically in the tradition of the idiographic approach (Allport, 1942), and is guided by the belief that "psychology will become more scientific, i.e. better able to make predictions, when it has learnt to evaluate single trends in all their intrinsic complexity". (Allport, 1940)

The material collected and analyzed in this study can be roughly divided into five categories:

3.1 Direct observations

Diana was admitted on September 17, 1971 to a psychiatric ward of Jacobi Hospital, which is part of the Bronx Municipal Hospital Center affiliated with the Albert Einstein College of Medicine. On the ward (10W) she was assigned to Frederic Coplon, M.D., at the time a first year resident, for psychotherapy; and to me, at the time a

psychology intern, for psychological testing. She stayed in the hospital, with some interruptions, till February 13, 1972.

During these five months Diana has been observed almost daily by myself, by Dr. Coplon, and by many other members of the ward staff. These observations were made in scheduled individual sessions, in group therapy, in therapeutic community meetings, and during informal encounters on the ward. Many of these observations were recorded in the progress notes and in the nurse's notes, routinely added to Diana's hospital charts, and were available to me in preparing the present study.

3.11 Videotape recording

In October 1971 two interviews were conducted by a medical student, Mark Chenven, who was at the time in training on the ward: one with Diana, one with Julie. These interviews, each lasting close to an hour, were both recorded on videotape, thus creating a permanent record of the appearance of the two personalities, their patterns of expressive movement, and of voice and tone of speech, in addition to a transcript of their verbalizations.

These two recordings were viewed by me in March 1972 together with Dr. Albert E. Scheflen, in order to draw conclusions as to the non verbal differences between Diana and Julie.

3.2 Verbal communications with the subject

During the same period about fifty interviews were conducted with Diana and Julie by myself, by Dr. Coplon, and by other staff members. The content of most of them was recorded in the progress notes, and others were reported to me verbally. They clarified the subjective view of the subject regarding her condition, and (together with material from the family) made a reconstruction of her past possible.

In October - November 1971 Diana and Julie wrote a report on their life, entitled "They even didn't know my name". Some chapters of the report were written by Diana, and others by Julie. Diana allowed me to read the report, but asked me to return it before I could copy any parts of it. It is no longer available, and therefore it cannot be directly quoted.

3.3 Verbal communications with family members

During the period of Diana's hospitalization, several contacts were made by Dr. Coplon with Diana's family, and their content was reported to me. In addition, I made visits to the family's home on June 14, 15, 16 and 19, 1972. During these four visits I interviewed Diana's mother, three sisters (to be called here Mildred, Jane and Gloria) and two brothers (to be called Sebastian and Henry), and also held a short conversation with Diana herself.

The interviews focused around three themes: family

history, in particular the deceased father's personality; perceptions of Diana, her development and her present problems; the interviewee's own life and concerns. The respondents' earliest childhood memories were also elicited.

3.4 Testing of the subject

Fifteen psychological tests were administered to Diana and to Julie, mostly between September and December, 1971. Circumstances (the unpredictability of the alterations, Julie's frequent refusal to cooperate) prevented any strict ordering of the tests. To prevent a constant order effect, Diana took first about half of the tests, while Julie took first the other half. Some tests were readministered at later points, but three tests were never completed by Julie, who in two cases stubbornly claimed the tests were too cumbersome.

Table 1 lists the tests administered. They were all analyzed according to existing norms.

Table 1. Tests Administered to Diana-Julie

Name of Test	Abbreviation	Reference	Date taken by Diana	Date taken Julie	Remarks
Adjective Check List	ACL	Gough & Heilburn, 1965	10-13-71	10-22-71	modified version of 60 items
Bender Gestalt	BG	Bender, 1938	10-8-71	10-5-71	
Blacky Pictures	BP	Blum, 1950	6-5-72	not given	
Edwards Personality Preference Schedule	EPPS	Edwards, 1959	10-13-71	refused	
Draw a Person	DAP	Machover, 1949 Buck, 1948	10-8-71 11-19-71 2-22-72 6-5-72	10-4-71 11-16-71	Including male, female, self, at times house and tree
Holtzman Ink Blot Technique	HIT	Holtzman, 1958	11-19-71	12-2-71	
Minnesota Multiphasic Personality Inventory	MMPI	Hathaway & McKinley, 1967	12-1-71	49 items completed 12-2-71	
Rorschach	Ror.	Rorschach, 1921	9-27-71 2-22-72	10-4-71	Cards I-VI only in second testing
Rosenzweig Picture Frustration Study	RPF	Rosenzweig, Fleming & Clarke, 1947	11-11-71	11-16-71	

Table 1. (cont'd)

Name of Test	Abbreviation	Reference	Date taken by Diana	Date taken by Julie	Remarks
Semantic Differential	SD	Osgood, Tannenbaum & Suci, 1957	11-24-71	12-1-71	Revised list of concepts from Osgood & Luria, 1954
Sentence Completion	SC	Rohde, 1957	10-27-71	10-5-71	
Thematic Apperception Test	TAT	Murray, 1943	9-27-71	10-4-71	Cards 1,2,4,6GF,7GF,9GF,10,12F,13MF.
			11-11-71		3GF,5,11,12M,14
				11-19-71	1,2
			11-21-71		18GF,8BM,15,17GF,16,19,20.
Value Survey	VS	Rokeach, 1968	11-19-71	12-1-71	
Wechsler Adult Intelligence Scale	WAIS	Wechsler, 1958	9-27 to 10-27-71	10-4-71	
Word Associations	WA	Rapaport, Gill & Schafer, 1946	10-27-71	10-5-71	

3.5 Testing of family members

On June 14, 15, 16 and 19, following the interviews, the same six family members listed in section 3.3 were tested. The tests administered were:

Rorschach (full)

TAT (cards 1, 4, 6 GF, 7 GF, 9 GF, 13 MF, 12 M - to the females; cards 1, 4, 7 BM, 8 BM, 9 BM, 13 MF, 12 M - to the males).

Draw a Person (of both sexes)

3.51 Comparison by judges

Eight judges, all graduate students in clinical psychology, were asked in July 1972 to compare the Rorschach and TAT protocols of Diana, Julie, the mother, the two brothers (Rorschach only, so that their sex is not disclosed) and the three sisters. Three of the judges returned their completed questionnaires.

The judges knew nothing of the nature of the study, and they worked under the assumption they were rating Rorschach and TAT protocols (each test separately) of eight or six individuals, respectively.

The task was comparing each pair of protocols on each test (a total of 28 Rorschach pairs, and 15 TAT pairs), and rating them on the following scale: 4- very similar, 3- somewhat similar, 2- not too similar, 1- not similar at all. No specific instructions were given as to the relevant criteria; the judges were simply asked to use their

clinical judgement in an overall comparison.

The goals of this experiment were twofold: (1) to assess the degree of similarity between Diana and Julie in the eyes of an unbiased observer, and whether the fact that they are two personalities of the same person can be detected from their answers; (2) to find similarities to the personality patterns of Diana and Julie among other family members, possibly supplying role models or manifesting parallel influences.

IV. FINDINGS

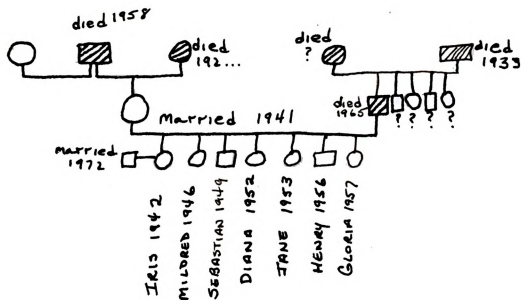
4.1 The subject's family history

Diana's parents both come from the South. Her father was one of the older children in a large family, and received no education. His own father died in 1933, when he was a teenager, and his mother had a hard time supporting the family and bringing up the children.

Diana's mother was an only child. Her mother died when she was 7 years old, and she was brought up by her aunt and uncle. Her father moved to another town, and remarried ten years later. He came to visit her occasionally. She completed high school.

They met in New York City, and married in 1941. They both wanted a big family. Between 1942 and 1957, seven children were born (Figure 2). There were also two still-born, following the births of the first and of the second child.

For several years, the family lived in a small, overcrowded apartment, under difficult economic conditions. The father, lacking any vocational training, became an apartment building superintendent in a white neighborhood.



The children (with birth dates): Iris, Mildred, Sebastian, Diana, Jane, Henry, Gloria

Figure 2: The subject's family genealogy.

Later he became part owner of a bar. He himself drank, at times heavily, and was known to have female friends. The relationship between father and mother was tense. The mother earned some money as a day - time foster mother.

Diana's sisters all did very well. Iris (she married in 1972), Mildred and Jane completed high school, and younger Gloria and the brother Henry are still students. Mildred is at present a medical technologist, Jane a teacher, and both live in the house. The "black sheep" of the family were Diana and her older brother Sebastian; the latter has been addicted to heroin for several years.

The father developed lung cancer in the early 1960's. This was kept a secret from the children for a while, but was later disclosed as his condition worsened. He died in the hospital in May, 1965. Next, the mother's own father, who meanwhile has moved to New York City with his second wife, became ill and almost fully disabled. The mother was frequently called from their Bronx apartment to her father's place in Manhattan, and was very exhausted. Her father died in 1968. Around that time the family moved to a new, more spacious apartment. For the last few years mother has been taking care of Diana's daughter, born in 1968 (section 4.2), but this became a problem recently due to the mother's ill health, which made it necessary for her to stop working and to be hospitalized for several weeks, in 1971.

A more detailed description of family members, based on interview and testing data, appears in section 4.5.



4.2 The subject's life prior to the beginning of the study

Diana was born on October 18, 1952, the fourth child in her family. (Figure 2). Pregnancy was difficult, and so was birth. The mother suspects she was diabetic at the time without being aware of it.

Infancy and early childhood were normal. Mother is unable to date maturational stages, but believes that Diana's speed of growing was similar to that of her other children, and presented no problems. She had all usual childhood diseases except for measles; at age 11 she had a tonsillectomy.

Age 11 is also reported by Diana as the approximate time she started menstruating; this did not particularly upset her. She had begun to masturbate before the time, but she found it more pleasurable after the onset of menses.

Diana was seen by the family as a stubborn and moody child. Sebastian, three years her senior, describes her as always doing stupid things. When hurt in play, she would immediately run to her father. Mother mentions temper tantrums when Diana couldn't have her way, fights in school, and cases of disloyalty to her siblings (squealing on Sebastian when he did something wrong) possibly related to competitiveness.

It is clear Diana was closer to her father than to her mother. Diana believes she was his favorite, and this is confirmed to different degrees by Mildred, Sebastian and Jane. Father took Diana with him on his job, to visit friends, the ball games, and so on. He even took her once to meet one of his girl friends and the child she had had by him; Diana also mentions at least one prostitute he had known, who lived in their building and was "beautiful and sexy". While never beating Diana (as he did her mother and siblings when drunk), he would frequently kiss her and caress her, and she remembers many of his caresses as openly sexual. She always has had sexual feelings about him, and never felt any conscious guilt over them.

Diana believes her father's favoritism aroused her mother's and siblings' resentment. She never felt close to her mother, and experienced her as cold and ungiving, responsible but strict and bossy. (Contrary to Diana's experience, Henry describes the father as being stricter than the mother. Diana's resentment is not openly shared by any of her siblings). Recently Diana wishes for a better relationship with her mother, but does not believe this to be possible, and feels some guilt about creating such distance between them.

The father's death in 1965 is seen by Diana and the family as a major trauma in her life. She became very upset when he got sick; her usual mood swings became worse,

and she would frequently disappear from the house without explaining where she went. When the father died, Diana -- 13 years old at the time -- absolutely refused to acknowledge his death, even though she attended the funeral. Two days later she disappeared for three days, and was unable to account for her whereabouts on return.

From that time on she often claimed not to have done or said something others attributed to her. Family and friends assumed she was lying, and she herself was puzzled by these lapses of memory, which lasted for hours, at times for days. The most extreme lapse occurred at the age of 14, when she became pregnant without having any memory of heterosexual intercourse. (She could recall one homosexual encounter into which she was forced by an older girl.)

The fetus, a well formed male, was aborted by a lady in the neighborhood. Diana was very upset about the whole experience, and fearing her mother may "flush the baby down the toilet" wrapped it up in a blanket and hid it in a drawer. It was discovered by the mother three days later.

Following this event, Diana continued her pattern of running away, and was seen several times in family court. In June, 1967 she was remanded by the court for psychiatric evaluation in Jacobi hospital. Hospital records described her as "very restless, can't keep still, oriented x3, friendly, denies hallucinations and delusions". The diagnosis offered was: "Adolescence Adjustment Reaction". After two days in the hospital she was returned to the court.

"According to Probation Officer, -- the letter from the hospital's psychiatric service says -- patient complained of some back condition and seemed unable to walk. Our Nursing Staff's observation does not substantiate this nor does the attending physician's examination. She participated in Ward activities. There is some indication of limited intellectual functioning which makes her disinterested in school. Also she mentions an involvement with a 19 year-old man".

Sexual activities indeed became central in Diana's life. Following the "rape" by the older girl, which she experienced as frightening but enjoyable, and after her first stay in the Youth House, she had many more homosexual experiences, usually mutually tender and leading to orgasm. She also started dating heterosexually, but always felt some disgust about having sex with men, and was never able to achieve orgasm heterosexually, not even when she has fantasies about her father during intercourse.

The first heterosexual intercourse she can remember occurred at age 16. It resulted in a second pregnancy, and Diana gave birth to a daughter. Adoption was considered, but rejected (Sebastian reports he was the one who objected to the idea most strongly) and the girl remained with the family. Diana took care of her during the first months of her life, and also managed to complete 11th grade, but then disappeared, and for about two years would only visit

occasionally with the family and with the baby.

What she was doing during these two years was mysterious to the family, and to some extent to Diana herself. Her periods of confusion and loss of memory were now frequent. There were things she could remember doing, but the memory was vague and dream-like; other things she could not recall at all, and at times she would find herself in the company of older men, whom she could not remember meeting. She lived in New Jersey with one of these older men, but the only periods of which she had full awareness and memory were her visits at home.

This mystery lasted until 1970, when for the first time Diana started hearing the voice of another girl who named herself Julie. Following a series of "conversations" initiated by Julie, Diana came to realize that Julie and she have shared the same body for several years.

Julie informed Diana that she came into being just prior to the father's death, in order to protect Diana from the shock. She was the one who became pregnant, leading to Diana's abortion. She had no feelings for Diana's family and baby, which did not belong to her. She was generally amnesic to Diana's life, and knew it only vaguely, similarly to Diana's memories of her fugue states, which actually were periods when Julie "took over".

Contrary to Diana, Julie was mostly heterosexual, and was able to reach orgasm with men. For a few years she

has been a prostitute. For some periods she worked as a streetwalker in Manhattan. At other times she would stay with older men, in their late 30's or 40's, her favorites. Contrary to Diana's inhibitions, Julie enjoyed sex freely, and for pay would do anything with men or with women. She was very proud of some encounters with athletes and other celebrities, and enjoyed trips to Florida, Canada and Puerto Rico with older lovers.

Diana came to realize that the older man with whom she stayed in New Jersey was actually attracted to Julie. He interpreted the alterations as mood swings, and showed preference to Julie and disappointment with Diana. However, around the middle of 1971, Diana's presence -- infrequent during the past two years, when Julie was "out" most of the time -- became more and more frequent, and she even brought her daughter to live with her. In late July her lover threatened to leave her, apparently as a result of the change. Frustrated and jealous, Diana poured nail polish remover over him and lit it, thus burning his shoulders and back to a degree necessitating hospitalization. Surprisingly, no charges were pressed. She returned, accompanied by her daughter, to live with her family in the Bronx.

In August the alterations -- always heralded by a severe headache -- became more frequent. Julie informed Diana that she was planning to take over completely, as

Diana was unable to cope with the world. Diana became very frightened about this prospect. She applied to the Metropolitan Mental Health Center, was seen for a few screening interviews, and was assigned a psychotherapist. On Friday, preceding the Wednesday of her first appointment, she became very anxious. She went to the Center and refused to leave, saying she would wait there until she saw her doctor. The medical director of the Center took her to Roosevelt hospital, from which she was transferred to Jacobi, and admitted to a psychiatric ward on 9-17-71.

4.3 The initial picture: Diana and Julie

In this section an attempt will be made to describe Diana and Julie as they were during the first stage of the study. Strictly speaking, the initial picture is that presented at hospitalization, on September 17; but as observations and tests from one day or even one week cannot be sufficiently rich and thorough, data collected during the first 8 weeks of hospitalization are incorporated. While rich in events (to be described in section 4.41), this period was characterized by stability in the personalities of Diana and Julie, and no significant gaps or changes can be found in observations and in testing results during these 8 weeks.

Diana and Julie are discussed here as if they were two independent persons. This is not an attempt to convey any theoretical bias, but rather a convenient way to describe the phenomena observed.

4.31 Appearance and general attitude

The general appearance and style of Diana on admission are conveyed in a mental status report written by Dr. Coplon and dated September 18, 1971.

"Patient presented as well-groomed Negro girl wearing a wig and asking for her clothes. She spoke in a seductive, occasionally little-girl voice, and frequently moved about in her chair and played with the examiner's chair with her foot. She was quite animated and quite entertaining in her use of a Southern dialect to describe various things. She was alert and oriented, demonstrated no thought disorder, showed no delusional ideation. She

denied hallucinations except for the voice of Julie, which she described as aloud and coming from outside her. Her mood was neither depressed nor elated, and she showed a wide range of affect from sadness at her anxiety over Julie to infectious laughter while describing some of her confusing exploits as Diana/Julie. Intelligence was above average, memory intact (except total amnesia for Julie's periods of existence), calculations done well, proverbs interpreted appropriately".

Julie's first appearance in the hospital was on

9-21. Dr. Coplon reports:

"When I spoke to Diana she didn't recognize me, said her name was Julie. She was much more subdued, hostile and arrogant. She indicated she had nothing but disdain for Diana, her baby and her family. She fully intends to take over completely". In a later description he adds: "She was arrogant, cool and aloof and seemed very sure of herself. She spoke deliberately and more slowly than Diana, and there was no trace of the friendliness and charm described earlier. She sat more erect in her chair and was more guarded about answering questions. She smiled occasionally but she never laughed".

When allowed to bring her own clothes, each of the two started using her own wardrobe, without any overlap. Diana's clothes were neat, modest, in good taste but somewhat childish. Julie's clothes were very expensive and sexy: tight blouses, short skirts, etc. They also had separate wigs. Diana wore at times a short, curly wig in an Afro style, not too distinct from her own hair. Julie always used a long wig with straight black hair, in addition to a heavy make up.

I first tested Diana on 9-27, administering on that occasion the Rorschach, TAT, and some subscales of the WAIS. She was very cooperative and well motivated. Julie, on the other hand, was very reluctant to be tested when first asked on 10-4. She said she did not know me, but had

heard about me from Diana. Her refusal to be tested was on the grounds of her not being a patient in the hospital. I managed to convince her that the tests may be of interest to me and to herself whether or not she is a patient, and she consented to take the Rorschach, TAT, WAIS and DAP. On other occasions, when I attempted to administer additional tests, she would either refuse bluntly, or agree reluctantly, or else start a test but interrupt it in the middle due to fatigue (this happened twice with the MMPI); her motivation during this period was never high.

It should be noted that Julie's readiness to stay in the hospital was solicited at that stage through the rationale of this being helpful to Diana. Julie herself never admitted having any problem of her own, or needing any help. Diana, on the other hand, constantly needed help, and was very frustrated by Dr. Coplon's refusal to see her more than three times a week. She would at times sit on the floor outside his office and cry.

4.32 Kinesics

The difference in movement characteristics between Diana and Julie was referred to already. A more comprehensive view of it was achieved through observing recorded interviews with both (section 3.11) and evaluating them under the guidance of an expert in kinesics, Dr. A. Scheflen.

Even when the sound is turned off, significant differences can be recognized. Diana uses less space. Her

posture is constricted and symmetrical, shoulders are fallen, both hands and feet placed closely. It conveys feeling timid and helpless. Muscle tonus is low, but there is a greater tendency to touch her own body while talking, making one wonder if she is in need for feedback from it. There is also more gesticulation, bilateral in nature, and rhythmic lateral head sweeps can be observed.

In contrast, Julie's use of space is asymmetrical, expansive and assertive (see figure 3). Head movements are vertical, the neck sways backward. Her left leg is mostly hanging, while her left arm and right leg tend to move more. She uses her hands alternately, shifting the movement from one to the other, but never in symmetry. Her legs are at times open, and at other times crossed in a mature and sexually provocative manner. Her index finger is kept out, and the palm exposed in a courting position (Schefflen, 1965). All these, as well as a muscle tonus most clearly observed in the legs, add up to a typical non-verbal courting behavior.



Julie



Diana

Figure 3: Schemes of characteristic postures

4.33 Self Concept

Diana and Julie see themselves as separate individuals. "No, I am never Diana, I am me" says Julie in the recorded interview; and Diana says: "I just can't be and act like her". A considerable gap between the conscious self concepts of Diana and Julie is easily discovered in the testing material.

When asked to describe herself by checking the appropriate items on the Adjective Check List (Table 2), Diana emphasizes traits of emotional irritability avoided by Julie, such as "touchy and easily hurt", "frequently angry", "frequently disappointed". Items chosen by Julie and not by Diana, on the other hand, include "businesslike", "shrewd and calculating", "thinks only of himself" and "cold and unfeeling".

The contradiction between the touchy and indifferent repeats itself in the Sentence Completion test. "I feel...mixed up", is Diana's response to one of the items; Julie's is "I feel...good". Diana: "I suffer...with agony because I'd feel confused"; Julie here disregards the rule of the test, and instead of completing the sentence answers: "I don't suffer".

Table 2: Adjective Checklist Responses (10-1971)

(+ = yes)

	Self Concept			Diana seen by Julie	Diana seen by Julie	Julie seen by Diana
	Diana	Julie				
able to give orders	+	+				+
forceful		+				+
good leader		+				+
likes responsibility	+			+		
bossy	+	+				+
dominating		+				+
manages others		+				+
dictatorial	+	+				+
well thought of		+				+
makes a good impression		+				+
often admired		+				+
respected by others		+				+
always giving advice	+	+		+		+
acts important		+				+
tries to be too successful	+			+		+
expects everyone to admire him	+	+		+		+
self-respecting		+				+
independent		+				+
self-confident		+				+
self-reliant and assertive						+
boastful		+				+
proud and self-satisfied		+				+
somewhat snobbish		+		+		+
egotistical and conceited		+				+
able to take care of self		+				+
can be indifferent to others	+	+		+		+
businesslike		+				+
likes to compete with others						+
thinks only of himself		+				+

Table 2. (cont'd)

	Self Concept		Diana seen by Julie	Diana seen by Julie	Julie seen by Diana
	Diana	Julie			
shrewd and calculating		+			+
selfish					+
cold and unfeeling		+			+
can be strict if necessary	+	+	"with baby only"		
firm but just	+	+			
hardboiled when necessary					
stern but fair		+			
impatient with others' mistakes	+			+	
self-seeking				+	+
sarcastic		+			
cruel and unkind					+
can be frank and honest	+	+			+
critical of others	+	+		+	
irritable	+				
straightforward and direct	+	+			+
outspoken	+	+			
often unfriendly					
frequently angry	+			+	+
hard-hearted					
can complain if necessary	+	+			+
often gloomy					
resents being bossed	+	+			
skeptical	+	+		+	
bitter	+				
complaining				+	
resentful					
rebels against everything				"against me"	
able to doubt others		+			+
frequently disappointed	+			+	
hard to impress		+			+
touchy and easily hurt	+			"easily hurt"	

Other qualities emphasized by Julie and denied by Diana relate to independence and leadership: "dominating", "forceful", "good leader", "manages others", "self reliant and assertive", "able to take care of self", "independent". Paradoxically, Diana is the one who checks "likes responsibility".

A related area is having a successful social image. Julie, but not Diana, sees herself as the one who "makes a good impression", who is "well thought of", "respected by others", even "often admired". Seeing herself as "sarcastic", she may relate this respect to the fact she "acts important", and is "boastful", "proud and self satisfied" and even "somewhat snobbish" and "conceited". She "expects everyone to admire (her)" and believes this is achieved, while Diana has the expectation but lacks belief in its fulfillment.

Diana's lower self esteem may be inferred even from her choosing only 23 out of 60 adjectives as appropriate to herself, while Julie chooses 40. This is not a result of general selectiveness; when asked to describe Julie on the same list, Diana chooses 37 items. Julie only finds 13 items which describe Diana, in addition to 3 which she modifies (Table 2). The consensus about Julie's superiority is reflected in Sentence Completion as well. Diana admits: "I envy...Julie", while Julie is sure: "My head...is superior over Diana's."

In the recorded interview (section 3.2) Diana says:
"I am kind of stupid...not stupid stupid, but I don't know lots of things like her ... I believe people".
Seeing herself as naive, Diana never checks another adjective chosen by Julie: "able to doubt others".

While able to doubt others, Julie cannot acknowledge any indebtedness or warmth to anybody. "I envy...no one", "I get pleasure from...myself", "My teachers...I am my own teacher".

Another aspect of the conflicting self-images is represented in the Draw A Person test. Diana's drawings of female figures, including one of herself, are all of little girls (Figure 4): helpless, asexual. Julie declines, at this stage, to draw herself, but her female figures betray a self-image of a more mature and sexy "woman of the world" (Figure 5). The fact that the woman in these drawings has no breasts is one of the first indications that this self-content image is far from being the whole story.

While the self-images of Diana and Julie are opposed on many levels, there still exists a common ground between them. Fifteen traits on the Adjective Checklist are chosen by both as self-descriptive, from "bossy", "resents being bossed" and "always giving advice", to "can be frank and honest", "outspoken" and "straightforward and direct". Two adjectives are chosen on all four questionnaires, i.e.

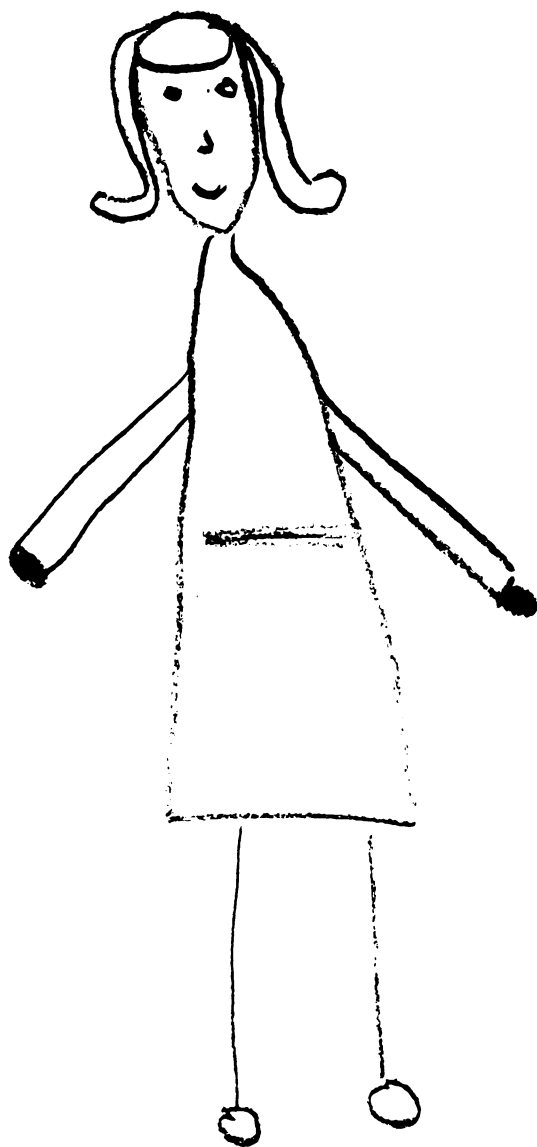


Figure 4: Female drawing by Diana (10-71)





Figure 5: Female drawing by Julie (10-71)



are seen as both self-descriptive and descriptive of the other by both Diana and Julie; "expects everyone to admire him", "can be indifferent to others".

In the Sentence Completion test, along with many contradictions, there are similarities too. Loneliness, homelessness, sleeplessness, rejection of suicide as a solution, enjoyment of clothes, fascination with darkness -- these form an acknowledged common nucleus.

4.34 Cognitive functioning

Seeing the split as a result of simulation would have led us to expect commonality in intellectual capacities. Even with many of the psychodynamic explanations such commonality could not be ruled out, assuming intelligence belongs to the "conflict free ego sphere" (Hartmann, 1939). This, however, does not appear to be the case with the present subject.

Even on the WAIS, where a similar IQ is achieved by Julie and Diana -- average 94-95, with slight superiority of the verbal section over the performance section -- the patterning of subscales is different (Table 3). Thus, Diana is more successful than Julie on Comprehension, due to her better social judgement.

Table 3. WAIS Results

	<u>Diana</u>		<u>Julie</u>	
	<u>Raw</u> <u>Score</u>	<u>Scaled</u> <u>Score</u>	<u>Raw</u> <u>Score</u>	<u>Scaled</u> <u>Score</u>
Information	15	10	15	10
Comprehension	14	8	11	6
Arithmetic	12	11	9	8
Similarities	14	10	21	14
Digit Span	7	4	8	6
Vocabulary	41	10	43	10
Verbal	/	53	/	54
Digit Symbol	46	8	42	8
Picture Completion	12	9	14	10
Block Design	32	10	32	10
Picture Arrangement	20	9	18	8
Object Assembly	26	8	29	9
Performance	/	44	/	45
Total	/	96	/	99
Verbal IQ		96		97
Performance IQ		93		94
Full Scale IQ		94		95

When asked, for example, what will she do with an addressed stamped envelope found in the street, she gives the expected answer: put it in a mailbox or give it to a cop.

Julie, on the other hand, responds: "leave it right there - it's not my name, so I won't bother". Diana also succeeds in some difficult Arithmetic items failed by Julie, and manages to assemble the elephant in Object Assembly, with which Julie is completely confused.

Julie's alleged superiority does materialize when abstract thinking is required, as in Similarities. She easily connects table and chair as being both furniture, while Diana responds much more concretely: "they go together, in order to use a table you ought to have a chair".

When asked, in what way are air and water alike, Diana answers "there is water in the air", while Julie says "necessary to exist".

It should be noted that some subscales were first administered to Julie, and others first to Diana, but no systematic influence of the order could be detected.

The highest commonality of responses was achieved in relatively neutral WAIS subscales: e.g., Information. The correct answers in this subscale are close to identical, as is the final score. The mistakes, however, differ. The U.S. population, in a typical example, is underestimated by Diana to be 80 million, and overestimated by Julie as 800 million.

A defensive constriction and rigidity reduces the quality of Julie's cognitive functioning. This is well illustrated on some Rorschach cards in which a similar percept is seen by both (Table 4). There is a striking difference between Diana's vivid elaboration, accompanied by body movement to describe the image (card III: "2 people in playground, going around like this...this is the thing in the middle, going around...could be two kids jumping a top") and Julie's strict and static response ("two boys").

10

Table 4. Rorschach Responses (9/10-1971)

DIANA		JULIE
I.	(4)	I.
1.	Looks like batman (this a body, this cape - same way as lady, but his hands here like this standing & this) (shows)	Just looks like inkblot to me - ink blot they folded in half.
2.	Either could be a lady with a cape dress on, as queens wear (in middle too - her hands like here (shows) because of the shape - waist, legs. Colors like ladies' colors).	
3.	Or a butterfly (body part, different designs in wings, go like that) if it's a person there is no head.	
II.	(10)	II.
1.	don't know what this means This part here looks like lady putting lipstick (shows) - (just the lips with tissue - way is shaped, color too, red).	Just looks like a big splash.
2.	Or a crab, but has no legs, claws, got the two odd things for eyes (front part bottom part shape).	
III.	(3)	III. (7)
1.	Know like it looks like? Two people	1. Two boys (just shaped like boys).

Table 4. (cont'd)

DIANA		JULIE
	in playground, going around like this (shows) don't know what's that (side D) but this is (center D) thing in the middle going around.	
2.	Could be two kids jumping a top which can go round - or girls (shoes like boys, but up here like got a bust. First boys, now girls).	
IV.	(3)	IV. (5)
1.	This looks like a monster-big monster go like this (shows) face built like beaver, but ain't built like beaver. Feet go like this, and tail. Don't face look like a racoon? Two thin lines like colors in his face, got to be a dragon - has this big fat tail. (wants coffee)	1. Looks like a monster (giant feet, big in bottom and little in top - real tall).
V.	(4)	V. (2)
1.	That's a bat - I've seen this one before. Has legs like that - did you know a bat is a mammal, not a bird? And you know what a cross between bird and mammal is? (long explanation)	1. That's a bat (wings and everything, didn't you see a bat before, laid out in museum?)

Table 4. (cont'd)

DIANA	JULIE
(everything looks like a bat to me, wings, etc.)	
VI. (3)	VI. (Nods head) I don't know what that is
1. Alaskan bear, no - a tiger. Got whiskers, it's a tiger rug on the floor. Whiskers, hair of a tiger, more on head than body, two front feet and back feet. No tail, but they cut the tail of the rug anyhow, right?	
VII. (5)	VII. (13) 1. Two dogs and this is the mother dog-parents (paws ears here).
1. This is the one I remember-twins sitting on a rocker; they rock bank and forth, this is their pony-hair going in the air like that. Behind, hands, face (nose, chin, eyes, bangs - they are girls - because of pony tails & bangs).	
VIII. (5)	VIII. (30) 1. These look like two animals - muskrats or something (because I don't know what else they look like).
1. I remember this one too-these are not rats but animals who look like rat, climbing on mountain, jumping from rock to rock-this is the mountain side & here water, greyish and bluish. They	

Table 4. (cont'd)

DIANA		JULIE
<p>have no tail-there's a picture in my mother's encyclopedia. I don't know how to call them. Legs, stretching over so they can reach the next rock, if you fold it up you can see they do it together.</p>		
IX.	(7)	IX. (20)
1.	<p>You won't believe it-looks like inside of somebody, intestines, green like liver; I know it's red. Here like inside of bottom of stomach, spinal cord-like an x-ray because you don't see the outline of the body. (Intestines - pink & in the bottom; the way it's made its the liver, next to intestines but not green. One side of stomach & middle hollow. There adrenal glands, like in back of body - Do I get this right?)</p>	<p>✓ 1. Ice cream - orange sherbert; green sherbert, and finishing cherry and all that (looks like ice cream).</p>
X.	(10)	X. (20)
1.	<p>Finger painting (kid splashing around, I used to do it in school).</p>	1. A pop-art picture - they splash everything around.
✓ 2.	<p>Also like a monster - because two yellow things are eyes, green like horns. Blue his nose, orange his mouth, this like neck - skeleton body, no real body.</p>	

Table 4. (cont'd)

	DIANA	JULIE
	<p>His ears over her - makes fire. Different smokes & gas, orange & blue coming out his....Does it show how smart you are?</p>	
✓ 3.	<p>Two brownish things look like crabs, but crabs don't come from ears of monsters (are these two parts of same picture, or different things?) (different things. Like crab's body).</p>	
^ 4.	<p>Now these look like crabs too - trying to climb up.</p>	
^ 5.	<p>Different monster - blue eyebrows, green moustache.</p>	

While on the surface both Diana and Julie have an acceptable level of reality testing (average WAIS scores, adequate Bender performance, an extended F+ percent of 80% in both Rorschach protocols), Julie's evasiveness and constriction in verbal style, in quality (no detail responses, no movement), and in number of Rorschach responses (three rejections, only one response per card, totaling seven responses in comparison to Diana's 18 -- Table 8), makes one feel that she is suppressing her fantasy life out of fear of disclosing something crazy and incriminating. It is not surprising that in line with other flat denials, Julie's response when asked to complete "My imagination..." is "I don't imagine, I am realistic". Diana may be more honest when she responds: "My imagination...is wow!"

4.35 Affective functioning

Diana's emotional life is characterized by lability and immaturity. The infantile part in her seems to live untouched. Her drawings, already mentioned (e.g., Figure 4) convey this childishness most directly: roundish thick lines, naive facial expressions. The tree she draws is covered with fruit. Of her Rorschach responses several describe children playing (cards III, VII), and others refer to images characteristic of children's stories: dragons, colorful monsters (card X), Batman (card I).

Diana doesn't want to grow up. Her intense oral needs were never satisfied. Her tempting fruit tree (Figure 6) is behind a closed gate. "My stomach..." she completes with "...is empty". (Sentence Completion).

Much of this frustration is close to consciousness; but complete awareness of it may result in a hysterical panic. Being abandoned is still the utmost danger: "I get scared when I get lost, I cry". (WAIS, Comprehension). On the Rorschach, one can observe how intense emotional stimulation leads to disorganization: anatomy responses, poor form, arbitrary color use (card IX). In such moments the usual judgement is lost (e.g., she would howl "fire" in a crowded theater -- WAIS, Comprehension), and an impulsive, destructive action becomes a serious danger.

This impulsivity is lacking in Julie, but so is spontaneity and warmth. Emotions are strictly under control, to the point of being out of touch with them. While Diana is mostly introverted (the M to sum C ratio is 6:4 in the Rorschach -- Table 8) Julie is strictly extroverted (0:3 ratio -- no human movement responses). She saves herself from the acute anxiety and inner turmoil of Diana by strict isolation of affect and rigid intellectualization. Defenses are stronger, but also more primitive: sublimation is absent, denial prevails. Even dreaming is taboo (SC: "Many of my dreams...I don't dream").

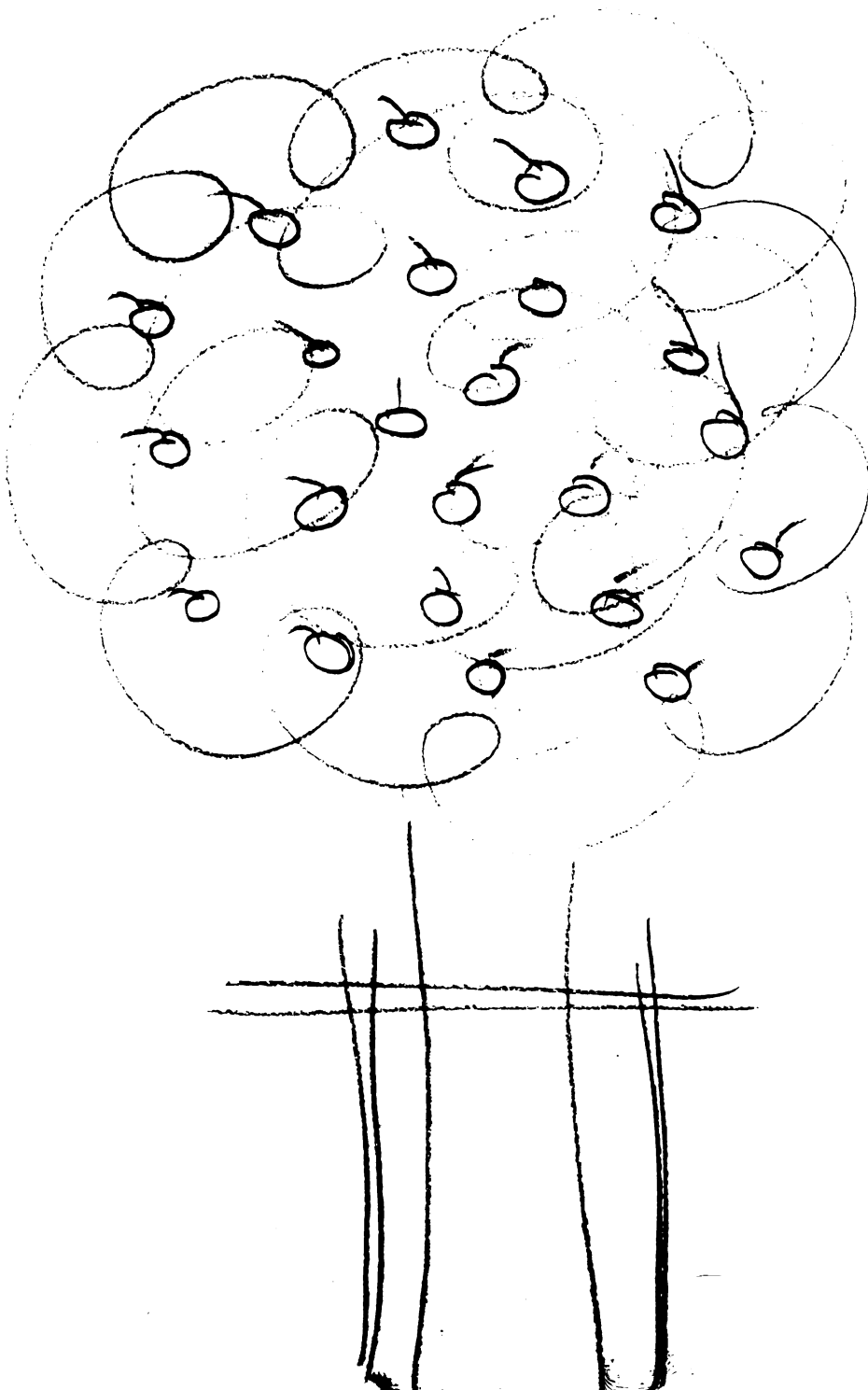


Figure 6: Tree drawing by Diana (10-71)
(Photographed 25% smaller than original)



These primitive defenses do not always work. Julie's lines in her drawings (e.g., Figure 5), while angular and straight, are also thin, shaky and frequently broken, disclosing severe anxiety. Inner tension is expressed through percepts of inanimate movement on the Rorschach, which are frequent (as secondary characteristics) in Diana's responses, but appear in Julie's as well (card X -- colors splashed around).

Moreover, even the oral dependent needs so forcefully denied by Julie ("Eating...I eat very little"; "I get pleasure from...myself" -- S.C.) do appear in her responses, in tests less subject to conscious control. In the Word Associations test she associates "mother", and then in recall "nipple", to "breast", not offering sexual associations which could fit more in her conscious self image. As noted before, her "sexy" female drawings have no breasts. Other relevant responses are drawing a bird's nest on her tree (DAP), or offering images as puppies with their mother (card VII) or an ice-cream cone (card IX) in the Rorschach. The desire to break through the rigid defenses is pathetically expressed when she says (S.C.): "I want to know...how to cry".

4.36 Object relations

Diana's central object is her dead father. "God" she says (S.C.) "is my father". There is no comfort for his loss, and no man can substitute for him. "Love in my

.J. 29

hr. 29

life...was miserable, except for my father's love. (SC)
"He didn't even tell me he was dying" she complains in the recorded interview. The basic desire unfulfilled, gratification is beyond grasp: man always belong to other women (TAT 6, 9, 13 -- Table 5) and the attempt to win one over is doomed to failure. "Most men...are indifferent" (SC). The despair is combined with fear. The male figure acquires a disproportionate, distorted, awkward appearance (DAP -- Figure 7), which makes one wonder if her actual feelings toward her father were that unambivalent; but now she clearly cannot allow herself any negative conscious reference.

This unresolved Oedipal fixation is supplemented by an unresolved aversion and competitiveness with the mother. Mother appears as a source of coercion, not of gratification, and leads the child to feel "all frustrated and depressed for nothing" (TAT 1). Diana's feelings of being castrated and mutilated (expressed in images as a tiger whose tail is cut off -- Rorschach VI) may well be attributed by her to the mother's revenge, as the mother is jealous of her, "can't stand her because she is young and pretty". (TAT 12)



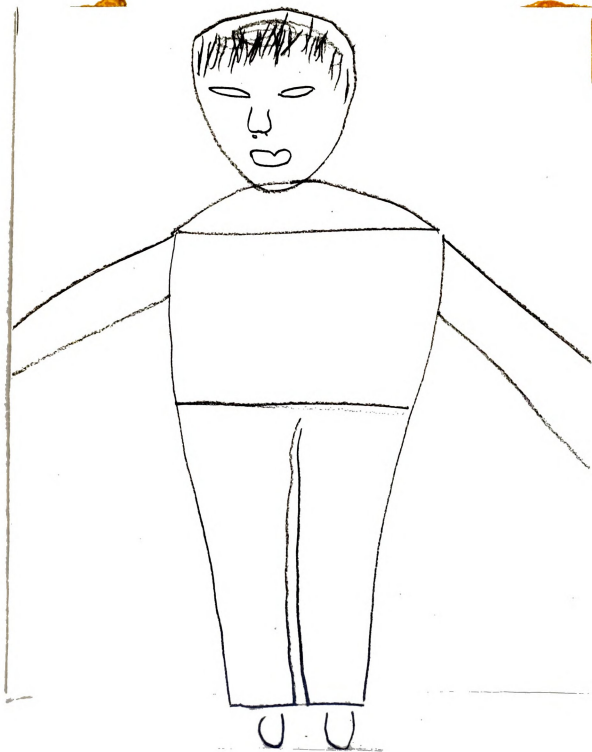


Figure 7: Male drawing by Diana (10-71)
(Photographed 25% smaller than original)



Table 5. TAT Responses (9/10-1971)

DIANA	JULIE
<p>1. Little boy who don't want to take his violin lessons. Trying to think of a way to con his instructor out of doing. He hates it. His mother wants him to take them (?). He get all frustrated & depressed for nothing, the man will make him to take lessons anyway.</p>	<p>1. Looks like little boy trying to figure out how to play this instrument - must be violin (?) Like he never seen that before and don't know what to do with it (?) He probably break it up.</p>
<p>2. Back in times of pilgrims - harvest time. This girl with books don't like the idea of being pilgrim and puritan, wants to study instead of being farmer or housewife. Wants to be a teacher and help children. Lady here thinks the girl think she is better than her. (end?) Girl go ahead and do what she wants to do. Lady here is pregnant, husband working all day. girl has better future.</p>	<p>2. I guess this is a farm - everybody working on the farm. That's one thing I can't understand: how they work, there are easier things to do.</p>
<p>4. Her husband is mad - not with her, with somebody else, wants to go out & have a fight. She tries to hold him back, calm him down, use love but she sees man is very upset. Got hate in his eyes. In the end she gets him to stay home, he'll see she's right.</p>	<p>4. She has a lover and like he want to leave her and stuff, but she'll make him stay - got charm and everything.</p>

Table 5. (cont'd)

DIANA	JULIE
<p>6. GF I don't know - he just surprised her by coming behind her. She may be in love with him but doesn't want to tell him. He tells her he's in love with her, but he's married. She's a secretary that's why she doesn't want.</p>	<p>6. GF I guess she wanting to know what the fucking.... That's something I can't stand, peeking over my shoulder. She don't like it (?) I don't know why.</p>
<p>7. GF I think this little girl here has been bad - mother going to talk to her & explain why she is going to punish her. Girl listens but doesn't want to hear. She would rather just sulk & let mother think she's mad but in the end she'll listen - generally looks like a good kid. Just wants to play with doll, mother tries to teach her her lessons.</p>	<p>7. GF This girl, her mother trying to tell her stuff about staying home, but she's going to do what she wants. That's what you should do, not let people tell you.</p>
<p>9. GF A bad picture - girl here goes with other's husband or boyfriend, going to talk to him. He had an argument with his wife, then man wants another woman to talk to and this woman wants to steal her husband. She gone to get him he needs it. Maybe that's the argument. That's why I try to be understanding, men like women like that.</p>	<p>9. GF She's mad, she's going to tell him just what she thinks. This girl, in background, looking. But she'll tell him, you can't mess with her, she go cuss him out.</p>
<p>10. Another bad picture - two men making love. This man (right) is fat, that's why he is</p>	<p>10. You see kissing on her & stuff, she don't like him. She's like me, she let him do</p>

Table 5. (cont'd)

DIANA	JULIE
<p>gay, women don't like him. Other one just using him, has wife & kids, don't love this guy. Using him for money or likes it both way. At the end fat guy will be hurt - other guy don't like him the way he likes him.</p>	<p>that but he's probably tricky. She goes through the motion - she don't like him.</p>
<p>12.F (sighs) goodness - this girl is a step-child, this is a stepmother & she hates her. The girl don't care for her but don't hate her, but she can't stand her because she's young & pretty - not beautiful, but pretty. (?) She's skinny, she'll try to hurt girl, get rid of her or something - the way she looks at her. Can't you tell?</p>	<p>12. F. I don't know - she's ugly, the mother is uglier, mother looks like a witch. You got be fly to give it - to get what you want (?) The mother think she'll marry, but she's too ugly - don't got nothing going for her.</p>
<p>13.MF This girl here is naked - she's a whore. Man is married, went to bed with her. Now doesn't like this & feels shame. He liked it when he did it but now he's guilty about it. He probably won't go to her again, may-be went to her because was mad at his wife, who went with other boys when they had problems, but I think he came back to see her no more. He feels guilty, but he won't hurt her, just don't go back. That good-he can stick with his wife better. But then she might leave him.</p>	<p>13. MF The man - she laying in bed trying to seduce him, he ain't interested in her, otherwise he won't be hiding his face (?). She start crying, she just ain't sexy - she thinks she looks sexy but she ain't.</p>

With the main cathexis still on the father, relationships with peers are limited in intensity, and mature genitality is avoided. Nevertheless, there are still possibilities of less profound interpersonal ties. Diana is capable of empathy (several good human movement responses on the Rorschach), has adequate understanding of social circumstances (WAIS -- Comprehension, Picture Arrangement), and does relate to people (her TAT stories usually include interaction).

Frequently, however, she would act masochistically within interpersonal relationships, take the blame for any problem and offer the other cheek in response to aggression. This pattern is expressed in many of her stories on the Rosenzweig Picture Frustration test. On the first picture, for example, the stimulus is: "I'm very sorry we splashed your clothing just now, though we tried hard to avoid the puddle". Diana's answer: "That's okay, accidents happen".

Later in the same test the responses become more assertive, even angry. It seems the hostility, initially suppressed, may sooner or later reach a point of explosion. The hope for such an opening-up may be the source of a slip of pen in one of the RPF test responses, to a story about a missing hat: "Oh goodness sake, I need my hate".

A consistent attitude of tenderness is expressed by Diana toward her own child. "Children..." she says, "are

beautiful", "I like best...my daughter", "I get pleasure from...taking care of my baby" (SC). "Something was telling me to give the baby away, but when I saw the baby I said no" -- she reports in the recorded interview. The desire to nurture others may also be seen in her vocational choice: "My greatest ambition...is to be a nurse" (SC).

These needs and capacities stand in sharp contrast to Julie's arrogant isolation. All her libido is narcissistically cathected onto herself. "Love in my life... is me" (SC). The pattern of her Bender Gestalt test, in which the inflated first figure is surrounded by all the rest as satellites (Figure 8), is but one indication of her ego-centrism.

A tendency towards expansion is also suggested by her frequent exaggerations: 500,000 miles from New York to Paris, 800 million American citizens (WAIS, Information). This grandiose quality is complemented by paranoid suspiciousness: "Most people...are liars, cheaters and untrustworthy" (SC).

Not surprisingly, hostile object relations are more common for Julie, and she is right when she says: "There are times...when I hate" (SC). Her sexuality is invaded by aggression, and its separateness from any emotional attachment discloses its pre-genital, phallic-sadistic nature. The man she draws is a horrifying, robot-like monster (DAP, Figure 9), and when in a TAT story (10) a man

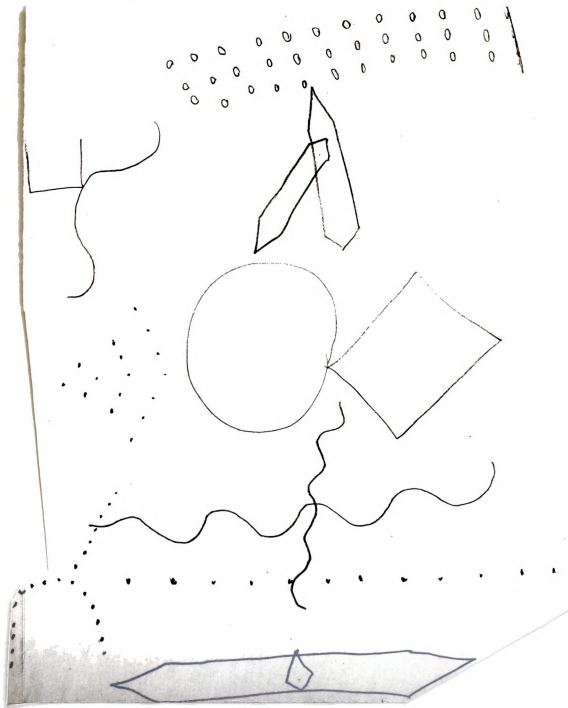


Figure 8: Bender Gestalt by Julie (10-71)
(Photographed 25% smaller than original)

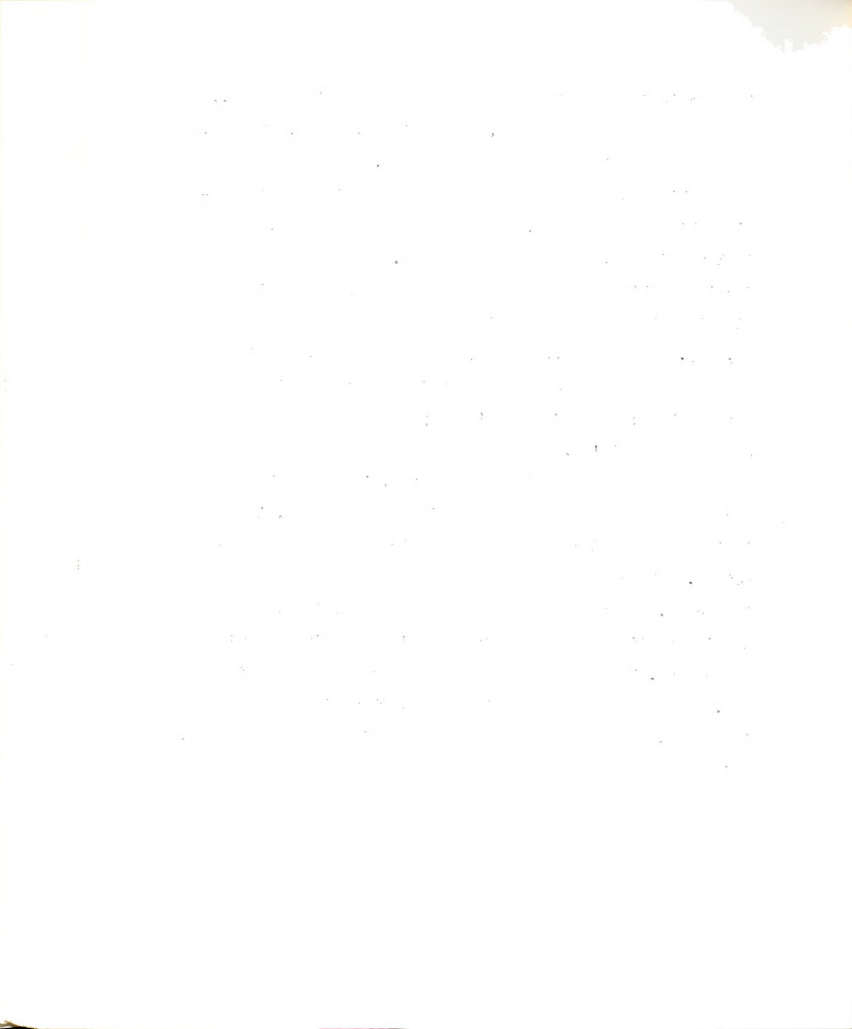


Figure 9: Male drawing by Julie (10-71)

is described as kissing a woman "she let(s) him do that... she gone through the motion, she don't like him". Indeed, she is well equipped to be a prostitute.

This detachment has a defensive function. Julie admits this when she says, in the recorded interview, "I am in love with me, so I never get hurt". The fear of rejection implied here is expressed in her preoccupation with the theme of unattractive girls rejected by men (TAT 12, 13). "I am very...sexy" (SC) she declares, but in the less direct context of the projective test this is not so clear: "she just ain't sexy, she thinks she looks sexy but she ain't". (TAT 13)

The lack of capacity for empathy, indicated by the lack of human movement responses in the Rorschach, is also indicated in Julie's TAT stories, which lack real interaction. She can never understand more than one character in a card. At times she understands none of them, and hurries to disengage herself: "that's one thing I can't understand, how they work -- there are easier things to do". (TAT 2) She is certainly right when, in the recorded interview, she says: "I have loads and loads of associates, I just have no friends".



4.4 Developments with time

4.4.1 Crises & stability: September 17 - November 12, 1971

As mentioned (section 4.2), Diana was admitted to Jacobi Hospital on Friday, September 17, 1971. During the first 8 weeks of her stay on ward 10-W, she alternated between being Diana and Julie. The pattern of these alterations, and of her adjustment to the hospital life, is of considerable interest, although no dramatic changes occurred within these 8 weeks.

A nurse's note of 9-19 describes Diana as quiet, sucking her thumb, and asking all day if she could go home and have her clothes. (She was placed in pajamas as a suicidal precaution). On 9-20 she was relaxed during the day, but in the evening threw a temper tantrum, attempted to get into an elevator and refused to leave it, and was put in seclusion by the ward staff.

Julie appeared on Tuesday, September 21. Her first encounters with Dr. Coplon and me were reported already (section 4.31). She was unhappy to stay in the hospital, but consented to do so temporarily so that Diana can be helped. She acknowledged, realistically, the two of them share the same body and so her physical presence is needed for Diana to be treated.

From that point on the alterations became regular. Diana was around about three quarters of the time, and her turning into Julie was always heralded by a severe

headache. With one exception, the shift always occurred during sleep, but not always at night. Within a week or two everybody on the ward could tell Diana from Julie, recognizing their different posture, movement style, voice and way of talking, and later style of clothing, wigs and make up as well (section 4.31).

On the first weekend in October Diana received a weekend pass. Friday night she appeared in the hospital's Emergency Room with her daughter, saying she couldn't stay at home because her family made her feel she was sick by constantly inquiring how she was feeling. She wanted to stay in the hospital with the child, and when told this wasn't possible agreed to call her brother so that the child could be taken home. By the time her brother came, however, she felt better and decided to go with him.

On return Monday she reported spending part of the time as Diana at home, and another part outside as Julie. During the following week Diana's frustration over her therapist's inavailability increased. On Tuesday she did not share Julie's desire (expressed in the morning) to be discharged, but still left the hospital without permission and returned late. Wednesday she took an overdose of Exedrin, but immediately told Dr. Coplon about it and was treated.

The following weekend was again divided between Diana and Julie, and spent well by both, though with mutual

amnesia. The second week of October was quiet, besides some conflicts with staff about improper use of canteen passes. Testing was continued, mostly with Diana, and she also participated in Occupational Therapy and in group meetings.

The weekend of October 16 was stormy: Diana attempted to remember some of her experiences as Julie, helped by a friend who took her to places familiar to both personalities. A nurse's notes of October 17 says:

"Returned from pass early, accompanied by male friend, Very upset, agitated, screaming hysterically, uncontrollable. Medicated IM and placed in seclusion, crying uncontrollably, yelling 'please help me, you don't understand, I can't remember anything'. Responded to the name Diana. Holding on to writer and would not let go".

The same day, the evening nurse reports:

"Pt. depressed all evening. Stayed by herself mostly in her room. Talked with writer and stated that if Julie leaves her she would never be able to do anything for herself".

The next morning, "Pt. seemed uncomfortable, complained of headaches ... today is pts. birthday, was given best wishes by staff, received it casually, seems to be depressed".

On 10-20 Diana was taken for an EEG examination, and while hyperventilating suddenly changed into Julie. She was very scared and agitated, screaming and hitting the staff. The EEG report indicates no difference between Diana and Julie, and is normal and well organized. The same evening Diana again left the hospital without permission. The following morning she avoided talking about that, but told a student nurse she was looking forward

"to a birthday present and a visit from my older sister".

On 10-22 a nurse notes: "Seems to be vacillating between Diana and Julie this AM". No additional information is offered on the nature of the vacillation. She goes for another weekend, and on return is described as being "in a good mood, socializing well, seem(s) to be in the Diana facet of her personality".

Julie appears to be "out" most of the weekends now, and Diana, feeling deprived, asks for mid-week passes and receives them. Another nursing student reports: "Pt. willing to talk about her 'problem', and is continuing to write her life story. Appears to be in a good mood".

Julie returned very drowsy from the last weekend in October, and Diana was drowsy too the next day. She had a vague memory of Julie taking some pills.

On Wednesday, 11-3, Diana was scheduled to lead the Therapeutic Community meeting, as a patients' representative. She was very anxious from Tuesday night, and the evening nurse describes the following incident:

"Refused to show her pass to elevator operator, and he refused to bring her up to 10th floor. Kicked and hit operator and ripped his shirt".

Wednesday morning Julie was the one to wake up. Dr. Coplon, suspecting this is another result of Diana's fear about leading the meeting, communicated to Julie his belief in Diana's capacity to handle the task. Julie went

to sleep, Diana woke up and led the TC successfully. In his weekly note, Dr. Coplon observes:

"Pt. working very hard in therapy, seems well able to use insights and apply them towards tentative behavior change".

The following Monday another incident is reported:

"Became upset this A.M. Screaming and crying, 'I want my Daddy', uncontrollable... Patient allegedly upset over her mother's admission to hospital".

This indeed, was the case. The mother's hospitalization (for medical reasons) created a problem as to who will take care of Diana's daughter.

Diana went on a pass home, and on return mentioned to a student nurse that "over the weekend she had gotten a ring and can't remember who gave it to her". She has been depressed for a few days, which Dr. Coplon interpreted to result from "difficulty in dealing with conflicts as Diana rather than splitting them off". After a therapy session on Thursday, 11-11, "in which she complained of feeling very confused about who she is", Diana took Darvon and Valium tablets, but denied the suicidal gesture implied and said she just wanted to sleep. The next morning she woke up as Julie, and eloped from the hospital.

It may be of interest that her first sentence in a TAT administered on 11-11 (card 3GF) is: "She's feeling very hurt and very down, her boyfriend just left".

4.42 Attempted integration: November 12-19, 1971

Julie left the hospital on Friday, November 12, three hours before her weekend pass was supposed to start. She

wanted to talk to Dr. Coplon, but he was not available.

Monday, November 15, Julie called Dr. Coplon. She said she was not returning to the hospital, because Diana had died, and Julie was now a new, whole person. For the first time she had found a man she could love. "It's ok, he is a nice Jewish guy and everything is kosher", she said in a voice that sounded to Dr. Coplon very much like Diana's.

She agreed to come back to see Dr. Coplon after the time beyond which the hospital would have to discharge her (because of her having "gone AWOL"), fearing if she comes earlier she could be forced to stay. Nevertheless, she returned to the hospital two hours before the deadline. Dr. Coplon still agreed to discharge her and to follow her as an outpatient. In the discharge summary he defines the goal of future therapy as "to help 'new personality' cope with conflicts that were formerly dealt with by splitting".

Was there really a new personality? Interviews and testing conducted on the day of discharge (November 16) left one with a reserved answer.

Julie was dressed in her usual clothes, but her style - an observation shared by Dr. Coplon and myself -- was closer to that of Diana, and clearly warmer and more friendly than the habitual "Julie attitude". She was in a good mood, unusual for both personalities alike. The man she fell in love with (something that had never happened

to Julie before) was the son of wealthy Jewish parents, was reported to be ready to marry her in the near future, and to be able to support her without her having to walk the streets. As to the daughter, she expressed fears about taking care of her, but appeared to see this as a necessary step to take, and did reveal some maternal feeling.

Dr. Coplon later summarized their session of that day:

"It was pointed out to her that Julie's appearance and eloping from the hospital was probably in part a reaction on Diana's part to strong feelings she was developing for her therapist, and a sense of rejection that he couldn't be everything to her that she wanted. It was also pointed out that Julie's 'nice Jewish boy' might be a substitute for her (Jewish) therapist and that if that relationship didn't work out she might have to be rehospitalized. She seemed to understand this and agreed to return in one week".

Julie was in a hurry to leave, and only limited time was available for testing. Draw a Person, 2 TAT cards and Rosenzweig's Picture Frustration test were administered. When asked to sign her first drawing, she signed "Julie", even though she said earlier that to symbolize the integration she will have a new name, Karen.

The drawings themselves are of a new quality. Instead of the overdone female figure of Julie in October (Figure 5), and the childish girl drawn by Diana (Figure 4), the woman drawn now appears to be a normal teenager (Figure 10). Anxiety is still evident in the broken lines, and the separation between bottom and upper parts signifies continued dissociation, but the body image is much more



Figure 10: Female drawing by Julie (11-71)



realistic than in the past.

Likewise, the male drawing (Figure 11) is less menacing than its earlier counterparts (Figures 7, 9), and more realistic in its proportions; it is "cut down to size". It lacks hands, however; and when asked to draw herself (Figure 12) Julie omits even the arms, a progression which can be understood to signify a struggle to suppress aggressive impulses. On the other hand, this new self drawing is the first in which breasts do appear, reflecting a greater acceptance of female sexual identity.

As to the Rosenzweig test, Julie's responses are diverse. Most are on the polite side, but nine (out of 24) are openly hostile; to the stimulus "Your girl friend invited me to the dance tonight, she said you weren't going", Julie offers the response: "Well, good for her. I hope you have a terrible evening". Diana's answer, five days earlier, was: "Well, since I can't go I don't mind you taking her, and I hope you two have a good time". The style is diametrically opposed; among Diana's 24 responses only one showed a parallel degree of hostility.

Julie never took the RFF test before, so no direct comparison with her present responses is possible; one can just note that the nine hostile responses are very much in "old Julie's" style, but speculate they could be more numerous in the past, and not be outnumbered by the polite "Diana style" answers.

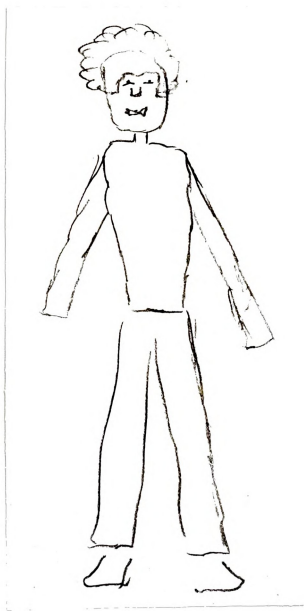


Figure 11: Male drawing by Julie (11-71)

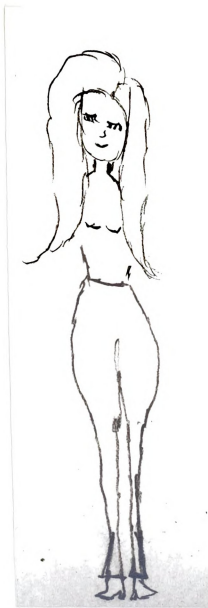


Figure 12: Self drawing by Julie (11-71)

Only 2 TAT cards were administered before Julie asked to be excused. Her responses are: (1). "He is very very unhappy and disgusted with his violin, I guess it is (why?) I don't know why he feels unhappy, I just feel sorry, maybe he doesn't want to play it. (outcome?) I don't know, I just hope he won't be so sad. (2). Picture of puritans' first farm on the land, breaking grounds. Pregnant woman, daughter studying to be a scholar, husband breaking the ground (outcome?) They are hoping they have a good harvest come Thanksgiving, and I hope so too".

There are many interesting aspects to these stories, as compared to the ones given by Julie and Diana a few weeks earlier (Table 5). In content, they resemble more Diana's stories. What is omitted are the interpersonal conflicts: the boy confronts an anonymous authority, no more his instructor and his mother; there is no more mention of the mother's jealousy of her daughter. Instead, we have an overall empathy with people, lacking in differentiation. Hope is directed towards everybody, but it is hope lacking in conviction, expressed only as hope ("I hope he won't be so sad" rather than "he won't be sad").

To summarize the test findings, the drawings point to a real change in Julie, the RPF suggests there is still a considerable difference from Diana, and the TAT arouses the feeling that what we encounter is not a genuine full integration but rather a strained attempt by Julie to

achieve an integration; an attempt sustained by great efforts to suppress conflict and to "accentuate the positive" and thus prevent Diana from reappearing.

The strain soon proved to be too great. Three days later, on November 19, Julie called the ward to say she had a terrible headache, and agreed to come and see Dr. Coplon. When she arrived at the hospital she went directly to her former bed, and was amazed to hear she had been discharged. When questioned, she identified herself as Diana. She was confused and sleepy, and vaguely remembered Julie taking some pills. The switch must have occurred when Julie fell asleep in the bus, on her way to the hospital. Later interviews revealed this followed Julie's feeling she may be rejected by her new boy friend.

Diana was readmitted to the ward. One week of attempted integration was over.

4.43 Convergence: November 19 - December 10, 1971

The nurses' notes for the next week follow a familiar pattern:

"Pt. admitted quietly to ward. --- quiet, somewhat withdrawn. Will assist when necessary. --- Involved in argument with (another patient), quieted down after allowed to ventilate and spoken to. --- Socializing, demanding, quieter than usual. --- Returned from pass, said she had a pleasant day. Looks slightly depressed".

Dr. Coplon writes on 11-25:

"Pt. has remained Diana since readmission, but she senses Julie is trying to come back, and she is not sure why. Pt. less depressed, has been able to talk about some of the things that led to her feeling low, these seem to have to do with transference issues of which pt is partially aware".

On 11-27, the nurse reports: "Became hysterical at

luncheon. Screaming, crying, stating 'I want my Daddy'. Uncontrolled behavior, unmanageable. Placed in seclusion and medicated... Became calmer. Out of seclusion 20 minutes later as 'Julie'. --- Became 'Diana' again at five. Was fine rest of evening".

There are headaches reported the next few days. On December 1, a nursing student notes:

" 'Julie' today. Stated, 'I'm Julie, not Diana. I have nothing to say to you'. When approached later, in room, stated: 'You must be one of the student nurses who Diana spoke to. Did she tell you about me? Did you recognize me?' Writer replied in affirmative. Said she didn't want to talk; then said 'It's warm in here. I'm going outside today'. Then looked sideways at writer and said: 'But not off the grounds'."

On 12-2, Dr. Coplon reports:

"In past week pt dealing more with transference issues, has been getting frightened about this. After writing a love poem to me she hasn't been around since, and Julie delivered note to me. Julie is beginning to deal with a lot of feelings about being rejected and loving her boyfriend. She is very similar to Diana now. She feels she is becoming more like Diana and Diana is becoming stronger. Julie now has asked for help with these feelings". Indeed she came for some of Diana's scheduled therapy sessions.

On 12-6 Diana signed for a voluntary status in the hospital. That night she disappeared from the hospital, returning next morning as Julie, after having again taken an overdose of pills. She went into a stupor, from which she came out after treatment; awaking as Diana, she could remember nothing that happened. On 12-9 she was upset, "crying hysterically for her father". She was concerned about her baby -- cared for all this time by her family -- and asked to go home daily to care for the daughter.

Another source of concern was Dr. Coplon's forthcoming vacation, scheduled to start December 11. Diana

started having thoughts about harming her therapist so that he will not be able to go away. She shared these thoughts with Dr. Coplon himself, and he felt that discussing them helped her gain control over them and view the separation in realistic terms. On the evening Dr. Coplon left, however, she left the hospital as Julie, and was discharged after 2 days as being "AWOL".

The mutual amnesia -- reported by staff and the patient herself during this period -- is sufficient to show that the attempted integration of mid-November belonged now to the past. Nevertheless, did it have any lasting impact? Was the convergence between Diana and Julie real? Tests administered during this period suggest a cautious positive answer to this question, and supply us with other important insights.

The DAP was administered to Diana on the day of her readmission. The drawings are different from her earlier ones, much more adult-like, and indeed similar to these of "integrated" Julie three days earlier. The permanence of the split, however, is perceived now as established. When asked to draw herself, Diana draws a face divided into two halves (Figure 13).

This makes Diana feel as if she was a "freak". It is not surprising that on the MMPI, administered at the same period, her highest score is not on any of the clinical scales, but on the F scale, consisting of the items least

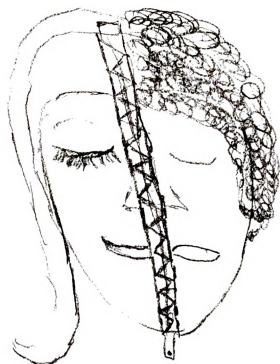


Figure 13: Self drawing by Diana (11-71)

frequently chosen by the general population. In contrast, she achieves her lowest score on the K scale, measuring personal defesiveness. This combination indicates that Diana becomes critical and harsh in viewing herself, guided by an urge to display her troubles and confess her weaknesses. (The total score: #46"28'973-1/5: F*LK:?).

The feeling of peculiarity is also expressed in a TAT story from 11-21. Responding to the blank card (16) in the set, she says:

"Well, it's a story about the unknown, and it's just emptiness... it's confusing. Scientists working in a lab. ^{He} is working on a chemical that's unknown, has trouble finding what it is because chemical is invisible. Working very hard but ain't getting nowhere. Feels kind of anxious, wants to find out what this invisible thing is. Will be a great achievement if he finds out".

But Diana is afraid the search is futile. Responding to card 20 she tells about a lonely, troubled man trying to sort out his problems. Asked if he will succeed she answers: "it's hard to say, I don't think so, I didn't find answers myself, I get more confused".

Does she feel she gets adequate help in this search? She seems to doubt it. The young doctor who appears in another story (card 8 BM) is now waiting for the results of an autopsy performed on his patient, who died.

Returning to the question of convergence, we have to turn to three tests administered to both Julie and Diana in late November and early December. The picture emerging is: the gap between the two is still wide when relatively

objective, self-descriptive techniques are employed, but it narrows when studied projectively.

Thus, the Value Survey (Table 6) suggests a picture congruent with the initial contradictions in self image. "Family security", ranking first on Diana's list of terminal values, is ranked no. 17 out of 18 in Julie's list, which is headed by "An exciting life". A similar gap exists in reference to "True friendship" (no. 3 & no. 16). The conflict over instrumental values is not as spectacular, but is still considerable. "Capable" is the first on Diana's list, and only no. 6 on Julie's, while "Independent", Julie's choice for no. 1, is only no. 8 for Diana.

Table 6. Value Survey Responses (11/12-1971)

Terminal Values

<u>DIANA</u>	<u>JULIE</u>
1. Family security	1. An exciting life
2. Inner harmony	2. Pleasure
3. True friendship	3. Wisdom
4. A comfortable life	4. Freedom
5. An exciting life	5. Happiness
6. Happiness	6. Inner harmony
7. Social recognition	7. A sense of accomplishment
8. Wisdom	8. A comfortable life
9. Pleasure	9. Self respect
10. Self respect	10. Mature love
11. Freedom	11. Social recognition
12. A world at peace	12. A world of beauty
13. A world of beauty	13. Equality
14. Equality	14. A world at peace
15. Mature love	15. National Security
16. National security	16. True friendship
17. A sense of accomplishment	17. Family security

Table 6. (cont'd)

<u>DIANA</u>	<u>JULIE</u>
18. Salvation	18. Salvation
Instrumental Values	
1. Capable	1. Independent
2. Courageous	2. Courageous
3. Loving	3. Responsible
4. Ambitious	4. Self-controlled
5. Responsible	5. Logical
6. Forgiving	6. Capable
7. Honest	7. Ambitious
8. Independent	8. Intellectual
9. Intellectual	9. Polite
10. Clean	10. Clean
11. Cheerful	11. Broadminded
12. Polite	12. Honest
13. Helpful	13. Cheerful
14. Logical	14. Loving
15. Imaginative	15. Helpful
16. Broadminded	16. Obedient
17. Obedient	17. Imaginative
18. Self-controlled	18. Forgiving

Similarly, the gap is still great on the Semantic Differential. Julie tends to cluster concepts together, and many of them fall into three extreme groups. "Sex" and "money" are seen as totally good, strong and active (in Figure 14 they appear therefore in the top, distant, left corner of the page). "Hate", "marriage" and "mental illness" fall into the opposite extreme, seen as absolutely bad, weak and passive (and thus appear in the bottom, close, right corner in the figure). "Mother", "father", "family" and "nurse" are described as absolutely neutral (exact center of the semantic space) and thus reduced to meaninglessness. This is a rigidly defensive pattern of

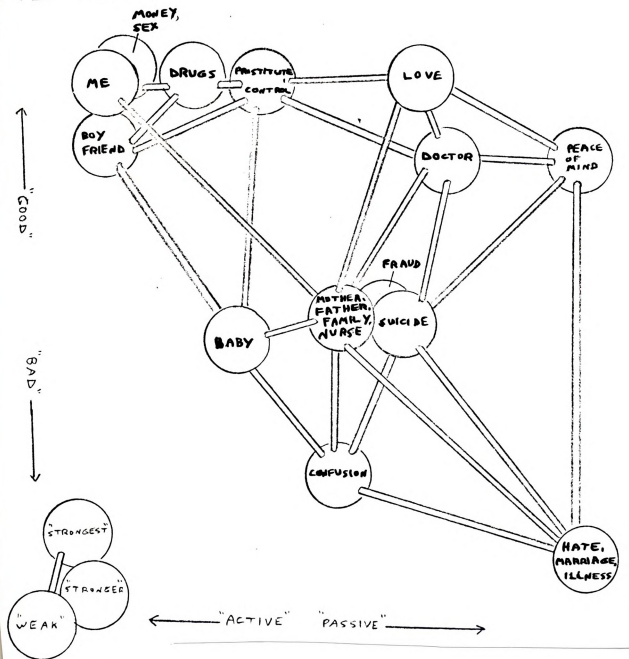


Figure 14: Julie's Semantic Space

simplifying reality.

Diana's responses are much more complex, exhibiting higher tolerance of ambiguity and ambivalence (Figure 15). "Father" is the only exception -- it gets only positive, strong and active adjectives. All other concepts aroused more mixed feelings. Thus, even though "mother" and "boyfriend" are both perceived as neutral in terms of the evaluation and activity factors, the former is seen as weaker than the center-point, the latter as stronger.

When asked to define the concept "me", Julie gives it adjectives highly loaded on the evaluation factor ("clean", "tasty", "valuable") and on the activity factor ("hot", "fast", "active"), but appears ambivalent as far as potency is concerned (the concept is seen as "strong", "deep" but rather "small"). She clusters "me" with "sex" and "money", with "drugs", with "prostitute" and "self control" and with "boyfriend".

For Diana, the concept "me" arouses much more ambivalence. It is seen as "clean" but not quite "tasty" and rather "worthless", thus being close to neutral on the evaluation dimension. On the activity factor, "me" is "hot" but not too "active" and neutral as to "fast". On the potency dimension, it is "deep" but rather "weak", and neutral in reference to "large". "Me" is not closely clustered with any other concept, and it is surrounded by "family", "baby", "prostitute", "mother" and "boyfriend".

100

100

100

"Mental illness" is not far, and surprisingly neutral. "Me" is clearly excluded from the good-active-strong cluster, where "father" is approximated by "nurse" (the wished-for vocation is seen as unavailable, even more distant than "prostitute") and "marriage".

There are many more differences, but some noteworthy similarities between Diana and Julie. "Doctor" is seen by both as good, rather passive ("cold" and "slow", they agree) and close to the middle in potency. "Confusion", on the other hand, is seen by both as bad, close to neutral in activity, and extremely potent.

Diana's Holtzman is not too different from her Rorschach, two months earlier. Again the form level is generally adequate, human movement is perceived frequently, color and shading responses also appear, and the content includes childhood themes (monster, animals), anatomy responses, twins, tail-less creatures (monkeys, in this case). However, morbid images appear now more openly: "a man stab(s) a lady or has sex with her" (Card 2 -- sex equated with murder), "brain divided and all messed up" (Card 6 -- the feeling of peculiarity also expressed in the TAT, MMPI and self drawing), and a direct reference to one of her great traumata (Card 16): "babies ... going to be twins ... kind of shaped funny, blue around the eyes, not born yet - my baby wasn't ready to be born yet, was kind of funny".

Unlike Julie's guarded Rorschach in October, her Holtzman in December is highly bizarre. No more able to suppress her fantasies (only one rejection out of 45 cards), they

all come out now, like "clouds bursting with rain" (card 7). The responses are frequently personalized and symbolic, and their correspondence to the cards is minimal. The feeling of change is prevelant, and not always received positively: "I start to walk like Diana, with a limp, and I used to walk good!" (card 21). Nevertheless, Diana's superiority in some respects is acknowledged: "one person reached reality, society; one just starting... I am just starting to feel, Diana climbing the ladder to reality... (but) reality itself has a gap at the top!" (card 18).

The feeling that the wished for reality is flawed leads to a grim conclusion: "If Diana and I could get together, our mind would be a little distorted". (card 9). Later, this fear is expressed with even greater emotional impact (card 26): "If I ever cry it will be red, like blood, not tears like everybody else... if I ever cry, I'll lose my mind".

There are a few jollier responses (e.g. dancers); but the more common theme is (card 43) "a confused brain in misery". Again and again reappears the percept of splitting and reuniting, the obsessive issue of (card 34) "two people trying to get together, something behind them pulling them apart".

4.44 Intensified transference: December 1971-February 1972

Julie left the hospital on December 10; Diana was re-admitted on January 12, 1972. For what has happened in

the interim period we have one source only, namely Dr. Coplon's account. In a summary prepared on 1-23-72, he writes:

"She remained Julie for about four days, and during that time she was high on amphetamines and barbituates. When she switched back to Diana she contacted a member of the ward staff who had planned to see her in my absence and made arrangements to see her once during the first week and once during the second week. She remained fairly stable during that time and on the day of my return called to ask for out-patient appointment. I agreed to see her as an out-patient twice weekly.

For the first three sessions she remained stable. She was caring for her daughter at home and making plans to go to night school to complete her high school degree preparatory to going to nursing school (a long-time ambition of hers). She was somewhat upset about her mother's recent hospitalization for pancreatitis and was also upset about Julie's plans to get set up in a house of prostitution, because this conflicted with her own plans to go to school. However, she seemed to be able to cope with these situations. There was no talk during these sessions about transference issues.

Julie appeared for the fourth session, and she was the Julie of old -- arrogant, aloof, poised. She said she had had enough of feeling things for people (referring to the two week episode during which she had been in love with the "nice Jewish boy") and that she wouldn't do that again. Her purpose in coming was to tell me that Diana wasn't coming back to see me again because she (Diana) was in love with me and I wasn't reciprocating her feelings. She also said that Diana could be quite dangerous when she doesn't get what she wants and reminded me that she (Julie) had perhaps saved me from getting hurt by not giving Diana her gun when I was leaving on vacation.

I pointed out that Diana needed help in controlling her feelings and said I hoped to see her (either as Diana or as Julie) at our next appointment. Julie said she could take care of Diana and that she didn't think either would be seeing me again.

At the next session Diana appeared and was very depressed and tearful. She asked to be transferred to another therapist because I wasn't helping her with her feelings (i.e., I wasn't returning her feelings of love). She said that she wanted to move in with me and have me be her daddy, and she really couldn't see any reason why I wouldn't do this.

She made it clear that she didn't want me as a lover but, only wanted me to hold her and take care of her. She also seemed quite convinced that some day I would let her move in, and she implied that might be facilitated by her removing other objects of my affection. When I interpreted this as a threat to my wife, she denied it but did so in a very coy manner.

The next day the patient called the ward and left a message that she was planning to kill my wife. That night she called my wife at home and gave her three days to move out, or "I'll have to get rid of you." I spoke to the patient by phone shortly after this, and she was quite convinced that, although, I might be mad initially if she killed my wife, I would soon get over it and allow her to move in as my little girl. She wouldn't come to the hospital that night but agreed to come and see me the next day. She came at the scheduled time and was re-hospitalized. Although she said she never would have returned to the hospital if she knew I would hospitalize her, it seems clear that on some level she knew she would be kept".

A nurse reports on January 12:

"Admitted to ward screaming and yelling, being restrained by four guards. Placed in quiet room and medicated". The following day the note reads: "Seems well oriented and alert. Is not socializing well. Appears angry".

In a mental status exam of 1-13, Dr. Coplon writes:

"Pt is depressed and angry at being hospitalized but talks quite freely. She is alert and oriented, speech is logical and coherent. Intelligence is above average but judgement and insight are impaired in the specific area of the appropriateness of her behavior prior to coming into the hospital. There is a definite delusion that I will at some point agree to let her move in with me and be her daddy, and she is also convinced that if she killed my wife I would eventually forgive her and still let her move in. She seems to have no conception of the fact that murder is a serious crime and usually results in someone being confined to a prison or mental institution for long periods of time. In other areas pt's reality testing seems intact".

To the previously stated diagnosis of "Alternating personality" Dr. Coplon adds "Transference psychosis".

On Friday, 1-14, Diana is described as "quiet and cooperative, offers no complaints", and nurses' notes of the following days are similar. On 1-17 Dr. Coplon reports:

"Pt's reality testing has gradually improved to the point where she seems in control of her feelings. She has accepted hospitalization and seems willing to cooperate, probably will be able to have visits home soon".

Indeed, Diana went on several passes the next few days, and reported doing well on them. In a treatment summary prepared on 1-23, Dr. Coplon mentions:

"She began to feel very sorry that she frightened me and my wife, and she accepted as reasonable the statement that future threats or other similar forms of acting on her positive feelings for me would result in immediate termination of treatment".

As to Julie, she briefly appeared on 1-17. "She seemed relieved that Diana had not carried out her plans (although she felt sure that she would have prevented Diana from trying to hurt my wife) and agreed to accept hospitalization and treatment because she realized that Diana had certain impulses that she (Julie) might not be able to control". Her next appearance is reported by a nurse on 1-28. "Turned into Julie today AM & PM. Acting similarly to Diana. Soft spoken, infantile, quiet. Dressed in wig and hot pants".

Also in his 1-23 summary, Dr. Coplon reports new delusional ideas revealed by Diana.

"For instance, she's been convinced for many years that because her mother was unpleasant to her father she would suffer one year for every month her father had suffered with cancer and would die at the end of that time. This means that the patient's mother, who has suffered from pancreatitis for a year and a half, is expected by Diana to die after another year and a half of suffering (patient's father died after three months in the hospital). Diana says she doesn't want this to happen, but she is sure it will happen. She also has the idea that her father was killed by the doctors caring for him because they injected cancer into him so that they could experiment on him. Another unusual idea she has is that she will die in an auto accident at the age of thirty, something about which she is absolutely sure. She asserts

that she once accurately predicted the circumstances of an accident in which she was later involved, and she is convinced her other predictions will come true".

During this period Diana also participated in a psychodrama group held in the hospital. In one of the group meetings she was instructed to role-play Julie. She did it quite successfully, but remained fully aware of being "Diana playing Julie" rather than "real Julie".

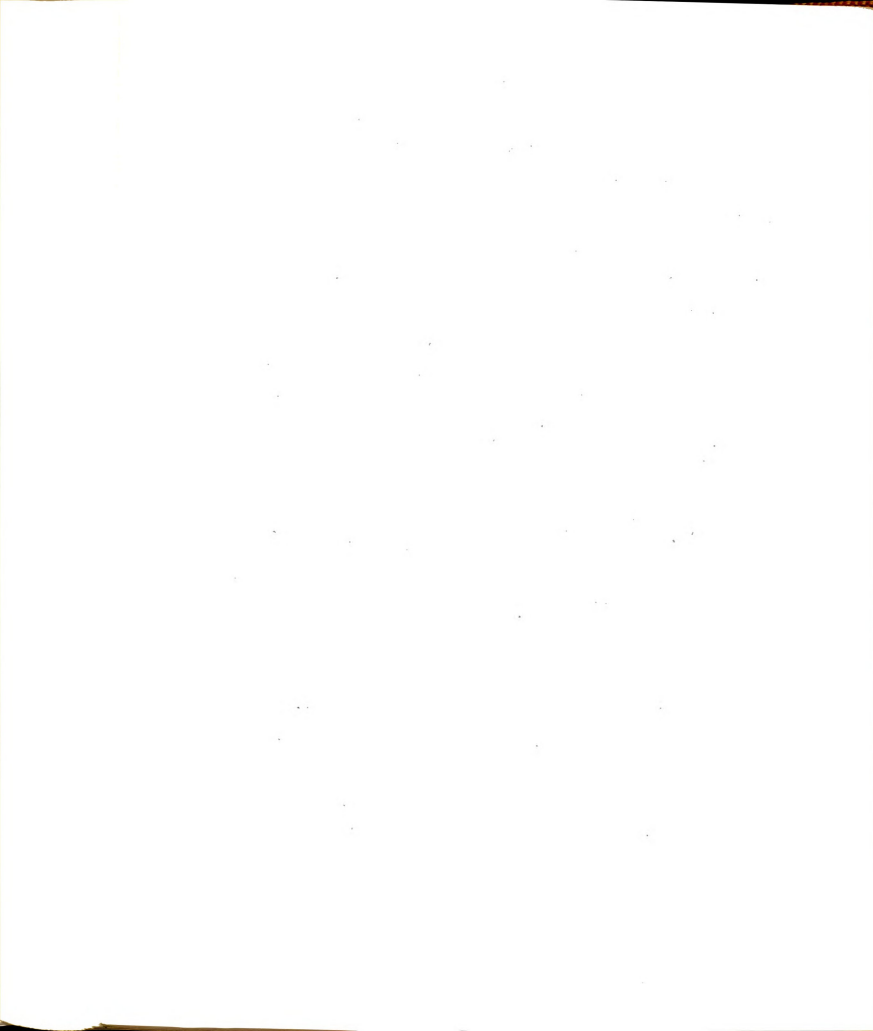
Following her delayed return from a weekend pass on 1-31, a change is noted. On Tuesday, 2-1,

"pt walking barefoot wearing long wig. Can be seen with another male patient...not verbalizing with anyone else. Went to adolescents' meeting and stood in front of mirror and started shouting "Dr. Coplon I want something for nausea, I feel nauseous". Dr. Coplon took pt out of the meeting. Went to psychodrama in PM and apparently fainted".

On 2-2, the same nurse reports:

"Began screaming and yelling and threatening to 'tear the place up'". In the afternoon: "Fainted in hallway". "Stated -- felt weak, wasn't able to see anything, wasn't able to stand". More fainting spells are reported next morning. In the afternoon: "Pt requested canteen pass which was given to her. Pt left hospital... called Dr. Coplon and stated she had gone AWOL and took an overdose".

Diana was treated for the overdose of pills at Fordham hospital, and returned to the ward the following day. On 2-7 she is described as "confused, agitated ... withdrawn", and in the evening as "angry and demanding". She went on a pass to attend school and again disappeared. On Thursday, 2-10: "Returned to ward as Diana. When asked why she didn't come back said 'I don't know', indicating it was Julie who left". Dr. Coplon explained to her "that she must accept responsibility of passes as Diana or Julie".



This appeared to be futile. She went AWOL again the next day, was discharged on 2-13, and became an outpatient again, seeing Dr. Coplon twice weekly.

I never met Julie again, and was not able to administer any more tests to her. I met Diana on Tuesday, February 22, after making an appointment over the phone. She was friendly, cooperative and mildly optimistic. She was attending school regularly, and while feeling tired and over-worked hoped to pursue her studies and become a nurse. I administered the DAP again, and started a retesting on the Rorschach; after the 6th card, however, Diana became very impatient and asked permission to go.

The Rorschach responses given are similar to those of the first test (Table 4): A bat and a "lady shape" on I, "two people sitting down with hands together--greeting each other" on II (a new response), twin dancers on III, a monster on IV, a bat on V and a lion or tiger rag on VI.

The drawings, on the other hand, are different from past performance. Although lacking the childish quality of the September drawings (e.g. Figure 6), they also lack the articulate nature of the November series (e.g. Figure 13). The woman she draws now (Figure 16) is empty and expressionless, drawn in crude lines and imbalanced proportions. The male drawing is of a similar, primitive nature, and the tree is a collection of unconnected stick-like branches with vague fruit at their ends, all placed

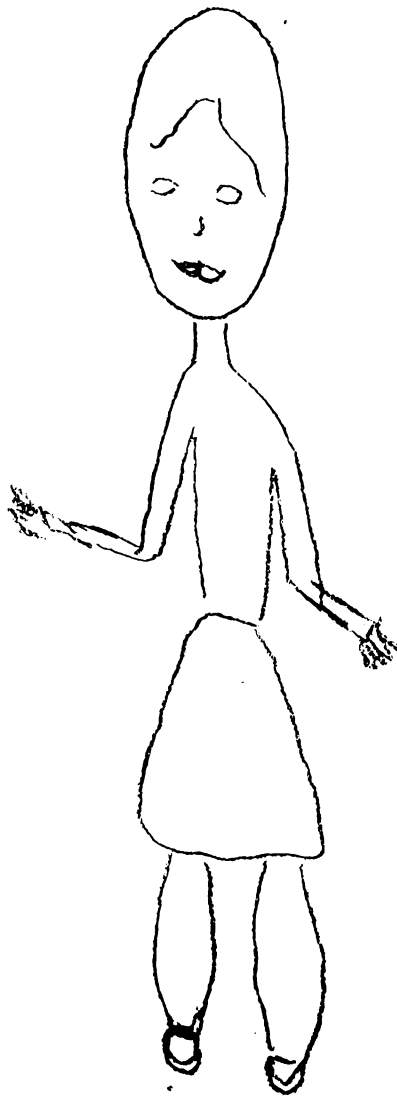


Figure 16: Female drawing by Diana (2-72)

on top of a trunk lacking closure.

The regression and sadness expressed in these drawings made it impossible to share Diana's optimism. It was clear she is paying a heavy price for her relatively smooth functioning, and it seemed doubtful how lasting this adjustment could be.

4.45 Follow-up: 1972-1973

After her discharge in February 1972, Diana continued seeing Dr. Coplon as an outpatient. In a report prepared in January 1973, he describes the course of treatment.

"Treatment focused on Diana's sexual difficulties with different men in her life, and she actually seemed to be making progress in this area. However, after about four weeks as an outpatient, Diana became convinced that people were following her and were poisoning her food, and she insisted on being hospitalized for protection. This was interpreted to her as an attempt to get closer to me and to have me take care of her, and she was told she would be hospitalized at a nearby state hospital but not on my ward. She decided to try to work through her fears outside the hospital, and after a week on phenothiazines she seemed to have recovered from her brief psychotic episode.

Diana was not as stable after this, and Julie began to be more intrusive in her activities. Diana began to talk again of how much she loved me and how she wanted me to be her daddy. Julie appeared occasionally for sessions to tell me how Diana felt about me and how hopeless it was to try to help her. There were a couple of other brief psychotic episodes in which Diana became convinced that a man she was dating had the same face as her father. In general the patient's life became more chaotic, both in therapy and outside of it.

About one month before my next vacation Diana spent an entire session discussing impulses she had to kill her daughter. These were very frightening to her and made her wonder "Who's next?". That night she again called my wife and told her she was on her way up to kill her. When I was able to contact her by phone (she agreeably left her number with my wife), I explained that I wouldn't be able

to treat her any longer and that I wanted her to be hospitalized at the state hospital where she'd begin treatment with someone else. She finally agreed to meet me in our emergency room and was transferred to the state hospital".

Diana was committed to Bronx State Hospital, and a closed ward was recommended. The psychiatrist in charge on the unit to which Diana was admitted did not share the belief in multiple personality as a genuine phenomenon. He saw Diana as simulating, and refused to acknowledge Julie's existence. Diana stayed in the hospital for about a month and was mostly treated with phenothiazines. Upon discharge she was referred to the hospital's outpatient clinic, as Dr. Coplon decided to discontinue the treatment, feeling the transference was too intense to deal with. Diana did not keep her outpatient appointments, and continued appearing occasionally in Dr. Coplon's office.

Diana has been referred to a therapeutic nursery for ex-patients and their children. She attended this nursery -- with her daughter -- for several months, but was finally terminated because the staff felt her frequent temper tantrums and hysterical reactions were too upsetting for other children and mothers.

On June 5, 1972 I met Diana again. She rented an apartment for herself and her daughter, but was still spending most of the time at her mother's house. She reported feeling over-medicated, and being unable to do much at home or outside. Family interviews in the next weeks (section 4.5) revealed the family felt she was still quite disturbed.

Julie, she told me, did not appear for more than a month, but she was constantly fearful of what "Julie may be preparing".

The Blacky test, administered on 6-5-72, makes it clear that the experience of maternal deprivation was never resolved, in spite of the actual dependence on the mother. In the first card Blacky is seen as unwanted: "mother tired, doesn't want Blacky to bother her; the baby is feeding anyway on his mother". In the second card Blacky is about to tear up his mother's collar, because "he wanted to feed when she didn't want him to, and he sensed that". Themes of helplessness, jealousy and guilt are expressed in other stories while pleasant experiences are totally lacking.

DAP was also administered. The drawings show little change since February. The male is particularly childish, helpless -- and lacking hands (Figure 17). The splitting appears both on the first drawing (a line dividing the female figure in the middle) and in the self drawing (a woman with two heads).

Following my contacts with Diana and the family, I referred Diana to a private psychiatrist who specializes in hypnotherapy and accepts Medicaid patients. Diana attended one session and never returned. The psychiatrist, an elderly woman, told me Diana got very upset in the session when her belief that Dr. Coplon is her father was described to her as a fantasy.

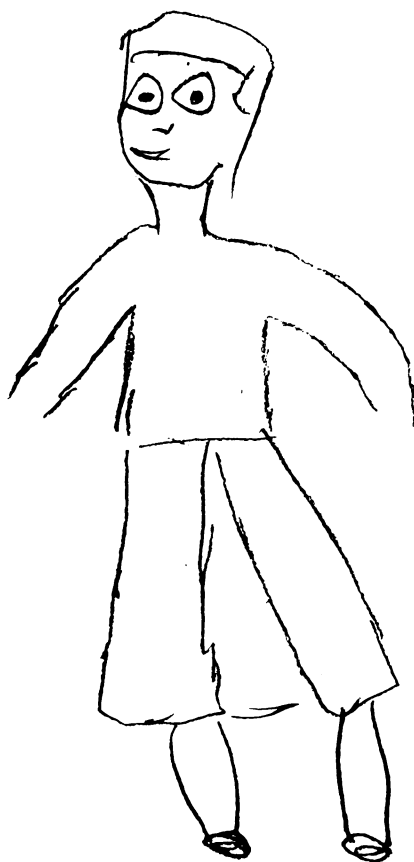


Figure 17: Male drawing by Diana (6-72)

The day following her first (and only) session with the female psychiatrist Diana again appeared in Dr. Coplon's office and told his secretary to tell him his daughter is there to see him. He refused to see her, and she started a small fire under his door, and was then escorted by policemen to Jacobi hospital's emergency room. I met her there, by chance. At first she was acutely delusional, insisting her age is seven years. After a long conversation with Dr. Coplon and me, Diana became more rational, and agreed to go back to the psychiatrist to whom I referred her -- a promise not kept. This was the last time I saw Diana to the time of this writing.

There were a few more threats to Dr. Coplon's wife, but they subsided toward the end of 1972, after two of her letters were sent to the police for investigation. In January 1973 a nurse in Jacobi hospital reported meeting Diana and finding out she has just married. The husband is her brother-in-law; his brother married Diana's oldest sister, Iris, in 1972. Both brothers came from Africa.

This research would have benefited from further follow-up, but from the point of view of Diana's interest any further assessment at this stage appears to be potentially harmful. A certain equilibrium appears to have been achieved, and as shaky as it may be -- it should not be disrupted.

4.5 Diana, Julie, parents and siblings

4.51 Judgements on similarities

As mentioned earlier (section 3.51), Rorschach and TAT protocols of Diana, Julie, siblings and mother were blindly compared by three judges. The results are summarized in Table 7. The higher the score, the higher is the degree of similarity found.

On the Rorschach Diana and Julie are found to be not similar at all; all three judges give them a score of 1, thus classifying their pair of protocols as one of the seven least similar pairs out of 28 comparisons.

On the TAT, two judges saw Diana and Julie as not similar at all (score 1), while one judge saw them as somewhat similar (score 3). This places their pair of protocols in the middle group in average perceived similarity, with four pairs perceived as more similar, four as less similar, and six as equally similar (total of 15 comparisons--the brothers were here excluded).

Table 7. Perceived Degrees of Similarity between Tests
(Average)

		<u>Rorschach</u>						
		M	S	D	Ju	J	H	G
mother		$2\frac{2}{3}$	$1\frac{1}{3}$	2	$2\frac{1}{3}$	$2\frac{1}{3}$	$1\frac{2}{3}$	1
Mildred	(M)		$2\frac{1}{3}$	2	1	$1\frac{1}{3}$	$1\frac{1}{3}$	$1\frac{2}{3}$
Sebastian	(S)			2	1	$1\frac{1}{3}$	2	$2\frac{2}{3}$
Diana	(D)				1	1	2	2
Julie	(Ju)					3	$1\frac{1}{3}$	1
Jane	(J)						2	1
Henry	(H)							$2\frac{2}{3}$
Gloria	(G)							

		<u>TAT</u>				
		M	D	Ju	J	G
mother		$2\frac{1}{3}$	$1\frac{2}{3}$	$1\frac{2}{3}$	$1\frac{2}{3}$	2
Mildred	(M)		$1\frac{2}{3}$	$1\frac{1}{3}$	$1\frac{1}{3}$	$1\frac{2}{3}$
Diana	(D)			$1\frac{2}{3}$	$1\frac{2}{3}$	2
Julie	(Ju)				1	3
Jane	(J)					$1\frac{1}{3}$
Gloria	(G)					

Scale: 4 - very similar
 3 - somewhat similar
 2 - not too similar
 1 - not similar at all

Who in the family is perceived as similar to them? On the Rorschach, Diana is seen on the average as "not similar at all" to her sister Jane, and as "not too similar" to her mother and other siblings. On the TAT, all the comparisons with her come on the average closest to "not too similar".

As to Julie, her Rorschach protocol is perceived on the average as "somewhat similar" to that of Jane (the one least similar to Diana's!). Julie - mother comparisons come close to "not too similar", while all the other comparisons with siblings come close to (or reach) the level of "not similar at all". Julie's TAT responses, on the other hand, are perceived as "somewhat similar" to those of Gloria; the other comparisons range between "not too similar" and "not similar at all".

To summarize, the judges perceive Diana and Julie as two separate persons, whose closeness to each other is smaller than their closeness to other family members (Rorschach) or comparable to it (TAT). Diana does not closely resemble anybody among the tested family members. Julie resembles her sisters Jane (in the Rorschach) and Gloria (in the TAT).

4.52 Members of the family

4.521 Father

Diana's father died of lung cancer in May 1965

(section 4.1). All we know about him comes from descriptions of other family members.

As mentioned earlier, he was born in the South, as one of the older children in a large family, and lost his own father while a teenager. He moved to N.Y.C., met his wife and married her, and became an apartment building superintendent, later also a part owner of a bar. His income was never sufficient for the big family (seven children).

When asked to describe her late husband, the first trait Diana's mother brings up is his inconsistency. He went off and on, she says. At times he was alright: a good husband and a good father. At other times he became indifferent, moody, depressed. At these times he would drink heavily, withdraw from everybody, and become violently abusive. In one of his "moody" periods (which would last for a day to three days at a time) he hit Mildred with a lamp. She needed 19 stitches.

When asked how he was with different children, the mother says he favored the two boys (Sebastian and Henry) as well as Diana, who was very pretty as a baby.

Mildred also believes Diana and Sebastian were father's favorites and remembers he spent more time with them. The most salient themes in her description of her father are: he drank a lot and had trouble in keeping a job, having no skills or education. He also didn't like

to work hard physically, and thus had trouble in providing for the family.

Mildred vividly remembers the times he would come home drunk, start fights and break things in the house. She recalls the incident in which she got hit, but declines to describe it in detail.

Sebastian did not experience himself as father's favorite, and he tends to deny any favoritism, although he remembers father frequently pacified Diana when she got upset. His first response when questioned is: "He was my father... I wouldn't say good father. He didn't look after us".

Sebastian believes his father loved his mother, but his voice while saying this is hesitant, and he uses the words "I guess". He can't recall other women in father's life, but noted he always came home late. He and father got along well, and when he was 10 - 11 he would help daddy in his job as a super, in the white neighborhood.

As mentioned earlier (section 4.2), Diana adored her father. She saw herself as his favorite, and enjoyed his kisses and caresses, while never being beaten by him as her mother and siblings were. She knew about other women he had, met one of them (and a child he had by her), and also met a prostitute who lived in their house, with whom the father had a relationship.

Jane had little contact with her father; she felt he was usually out of the home or asleep. She sees him now

as "a hurt man", a man who did not reach his goal. "He let it out on other people".

Henry offers a physical description of daddy: a short man, limping, who drank a lot and made cigarettes with tobacco and bamboo paper. He was strict--stricter than mother. He and Henry got along well, although at times daddy would force his son to do things. Henry recalls one incident in which father got robbed, and then ran into the house and started calling several people for help. The anxiety and confusion expressed were clearly perceived by the child.

Gloria, the youngest, says her father "did things just to be evil". She recalls his round face, his short-cut hair, and his habit of rolling up cigarettes. When he got mad, he took his problems on mother, at times hitting her. Nevertheless, Gloria feels she was liked by him as a baby and as a girl; she recalls his giving her pocket money, and even offering her some wine to drink.

The inconsistency of the picture is again apparent.

4.522 Mother.

As mentioned earlier (section 4.1) Diana's mother is an only child, who was brought up by an Aunt after her mother's death at the age of seven. Her father moved away, remarried, and only in his last years (prior to his death in 1968) resumed close contact with her. She graduated high school before moving to N.Y.C. and getting married.

In the interview she comes across as an honest, responsible, realistic but somewhat limited woman. She conveys a feeling of exhaustion and depression, possibly related to her illness (pancreatitis and diabetes), and to troubles with Diana and Sebastian. There isn't much warmth in her interactions, but she does not seem to be the utterly cold and depriving mother Diana (but not her siblings) describes.

Test results reveal an average - low intelligence, (e.g. low differentiation of drawings), a conventional outlook (e.g. 5 Popular responses out of 13 on the Rorschach -- see Table 8); low creativity and very low self confidence. Mother frequently downgrades herself ("I guess my imagination isn't good"... "I am not familiar with instruments"), and is frequently hesitant to decide between alternatives (bat or eagle on Rorschach I; identical or different figures on Ror. III; baby or doll on TAT 7 GF; etc.)

Her emotional life is quite constricted (70% F on the Rorschach), there is little ability to empathize (only one M, the popular on III) and no ability to integrate affect (the only color appears in a pure color response to IX; the figures she draws appear frozen and unexpressive).

Generally, reality testing is adequate (F+ percent, based on F and F- responses, is 90). There are, however, several reservations to be made. The confusion, indecisiveness and constant doubt interfere with a firm

experience of reality. More radical breaks appear at times, as evidenced by the transparencies in the drawings and by confabulations on Ror. II (pigs holding torches) and Ror. VIII (human hands reaching to pigs, the hands disproportionately big).

Table 8. Family Rorschach Psychograms

	MOTHER	MILDRED	SEBASTIAN	DIANA	JULIE	JANE	HENRY	GLORIA
R rejections	13 VI	21	53	18	7 I, II, VI	9 IX	21	35
W	5	14	7	14	7	8	10	8
D	7	6	34	4		1	10	19
d			9					2
S, WS, DS	1	1	3				1	6
F	9	5	21	3	5	4	6	17
Fc	1	6	7(+1)	2		(1)	3	4
c		1	2					
Fc, Fow			1			1		2
FM	1	2	4	2			4	5
m			3	(5)	(1)		2	
M	1		7	6		3	6	4
FC		6	5(+1)	2		1	(2)	3
CF			2	3	1			
C	1	1	1		1			
$\Sigma M : \Sigma C$	1:1 $\frac{1}{2}$	0:4 $\frac{1}{2}$	7:6	0:2 $\frac{1}{2}$	3:1 $\frac{1}{2}$	3:1 $\frac{1}{2}$	6:1	4:1 $\frac{1}{2}$
$F + \% (F_c/F_w)$	90	45	83	80	80	80	88	65
H+(H)	2	0	6+(2)	4+(4)	1+(1)	3+(1)	2	5+(3)
Hd	(1)	1	7	1			6	2
A	7	9	11	7	3	5	10	11
Ad		1	3					3
Anatomy	2	3	1	1				5
Sex		1	3					1
POPULARS	5	7	7	7	3	7	5	7

While puzzled by such percepts, she is not overwhelmed by them. Unreal experiences are dealt with through rationalization. Thus, on TAT 1 she suddenly notes:

"You know, there is something unusual, there is an extra hand". When questioned about it, she finds a way out: "maybe another person behind him".

Sexuality is repressed, and relating to men highly conflictual. On the Rorschach, the phallic looking card VI is rejected, while on card VII she "can't get nothing out of bottom" (where female genitalia are frequently perceived). The female and male figures look alike, the former lacking any feminine curves (Figure 18), the latter having the legs coming out separately from the trunk, with no place for genitals.

Sexual intimacy is characterized by violence (rape appears in TAT 13 MF and 12 M, and she makes one story for both cards) and mutual rejection. If the sequence of the TAT stories is to guide us, then the feeling of being rejected by the man comes first ("she is trying to make love to him and he more or less is rejecting her"--4), and then she reciprocates the rejection ("I don't think she would accept him"--6 GF, the next card administered).

As to the mother-child relationship, it is marked by an authoritarian - hostile attitude ("mother giving her instructions, or either scolding her" -- TAT 7 GF) and both parent and child are seen as unhappy. This may apply to

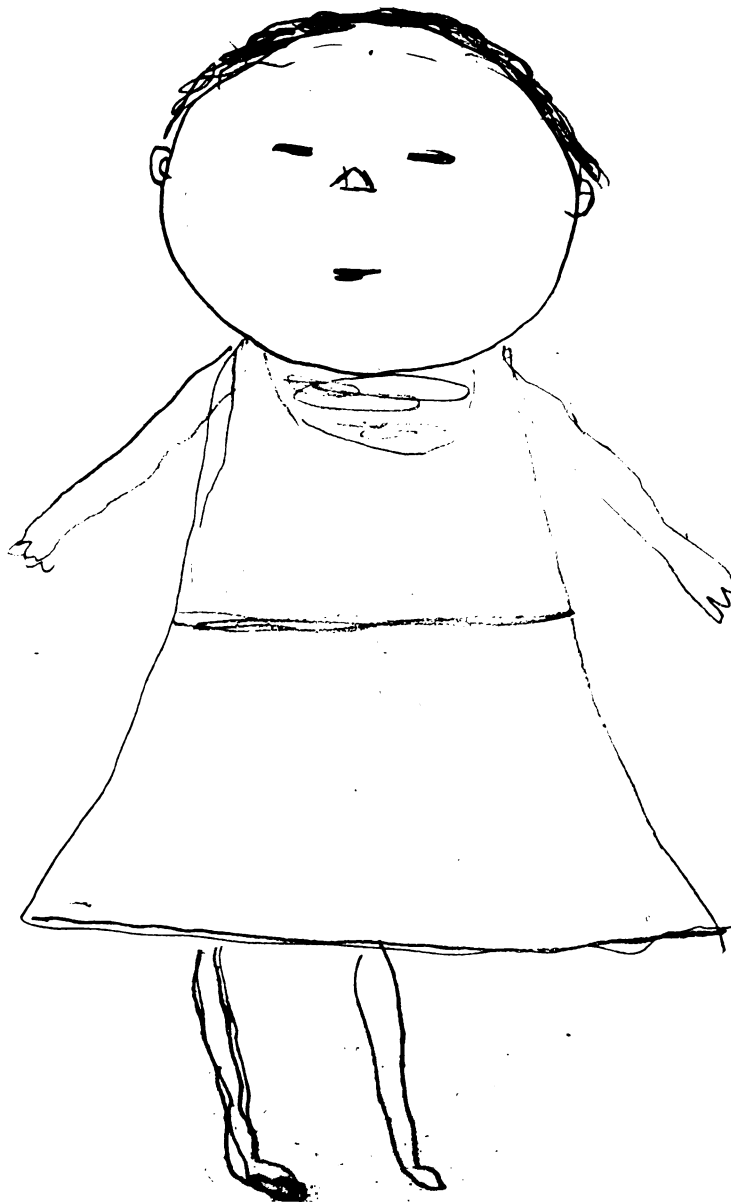


Figure 18: First Figure drawing by mother

her relation to her mother, to her own daughters, or (most probably) to both. A specific relevance of this description to Diana is indicated by her saying that the girl in the story "has a baby out of wedlock...so young".

4.523 Iris

Iris, the oldest daughter, was not available for interviewing or testing, and little is known about her. Born in 1942, she married an African man in February 1972 and moved out of the house. She graduated high-school, and works regularly.

It is of interest that the peak of Diana's psychotic transference to her therapist came close to her sister's marriage date. On card IV of the Blacky test Diana says: "Tippy is in love with another dog, Blacky is angry -- she will get married or move away and he will have no sister to play with". As mentioned (section 4.45) Diana married the brother of Iris's husband in January 1973.

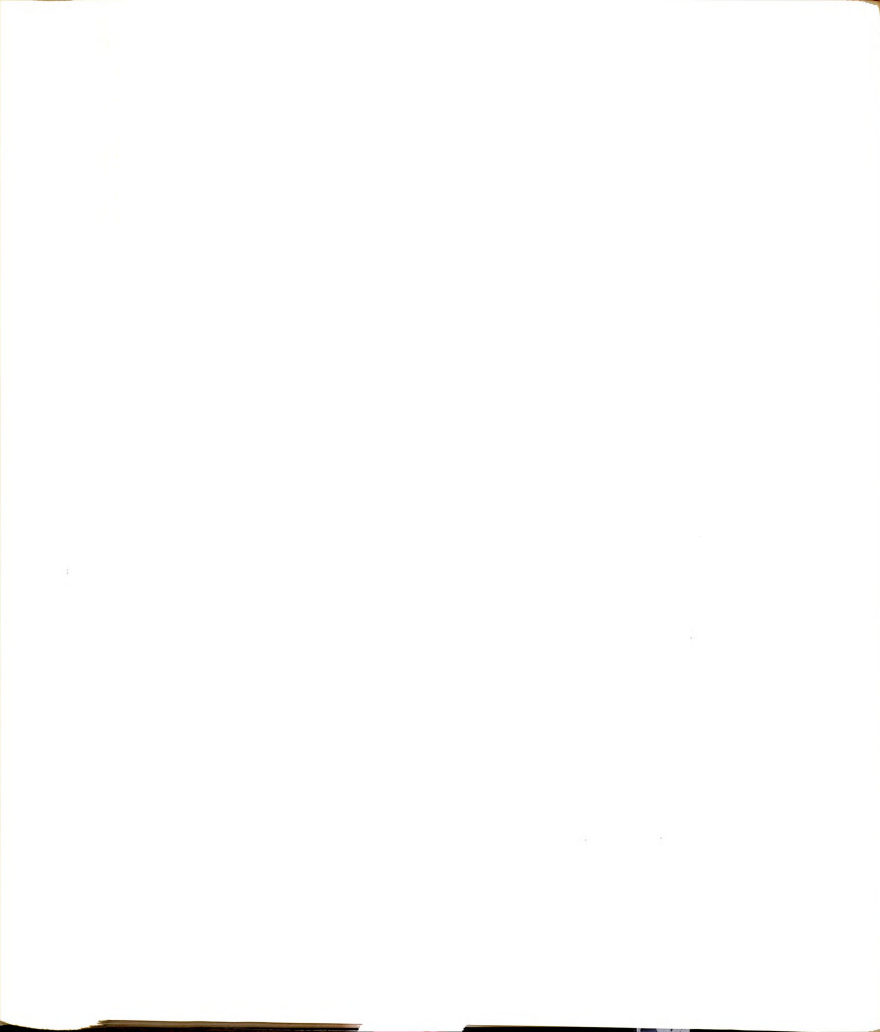
4.524 Mildred

Mildred was born in 1946, is unmarried and lives with the family. She is a high school graduate, and works in a medical setting. Asked about her first memory she recalls being afraid in the darkness, at the age of 3 or 4.

The most striking part in her test performance are her figure drawings: tiny stick-figures in the middle of the page, in a style characteristic of 4 year old children (Figure 19). The other tests reveal at least average intelligence, which leads to the conclusion that these



Figure 19: First figure by Mildred

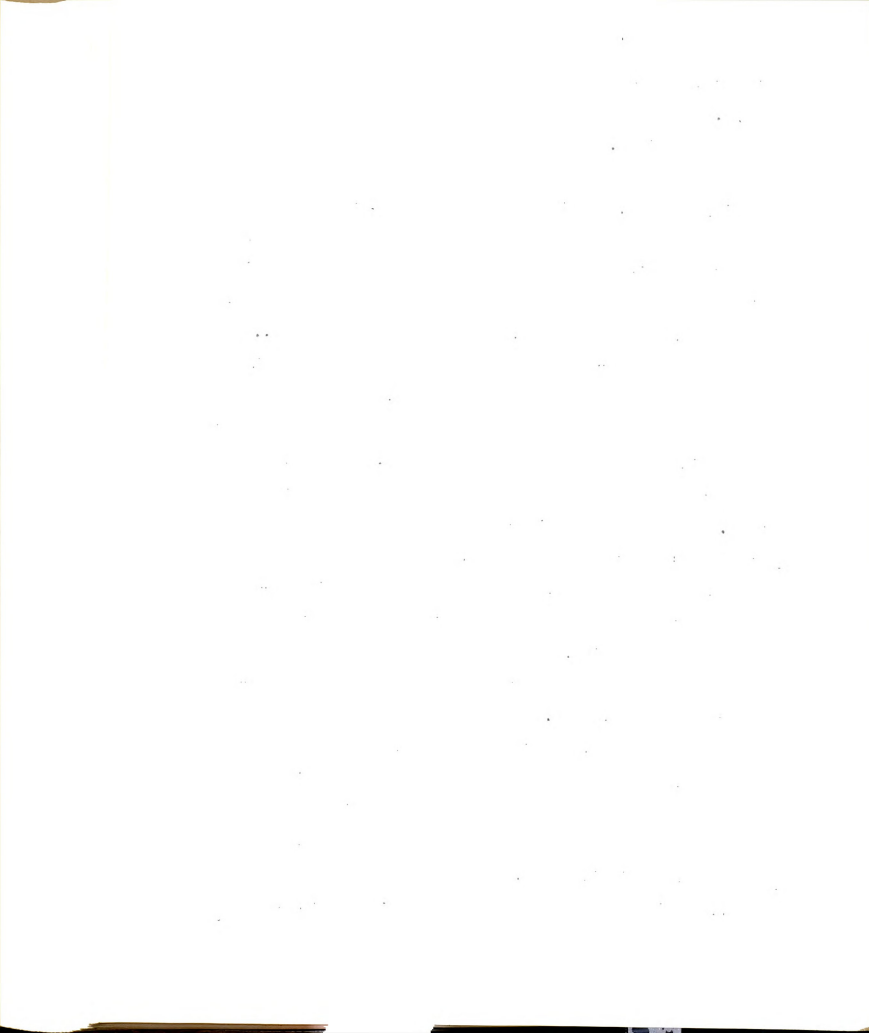


drawings reflect an experience of being a fragile "no-body", lost in the world and overwhelmed by its demands and expectations.

Related to this experience is a highly inadequate reality testing. Similarly to the mother, this starts with an extreme indecisiveness and confusion (TAT 7 GF: "little girl holding either a baby or a doll, sitting in living room or a parlor; I can't tell whether her mother, or a maid, or a baby nurse, trying to explain to her..."). It goes further into an F+ percent of 45 on the Rorschach: most percepts do not match the inkblots.

An extreme example is her first response to card II: "looks like a bat; wounded bat, bleeding, like it has been hurt; or maybe is angry, sometimes you get angry and get red". The color shock is combined with perseveration (the popular bat was seen on I), the emotions aroused lead away from reality, subjective experience is projected unto the bat in a confabulatory manner, primary process is surfacing.

The experience balance is one-sided and extroversive: 1 C, 6 FC, no M. While several color responses are bound to forms, the form level is inadequate in most (as in the example given above), and in combination with the pure color response to card IX (almost identical to mother's) and with the tendency for W (over 70%), point in a hysterical direction. The lack of human movement or human figures in general is absolute; although there



are 7 popular responses (out of 21), the Popular human figures on II and III are not perceived, and the hesitation between "large man" and "bear" on IV is resolved in favor of the animal.

Another salient feature is the high degree of anxiety, expressed in 6 Fc responses and in one pure texture responses, morbidly depressive in its content ("guts, inside of an animal...something dead, spread out"--VI). It is noteworthy that in the previous response to card VI, the good percept of a tiger-skin rug is spoiled by seeing two heads.

Mildred's TAT stories are similarly grim, expressing depression related to coercion ("forced to play, sulking"--1), ineffectiveness ("she is trying to restrain him... looks like he is going out"--4), pessimism ("he is telling bad news, she is shocked"--6 GF), alienation ("baby doesn't belong to either one of them"--7 GF). Sibling rivalry is prominent ("could be sisters...this one angry, this one suspicious"--9 GF), sex arouses guilt ("not married... feeling guilty...he is hiding his face"--13 MF), and the ambivalence regarding men is resolved in the negative direction (between an evil man and a helpful doctor, she finally decides the man in card 12 M looks "more like doing harm" to the lying woman perceived).

4.525 Sebastian

Born in 1949, Sebastian recently returned home after three years in the service. He returned addicted to heroin,

and at the time of our interview he started attending a methadone program. Although a high school graduate, Sebastian has difficulty in finding a job, and earns money only occasionally. Besides Diana, he is seen as the other black sheep of the family.

The interview with Sebastian was of great interest; suspicious at first, he soon proved to be a young man of high intelligence and great sensitivity. He gave interesting details about Diana's life, saying the two of them were very close prior to his going to the service. He shared with me his anxieties about relating to women, and asked for advice about receiving psychotherapy.

His first memory is of crawling around the house "on one foot and one knee". He stood up on a chair in the living room, and upon noticing him his mother exclaimed: "Look, he is walking!" He then fell, and someone came to pick him up.

The Rorschach protocol confirms the impression of the interview: it is rich, perceptive, creative, and on the whole well balanced. Out of 53 responses, only 7 are Popular, and the F+ percent is 83. Location is well distributed (7 W, 1 WS, 2 S, 34 D, 9d) and so are determinants. The experience balance is close to equal ($M:\sum C = 7:6$), with numerous human movement and color (mostly FC) responses.

At the same time, there are indications of anxiety (7 Fc, 2 pure shading responses), of explosive inner

tension (3 m), of negativism (3 S and WS responses) and of fragmentation ($H_d > H$). In some instances, there is a tendency to loose distance from the percepts, emphasizing emotional quality ("woman's lips...look passionate" -- I, "face of lion...homely look, sad expression" -- V). This tendency reaches a morbid peak in the only pure color responses, which is fabulized ("flesh of something, living tissue...as if side is ripped up"-- the orange part of VIII). This, however, is an exception; other color responses are well integrated with form, and one can conclude that emotional outbursts may punctuate an otherwise controlled affective functioning in Sebastian's life.

What are, though, the sources of the anxiety, inner tension and potential outbursts? One answer is indicated by Sebastian's first response in DAP, which is an anxious drawing of a person of unclear sexual identity (Figure 20). When asked to draw a person of the opposite sex, the result is a more clearly delineated man, and he confirms the first figure was meant to be a female. On the Rorschach, while seeing female sex organs on three occasions (III, IV, VI), he never notices the phallic forms as such, and the ambiguous figures on III are seen as female cannibals. An even more direct indication of sexual confusion appears in TAT 13 MF, where the standing man is perceived as a lesbian woman.

The difficulty of achieving manhood is a central theme in the TAT. Mother tries to deny her son's



Figure 20: First figure drawing by Sebastian

manhood, saying "you are just a child, a baby, what do you know about the world" (9 BM). The son is "trying to claim his manhood", and the ending is vaguely optimistic, "in time she will find out he is a man now". But when relating to a woman his age, the protagonist (4) needs to be encouraged by her: "be a man". It takes great effort to undo mother's infantilizing approach, and the lack of confidence in one's manhood leads to sexual difficulties: even when turned to a lesbian -- avoiding the need for genital potency -- the protagonist of story 13 MF is ashamed for not being sexually satisfying.

As to father figures, they let one down, either through corruption (the lawyer in 7 BM, is a con-man, and the young man is convicted) or through ineffectiveness (the doctor in 12 M is well meaning, but "the young fellow probably dies and never wakes up").

4.526 Jane

Jane was born in 1953, about a year after Diana, and thus is the closest in age to her in the family. She successfully graduated high school, and at the time of the interview completed one year of studies in a community college. She contemplates a career in teaching. As her earliest memory she does not bring any particular incident, but rather general memories of going to school, playing, liking some things and disliking others, and being smaller than other kids in school.

The same trend toward generalizing is evident in Jane's Rorschach, in which 8 out of 9 responses are W, the 9th being the Popular and salient animals on VIII. Card IX, for which W responses are rare, is rejected altogether.

The low productivity and the generally conventional protocol (7-8 Populars, with perseveration of insects from I to V and VI) cannot be explained by low intelligence; this is counterindicated by a rich vocabulary ("id" and "ego" in TAT card 1), by original drawings and by a well integrated vista-M response to card III ("two people looking over a valley"), and additional "Ms" on VII ("girls sitting on a rock looking at each other") and II ("two people hit each others hands"). The right explanation seems to be depression, and this conclusion is reinforced by the emphasis on black color, directly expressed in V (and possibly present in the responses to I and VI). Chromatic color appears only once -- a gold fish in X -- as a secondary determinant, leading to an introversive experience balance of $3:\frac{1}{2}$.

Another aspect of the inconsistent performance on the Rorschach may be an attempt to cover up a rich and disturbed fantasy life. The drawings, for one, are very bizarre (Figure 21): disproportionately large heads, arms growing from the neck and bent in a flower - like posture, half of the face (including one eye) covered in the woman,

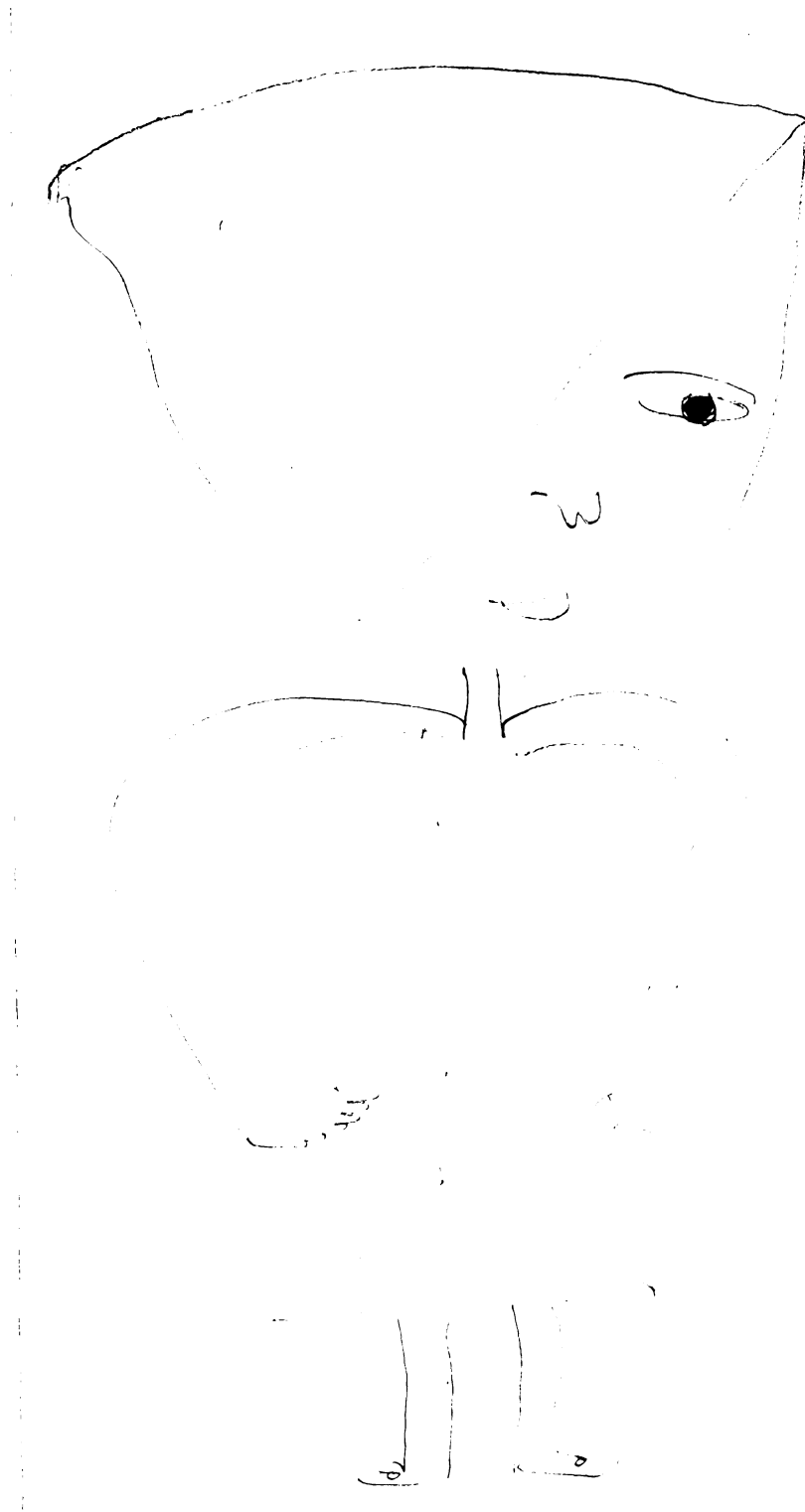


Figure 21: First figure drawing by Jane



three teeth sticking in the man's mouth. The aggression expressed in the latter feature may also account for responses as "two people hit each other's hands" (Ror. II), "she dies...gets hit by a car" (TAT 7 GF), "his wife has been raped, or took an overdose...he leaves and will commit suicide" (TAT 13 MF), and "he will suffer and die eventually" (TAT 12 M). The depression, therefore, may be seen as a result of suppressed but potent aggressive drive.

The turn from other-directed towards self-directed aggression can be openly seen in TAT 13 MF. In the first version of the story, the wife has been raped; in the final version, she took her own life. Indirectly, however, even this act is other-directed, as it leads to the husband killing himself as well.

The deaths of Jane's protagonists are always blamed on others: mother's thinly disguised moralistic attitude towards the daughter who has a baby out-of-wedlock (7 GF), the poor husband's inability to give his wife a bigger apartment and luxurious life (13 MF), the father's not having any money for a doctor for his ill son (12 M). All of these themes appear to be derived from Jane's actual family history.

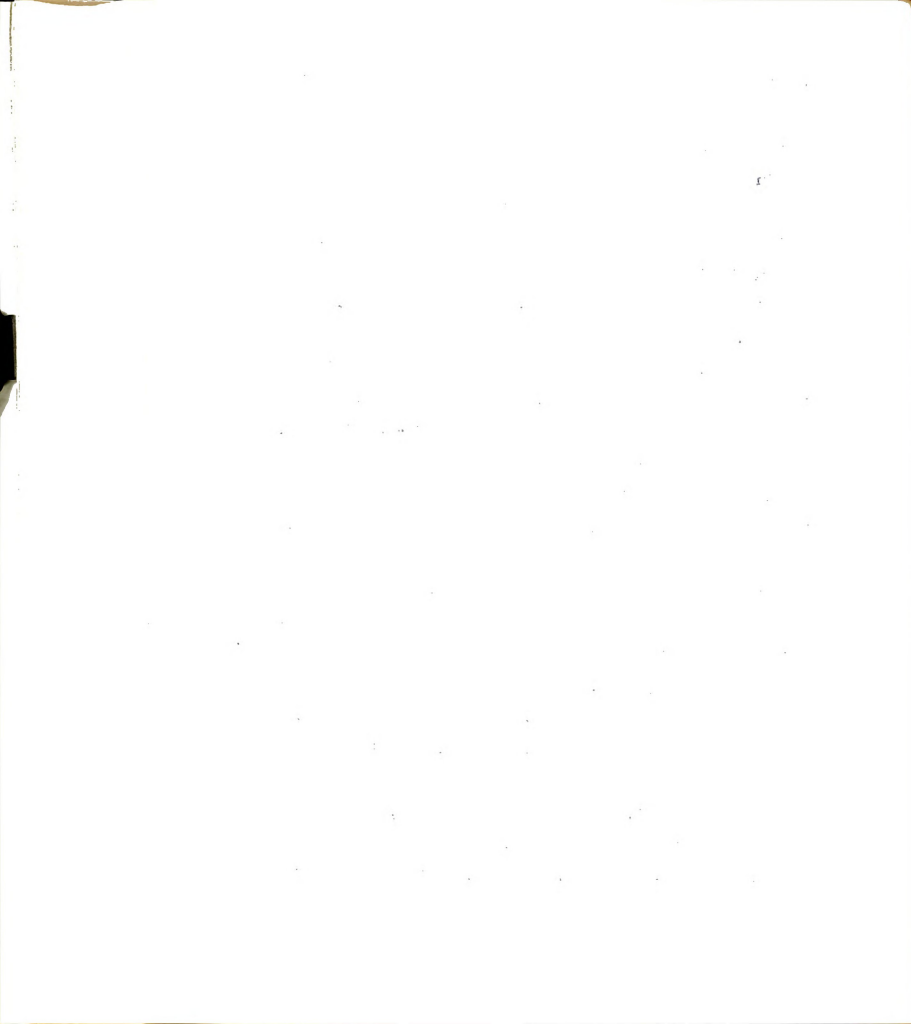
What will the outcome be for Jane? Conscious of her inner conflicts (coating them in psychological jargon, she describes in card 1 a little boy whose "ego and id are both

working at the same time"), of her constant "daydreaming" and "worrying" (6 GF), she poses an alternative. She may be rescued by an understanding man -- "they start discussing this book they are reading; she forgets all about her problem" (6 GF), or she may be driven to death by a negligent man, who disregards her daydreams (13 MF). The responsibility for her fate is placed outside of her (4): "She is leaving an alternative, he has to choose".

4.527 Henry

Henry, Diana's younger brother, was born in 1956, and is now a high school student. He is doing well, but his mother expresses fears he may follow his brother's path. The earliest memory he reports is of the age of (about) four, when one of his sisters did not go to school, stayed home and played with him. His mother was also present.

The one theme most salient in Henry's test data is violence. Similarly to his sister Jane, violence appears in many TAT stories; "from the look in his eyes, he is going to kill the person" (4), war experiences are "like a slaughterhouse" (8 BM), the man who had sex with a prostitute "might have killed her...or raped her" (13 MF). Unlike Jane's guarded Rorschach, however, Henry's preoccupation is equally expressed in response to the less structured stimuli. The two elephants (II), at first seen just with their trunks together, turn out to have "cut their legs -- blood -- and cut their head, maybe were fighting".



Closeness implies violence in card V as well, where "two horses just jumped in each other's head". The two girls in VII "may fall down if they shake -- thousands feet"; in VIII two lions are fighting a person, maybe a zombie; and while the first response to IX is "two pigs ready to kiss", there soon follow two men who are "mean...don't like each other".

As may be seen from these responses, Henry tends to fabulize many of his percepts, although he always uses elements of an adequate form level. This combination of rich, turmoiled imagination with an exact perception of reality gives his responses their surrealistic flavor.

While there is no denial of the aggressive impulses, they are experienced as fearful, and require control. "Boy is young, looks scared" (8BM), but his first response to his being drafted is counterphobic: "might try it for a while, then run away". The girls on top of the cliff (Ror. VII) "lean back -- if someone pushes them forward they will fall in the middle". This may also explain why he would never turn the cards upside down, and why the figures Henry draws -- in anxious lines, but with a human expression, adequate sexual characteristic and age-appropriate-maturity--have no hands (Figure 22).

Anxiety and distancing are also expressed in 3 shading responses (Fc) on the Rorschach, two of them involving elaborate vista percepts. Color appears only twice, in

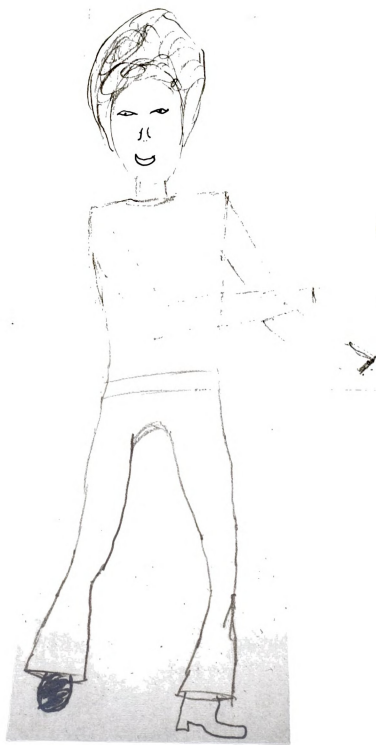


Figure 22: First figure drawing by Henry



card II: secondary to animal movement in one case (elephants' blood), to inanimate movement in the other (red coming out of a rocket). Following this initial color shock, color is avoided in all other chromatic cards, again suggesting fear of the outcome of emotional involvement. Human movement, on the other hand, is frequently perceived (6 out of 21 responses -- at times in anthropomorphized animals--) and the experience balance is therefore introversive.

Henry does not perceive his parents as helpful in controlling his impulses. Mothers are portrayed as coercive (TAT 1) but not empathetic; their investment in their sons is narcissistic only. When the protagonist in 6 BM tells his mother he was sentenced for jail, "mother is disappointed or hurt", not responding to his feelings. Fathers appear to be good for nothing, being "too old to understand...boring" (7 BM). In the last card administered, 12 M, Henry sees the son as being already dead, and all the father can do for him is pray, then go home.

4.528 Gloria

Gloria was born in 1957, and is the youngest child in the family. She studies in high school now, and hopes to attend college and to become an accountant or a secretary. She cannot recall her earliest memory when asked about it.

In reviewing Gloria's Rorschach performance, we encounter phenomena which by now can be recognized as family

characteristics: frequent fabulized responses, loss of distance from the inkblots, preoccupation with violence. In addition, a tendency to project symbolic significance reaches its peak in some responses, as in card VIII where the tail-less panthers are seen as escaping from city life (the red D), where they don't belong, to the jungle (grey D). Gloria's involvement in the answer is manifested when she ends her response with a direct advice to the panthers: "go to grey"!

While the general form level is low (F^+ is 65% of F , F_c and F_{cw} responses), there are at least two gross contaminations. In II, the S is seen both as the space between the persons and as a card table at which they sit; in III the Popular men are powdering the face of "a lady cat", but their heads are identical with her eyes.

Castration themes are abundant: "tail-less panthers" are climbing a broken cliff (VIII), an elephant's horn is "broken", "coming off" (VII). A woman has no head (I), a bleeding heart has been torn out (II), a giant is cut-up at his waste line (IV). The latter percept also belongs to a group of images where splitting is the theme; a robot with two hearts (III), a rabbit split in the middle into two halves (V), a spine and a birth canal first perceived together and then attributed to two persons, male and female (VIII).

The experience of living a lonely fantasy life, isolating oneself from other people, in constant fear of being

exposed to them, is not only evident from the Rorschach, but also directly described in it. "Looks like a kingdom...lonely kingdom, nobody discovered it, or its people left. No scenery of life" (VII). "This looks like a made-up country, where a tiny person is a king. People have no insides, you can see through them" (IX).

Fantasy is much more under control in the drawings (Figure 23), which are rigid, symmetrical, doll-like, but without extreme pathology. On the TAT, story 12 M is of a nightmarish quality: "Man is asleeping, his father going to smother him, smash him in the face, hurt him or kill him". When asked about the father's motivation, she uses the same words she used in discussing her own father: "just for evil". The ending is optimistic: the son wakes up and fights back.

Of great interest is also Gloria's story to card 1, dealing with a boy who has no idea how to play the violin he has. This is different from stories of all other siblings, dealing with parental coercion, but almost identical to Julie's story to the same card. The difference lies in the outcome: Julie's protagonist "breaks it up", Gloria's "will find his way of playing his music".

While other men in Gloria's TAT lack the father's malice, they are still unpleasant ("trying to fool her", to get her frightened -- 6 GF) and cannot satisfy the woman's needs (in 13 MF the man is too shy to fulfill the

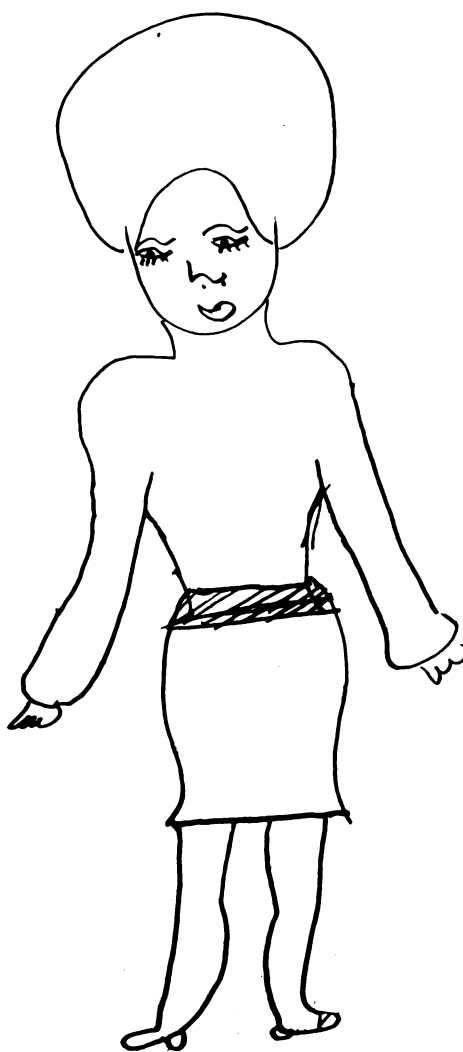


Figure 23: First figure drawing by Gloria

woman's frank sexual expectations). Mother is described again as boring and coercive, but not irresistible (9 GF): "she finally do go outside; mother gets upset, but she puts her doll down, and goes outside; she grows up".

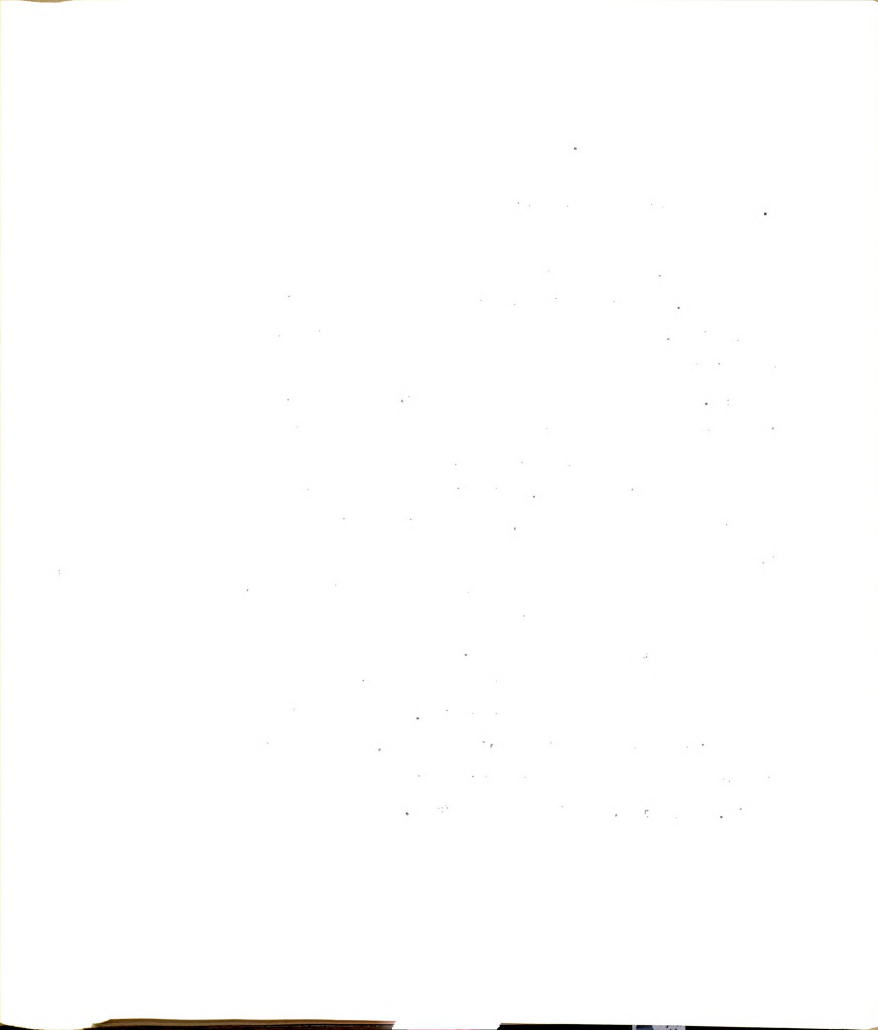
The desire to give up infantile fixations, and reach maturity and independence, to leave her "made-up country" and "see what's out there for herself"--this wish arouses in one a genuine empathy, coupled with some fears about the extent to which Gloria's fragile ego will enable her to reach the hoped-for autonomy.

V. DISCUSSION

5.1 A genetic reconstruction in a psychoanalytic perspective

So far, we have dealt with facts and with low-level inferences. In attempting now to reconstruct the life of our subject, from infancy to the period of the study, and to explain how she became the Diana and the Julie of the present, we stand on a less firm ground. Partially, this is a general problem of the science of personality: the assessment of the past is more speculative than the assessment of the present, which is available to the researcher much more directly. An additional difficulty in this case arises from the fact that we are facing a person whose development has been different from the usual, and whose present personality casts doubt on some of our basic assumption on human nature.

Some theories appear better equipped than others as a framework for such a reconstruction. The following discussion is grounded in Freudian theory, and is most directly related to the conceptualizations of Melanie Klein, Fairbairn, Kernberg and Guntrip.



The choice of one group of theories against others is yet another reason to see this reconstruction as merely one possible way of organizing the data collected. There is no doubt that the objective findings reported so far could lead to different conclusions if they were viewed from the point of view of different theories (e.g. Jungian or Sullivanian).

Diana's psychological history is marked by a series of unresolved conflicts; at the root of these conflicts stands an early oral deprivation.

There is abundant evidence for such deprivation in the testing material. The drawing of a fruit tree behind a gate (Figure 6), the response "My stomach...is empty" in Sentence Completion, and the story given to the first card of the Blacky test ("mother tired, doesn't want Blacky to bother her; the baby is feeding anyway on his mother") are merely the most striking examples. The mother's test responses indeed indicate a great difficulty in giving, and nurturant mother figures are consistently absent from the inner world of Diana's siblings. (section 4.5)

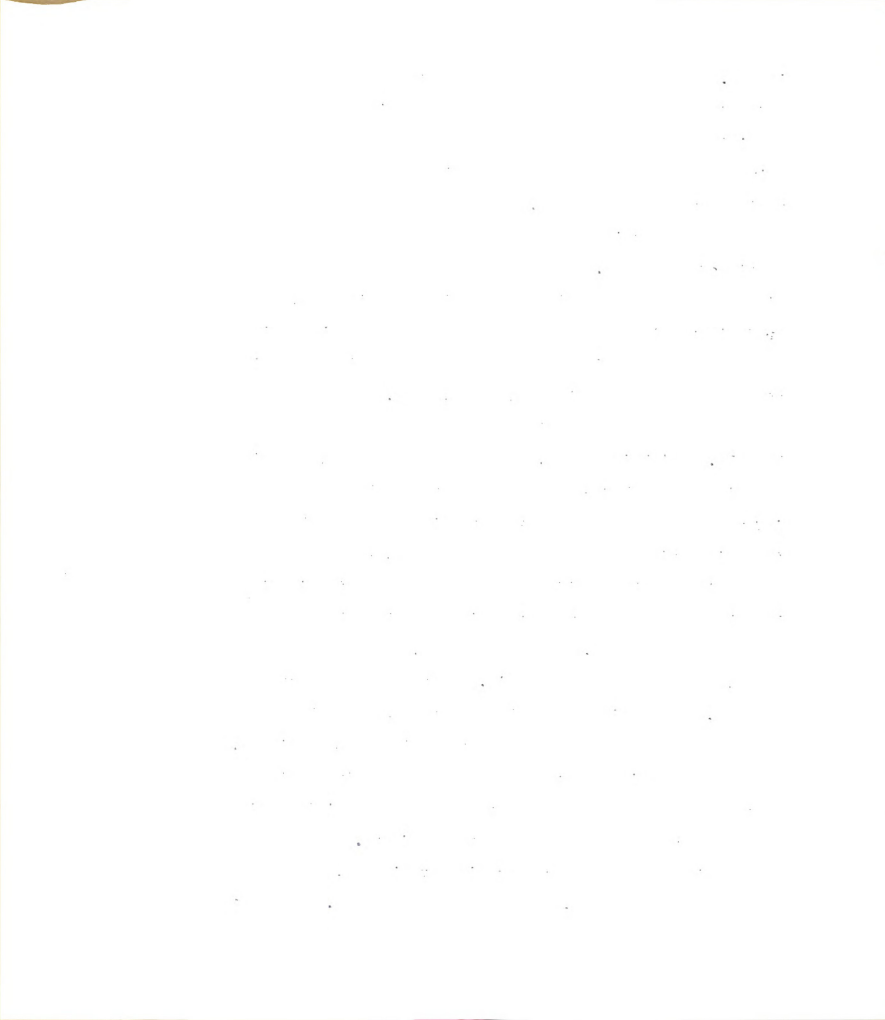
Kernberg:(1966, p. 665) discusses some potential results of such conditions: "excessive frustration of early instinctual needs (especially oral) is probably the main cause of the lack of differentiation between self and objects, because excessive frustration reinforces the normal disposition to regressive refusion of self and object

images, representing early merging fantasies between self and object in an attempt to retain or regain absolute gratification". This process is discussed at length by Laing (1960), who describes ontological insecurity as the root of "the divided self".

Full re-fusion, as defined by Kernberg, is characteristic of psychosis. A milder version is also possible: "in the case of borderline personality organization, what predominates is not re-fusion between self and object images, but an intensification and pathological fixation of splitting processes" (Kernberg, 1966, p. 666).

The elementary splitting process refers to the mother herself. Fairbairn (1952, pp. 110-111) explains: "It is the experience of libidinal frustration that calls forth the infant's aggression in relation to his libidinal object and thus gives rise to a state of ambivalence. --- Since it proves intolerable to him to have a good object which is also bad, he seeks to alleviate the situation by splitting the figure of his mother, into two objects. --- There can be no doubt, however, that a bad (viz. unsatisfying) object may be desired. Indeed it is just because the infant's bad object is denied as well as felt to be bad that it is internalized". Further, Fairbairn hypothesizes that the bad internalized object is split again into (a) "the needed or exciting object and (b) the frustrating or rejecting object".

This process of splitting is not limited, however, to object representations. Melanie Klein (1946, p. 298) states:



"I believe that the ego is incapable of splitting the object -- internal and external -- without a corresponding splitting taking place within the ego". Kernberg, while objecting to many aspects of Kleinian theory, shares this belief when he describes how "each of these dissociated ego segments contains a certain primitive object image, connected with a complementary self image and a certain affect disposition which was active at the time when that particular internalization took place" (1966, p. 672).

Although no direct evidence can be supplied on this point, it seems thus plausible to assume that a certain splitting within Diana's ego started at a very early age, much before Julie's open appearance. At that stage the splitting was internal and unconscious, unlike the external-conscious splitting developed later. This process was described already by Prince (1919, p. 235) when he spoke of the "B complex" in the personality of his patient preceding the appearance of the "B personality" with the open split.

Gumtrip (1969, pp. 71-72) describes his version of the ego split "into an ego attached to the exciting object and an ego attached to the rejecting object". He defines the two parts as the libidinal ego and the anti-libidinal ego, respectively, and reaches the conclusion: "Inevitably the libidinal ego is hated and persecuted by the antilibidinal ego...so that the infant has now become divided against

himself. This is easy to recognize in the contempt and scorn shown by many patients of their own needs to depend for help on other people or on the analyst".

Julie's scorn for Diana's dependency (indeed emphasizing her dependency on her therapist), Diana's feeling of being persecuted by Julie -- both sides are precisely described by Guntrip. One central aspect is, however, missing: Julie's initial role as Diana's protector. This omission is later corrected by Guntrip himself (1969, p. 193): "In fact, justice must be done to the antilibidinal ego because it is the child's struggle to keep himself going when he feels afraid and has no real help".

The discussion so far focused on the nature of Diana and Julie as related to the two aspects of the split mother representation. This, however, is only the first layer in a complex structure. Split aspects of other object representations invariably become attached to the split ego segments. In Diana's case it appears evident how central a role plays the father in this process.

What is the source of Diana's great attachment to her father? Kernberg (1966, p. 680) writes: "Severe oral pathology of the kind mentioned tends to develop the positive oedipal strivings prematurely in the girl. Genital strivings for father are used as a substitute gratification of oral-dependent needs that have been frustrated by the dangerous mother".

Fairbairn (1952, p. 124) emphasizes the degree to which the choice of one parent over the other is determined by distortion, related itself to the earlier split in the mother. The child now confronts ambivalence about both parents, and he "seeks to simplify a complex situation... by concentrating upon the exciting aspect of one parent and the rejecting aspect of the other...by so doing the child constitutes the Oedipus situation for himself. Ambivalence to both parents persists, however, in the background; and at rock bottom both the exciting and the rejecting object remain what they originally were, viz. figures of his mother".

This is how Diana came to view her father as all good, and her mother as mostly bad (e.g. Semantic Differential). On the level of this perception, the split Julie-Diana has some aspects of the split mother-father, and Julie's intention to get rid of Diana represents the fantasy of mother getting rid of father, killing him "by her unpleasantness" (section 4.44). "An inner psychic world has been set up duplicating an original frustrating situation, an unhappy world in which one is tied to bad objects and feeling therefore always frustrated, hungry, angry, and guilty, and profoundly anxious, with constant temptation to seek transient inner relief by projecting it back into the external world" (Guntrip, 1969, p. 22).

We will have to consider whether this temptation was

acted upon in an case, but another issue should be clarified first: the nature of Diana's extreme idealization of her father. It is described accurately by Kernberg (1966, pp. 668-671) as "a primitive, protective fantasy structure in which there is no real regard for the ideal object, but a simple need for it as a protection against a surrounding world of dangerous objects. --- On a deeper level the idealized person is treated ruthlessly, possessively". This indeed appears to be the case with Diana; we have little information about her actual behavior toward her father, but we do know how ruthlessly she treated her (older) lover and her therapist.

While alive, the father clearly reinforced the sexual attachment of Diana, as well as the exaggerated dichotomization between his and his wife's images. In the lack of positive attachment to the mother, whose past depriving is now re-experienced as jealousy ("can't stand her because she is young and pretty"--TAT 12), there is no way of resolving the oedipal conflict. Feminine identification is thus never firmly established, and Diana continues to see herself as castrated (e.g. tail-less animals appear on the Rorschach and Holtzman tests; the bizarre attempt to keep the dead male fetus can be seen as expressing a desperate need for a phallic substitute) and to wish she were a boy (directly expressed on the MMPI).

Father's death adds a new dimension to the splitting

and adds to its functionality. Diana (as she admits now in interviews) cannot acknowledge this loss; Julie does. This is exactly the process described by Freud (1927, pp. 155-6) in one of his first discussions of splitting: "In the analysis of two young men I learned that each -- one when he was two years old and the other when he was ten -- had failed to take cognizance of the death of his beloved father -- had 'scotomized' it -- and yet neither of them had developed a psychosis. Thus a piece of reality which was undoubtedly important has been disavowed by the ego... (but this) was only one current in their mental life that had not recognized their father's death; there was another current that took full account of that fact".

The function of such a division was even earlier explained by Freud (1923, p. 152): "it will be possible for the ego to avoid a rupture in any direction by deforming itself, by submitting to encroachments on its own unity and even perhaps by effecting a cleavage or division of itself". In other words, "The two contrary reactions to the conflict persist as the centre-point of a splitting of the ego" (Freud, 1938, p. 276).

The same principle is still used by contemporary psychoanalysts, such as Wolfenstein (1965, p. 64): "While the child acknowledges verbally that the parent is dead, he continues to daydream that the parent will return. We observe here a splitting of the ego -- what is accepted by one level is denied on another".

The severity of the split in our case cannot be understood, however, unless we realize that father's death also intensified the ambivalence about him. His absence made it easier to idealize and adore him; but his departure also aroused anger and bitterness: "he didn't even tell me he was dying".

Guntrip (1969, pp. 21-23) sees such an event as supplying the necessary condition for the extreme form of internalization which goes beyond memory: "Objects are only internalized in a more radical way when the relationship turns into a bad-object situation through, say, the object changing or dying. When someone we need and love... disappears, dies, i.e. deserts us, that person becomes, in an emotional, libidinal sense, a bad object. --- In the language of Bion, bad experiences cannot be digested and absorbed; they are retained as foreign objects which the psyche seeks to project. --- Objects are only internalized later in life in this radical way by fusion with already existing internal-object structures."

Additional objects may have been fused into these structures, crystallizing as "Diana" and "Julie". Thus, Diana recalls a sexy girl-friend of her father whose description is congruent with Julie's appearance and style. The last name adopted by Julie is the last name of a cousin of Diana, who was quite close to her around the time her father died. Test results of Jane and Gloria, Diana's

sisters (section 4.5) illuminate some traits they have in common with Julie, and these were detected by the blind judges who compared their Rorschach and TAT protocols.

All these persons may have influenced the formation of Julie, adding to the rejecting and controlling aspects of both parents expressed through her. Other, less known objects may have contributed to the separate structuring of present-day Diana, by being "partly superimposed upon, and partly fused with" (Fairbairn, 1944, p. 121) the needed - exciting (but unavailable in reality) aspects of both parents. It is clear that neither represents one consistent identification.

This complexity may account for the diversified directions of violence in the case history. Julie's intention to do away with Diana may represent mother's (rejecting side emphasized) perceived responsibility for father's (exciting side emphasized) death. Diana's burning her older boy friend because he preferred Julie may be related to a repressed rage at her father because he betrayed her with sexy girl friends (and ultimately with mother). Diana's threats to kill Dr. Coplon's wife appear as a continuation of her rage at her mother for being her father's wife.

From all existing structural schemes in psychoanalysis, Fairbairn's discussion of "the libidinal ego" and its struggle with the "internal saboteur" (later called by Gun-rip "the anti-libidinal ego") appears to describe most

adequately the Diana-Julie split. What are the characteristics of these two ego segments?

The libidinal ego is attached to the cumulatively internalized exciting object. It is similar to Freud's id in being infantile and not well-adapted to reality, but it is not conceived as a reservoir of instructive impulses, and it is seen as an object-seeking derivative of the ego. In describing its development in the child, Fairbairn (1952, p. 113) says:

"the experience is one of shame over the display of needs which are disregarded or belittled...he feels reduced to a state of worthlessness, destitution or beggarmdom...he feels bad in the sense of 'inferior'...intensity of need itself increases his sense of badness by contributing to it the quality of 'demanding too much'." The attack to which the libidinal ego is subjected represents "a persistence of the hatred which the child comes to feel towards himself for the dependence dictated by his needs" (p. 115).

Guntrip (1969, p. 163) before attempting to postulate further splitting, which will not be discussed here, defines: "The libidinal ego aspect of psychic functioning represents...the infant's original nature, the possessor of his basic and unmet libidinal needs..." The mental pain caused by this frustration can be easily recognized in Diana.

"The internal saboteur" has some commonalities with Freud's super-ego, but no identity with it. It is not an internalized object, although it is associated with one. In addition its attack "bears all the marks of being vindictive, rather than moral, and gives rise to an affect, not of guilt, but of plain anxiety" (Fairbairn, 1952, p. 101).

Its source is also different: "The child seeks to circumvent the dangers of expressing both libidinal and aggressive affect towards his object by using a maximum of his aggression to subdue a maximum of his libidinal needs" (p. 114-115). There is a certain complementarity between the two conflicting structures: "The attack of the internal saboteur upon the object of the libidinal ego (the exciting object) serves, of course, to perpetuate the attachment of the libidinal ego to the exciting object by virtue of the fact that this object is being constantly threatened. Here we catch a glimpse of the original wolf under its sheep's clothing, i.e. we catch a glimpse of the original ambivalent situation" (p. 117).

Guntrip renamed "the internal saboteur" as, "the anti-libidinal ego", and as noted added to it the essential aspect of "the child's struggle to keep himself going when he feels afraid and has no real help" (1969, p. 193). Subsequently, he attempts to explain the constructive implications of this system (pp. 202-206):

(a) It represents an object-relationship with the parents, and in spite of its negative content (centered around fear and guilt) this may be better than no relationship at all. "The infant comes to possess his disturbing parents in himself, in developing an antilibidinal ego, and its dissolution will therefore feel to him to be the equivalent of loss of parents".

(b) It represents "the struggle to achieve an ego strong enough to live by (in which) the child turns against his own actual ego as infantile, weak, and all too prone to betray him into the power of disturbing adults through his dependent needs".

(c) It confers a sense of power, through identifying with powerful persecutory adults in order to repress the infantile self.

All these considerations are valid in the case of Julie, and can help us to understand her persistence. However, it must be noted at this point that by emphasizing the striking

correspondence between Diana and "the libidinal ego", and between Julie and "the anti-libidinal ego", we have avoided so far a major issue: how can an unconscious ego-segment turn into an active and outwardly-recognizable "personality?"

Fairbairn never elaborates on this leap, although he acknowledges its existence and feels competent to deal with it: "a theory of the personality based upon the conception of splitting of the ego...(is) obviously adapted to explain such extreme manifestations as are found in cases of multiple personality; but, as Janet has pointed out, these extreme manifestations are only exaggerated examples of the dissociation phenomena characteristic of hysteria" (Fairbairn, 1952, p. 159).

How, then, does the exaggeration appear? One hint in this direction is the discussion of "release of repressed bad objects", which is different from "the externalization of internalized bad objects" (and their projection as persecutors) in paranoia. While not explaining the exact nature of the difference, Fairbairn (1952, pp. 75-76) warns: "When such an escape of bad objects occurs, the patient finds himself confronted with terrifying situations which have hitherto been unconscious. External situations then acquire for him the significance of repressed situations involving relationships with bad objects".

This is somewhat vague, but it does bring to mind

Diana's terror when confronted with Julie's decision to get rid of her. The terror, Fairbairn suggests (1952, p. 67) may start even prior to the release of the bad objects, as the child "cannot resist them because they have power over him. He is accordingly compelled to internalize them in an effort to control them...(but they) retain their power over him in the inner world. In a word, he is 'possessed' by them, as if by evil spirits".

With a slightly different emphasis, Klein (1946, p. 304) also suggests: "This weakened ego, however, becomes also incapable of assimilating its internal objects, and this leads to the feeling that it is ruled by them". One wonders if such an inability to assimilate is what leads to an alternative kind of splitting, more in time than in space, referred to by W.C.M. Scott (in Klein, 1946) and clearly present in the relationship between Diana and Julie. Such splitting in time also serves a schizoid style described by Guntrip (1969, p. 36): "This 'in and out' programme, always breaking away from what one is at the same time holding on to, is perhaps the most characteristic behavioral expression of the schizoid conflict".

A possibility which should be kept in mind is the function of overt splitting in preventing a total disorganization of the personality. An analogy that may illuminate this is the shift, within a Rorschach protocol, from a W - response which describes the full blot but conveys poor integration and reality testing, to two D+

responses, each describing successfully a limited part of the blot. Freud (1923) indeed suggested that division may be needed to avoid a "rupture".

The question that still remains open is what is the exact mechanism by which the two suppressed ego-segments, the libidinal-infantile and the anti-libidinal, "overthrow" the controlling "central ego" and share the "government" on the basis of temporal splitting accompanied by a constant conscious struggle. If, nevertheless, this is what happened in creating Diana and Julie as we know them at present, one conclusion is evident. Neither the infantile-libidinal ego nor the anti-libidinal ego can successfully be in absolute charge, and the only hope for greater happiness for our subject is not in suppressing either of her personalities, but in achieving a new integration which will again bring both these facets under the control of a new "central ego". If at all possible, this may only be achieved through a long and patient process of intensive psychotherapy.

5.2 Confirmation of hypotheses

Returning now to the initial hypotheses of this study (section 2), the following conclusions can be reached:

A. The psychological reality of the split between the personalities was confirmed, and seeing Diana and Julie as a delusion or a simulation received no support in the findings (section 4.3). Blind judges did not see any greater similarity between Diana and Julie than between each of them and other persons, members of the same family (section 4.51).

B. The consistency of the split indeed spread over numerous levels, including general style (section 4.31), expressive movement (4.32), self concept (4.33), cognitive functioning (4.34), affective functioning (4.35) and object relations (4.36).

C. It became clear that Diana and Julie cannot be explained as representing single structural systems in the traditional sense, and that drives and defenses are potent in both. Their closest approximation to structural elements is in their similarity to the "libidinal ego" and "anti-libidinal ego" (section 5.1), which are described by Fairbairn and Guntrip not as constant mental entities, but rather as possible constellations of functioning units. It may be added here that no one identification can account for the formation of Diana or Julie, but a cumulative process of splitting, internalizing and fusing objects appears

to be involved (sections 4.52, 5.1).

D. A close relation and complementarity between the personalities is strongly suggested by their history (section 4.2) and initial picture (sections 4.33, 4.34, 4.35), but the findings fall short of definite confirmation.

E. While no hard evidence can be offered on this point, the attempted genetic reconstruction (section 5.1) does lead to the conclusion that the present personalities split from an early, integrated constellation. The beginning of the splitting process appears now to be much earlier than was assumed before.

F. Marked changes within both personalities, were detected throughout the study period (section 4.4) and they do seem to relate to the effects of psychotherapy (e.g. transference) and external events (e.g. sister's marriage, mother's illness). Moreover, changes in one always were complemented by changes in the other: greater libidinal capacity in Julie (section 4.42) led to greater maturity in Diana (4.43), while the return of Julie to more hostile patterns brought about regression in Diana (4.44).

In summary, hypotheses A, B, C and F were clearly confirmed, while hypotheses D and E were strongly supported by the data collected. In future research more specific hypotheses could be developed on this basis.

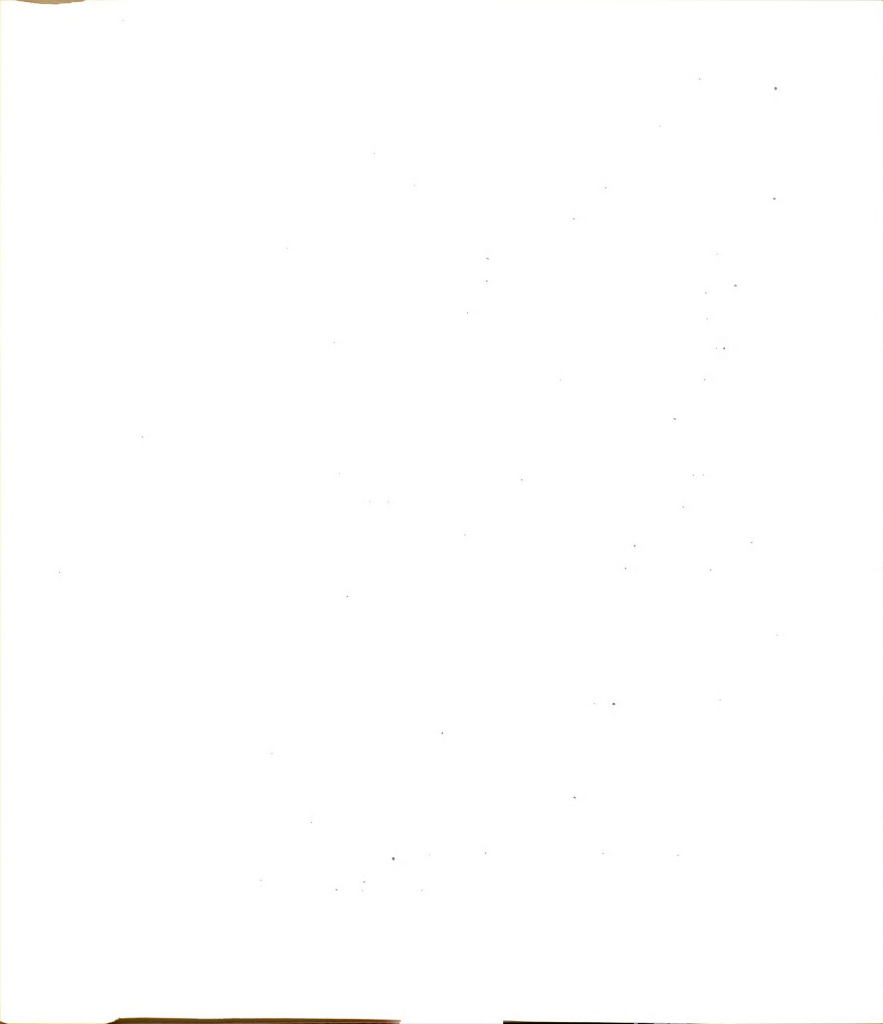
5.3 Validation of past explanations

Which, if any, of the explanations of multiple personality offered during the last two centuries (section 1.3) are supported by the findings of the present study?

No supernatural influence was ever suggested or observed in the case investigated. As to physiological theories, there was no systematic attempt to test any of them, but a routine physical examination, hospital-prescribed laboratory tests and an EEG examination conducted with both personalities revealed no significant differences.

Could Diana be simulating? After five months of almost continuous observation, and taking into account all the interview and testing data, this possibility seems out of the question. An enormous genius and an iron will would be required to simulate such a consistent picture of a split without being ever caught off guard, and the persistence of the differences even in test aspects not easy to understand or manipulate without considerable psychological sophistication (e.g. the experience balance on the Rorschach) strengthens this conclusion. Not one person who knew Diana and Julie in Jacobi Hospital doubted the sincerity of their story.

A few people on the Jacobi staff did raise questions as to the iatrogenic aspects of the case. Could the attention given to the split (therapy, testing, video-taped



interviews, psychodrama, case conferences) reinforce its existence? No clear-cut answer exists to this question. It is clear, however, that the split was experienced by the subject months (directly) and years (indirectly) prior to her hospitalization. The treatment and the research may have prolonged the splitting, but in no way can they account for its appearance. No hypnosis, or any other form of suggestion, was used with the patient and (possibly with one exception: the TC meeting on 11-3-71) the shift was always spontaneous and unsolicited.

Some of the sociological explanations appear to contribute valid insights to the understanding of the present case. Murphy's (1947) emphasis on the attempt to live in terms of different sets of values is supported by the conflicting results of the Value Survey (Table 6) and other tests. It also became clear that the splitting made it possible for Julie to avoid the social conventions of her family by becoming a prostitute. The prostitute who lived in their house (and befriended her father) may have supplied her with the needed role model.

The conflicting role expectations imposed on a young woman in American society--to be sexually attractive and virtuous, to be assertive and submissive, to be autonomous and nurturant -- are indeed resolved by splitting between Diana and Julie. The frequency of such role conflicts may be one of reasons why most known multiple personalities are women.

On an additional level, the two personalities also embody some of the current conflicts in Afro-American identity.

Arrogant rebellion, toughness, a 'cool' attitude, refusal to collaborate with authorities -- all these qualities frequently attributed to young Black militants are also embodied in Julie. Diana, on the other hand, may be seen as an example of "Uncle Tomism" in her obedience, spontaneity, general trustfulness and self-derogatory attitude. It is plausible to assume that cultural images join personal experiences in shaping the two personalities.

Similarly to the patient of Ludwig et al (1972), Diana and Julie shared among them different areas of competence in responding to social challenges. Characteristically, Diana was around most of the time in the hospital (where she was liked, made friends and generally adjusted well to the institutional life style) while Julie had control over most of the weekends, earning money street-walking and mixing with a totally different social group. Their conflicting "self pictures" indeed fit well into their respective social contexts. Many of Julie's attitudes fit well with the demands of her occupation (e.g. separation between sex and emotions) while Diana's kindness and submissiveness (except for moments of explosion) fit into her aspirations to become a nurse.

The findings of this study support the belief that ego weakness is the result of dissociation rather than its cause, and thus add conviction to Prince's (and later Glover's)

arguments against Janet. At the same time, many of Janet's other ideas still seem to fit our data; this refers particularly to his firm belief in the reality of the split and in the role of past traumata, here most importantly the father's death.

The place of oedipal dynamics is also confirmed, although it now appears that pre-oedipal variables play a crucial role in determining the impact of the oedipal conflict on splitting. Similarly, the emphasis on libidinal cathexis must be extended to a fuller understanding of internalization processes, so far neglected in this domain. Only such understanding may give the right theoretical context to the developmental scheme of Horton and Miller (1972), which generally fits the present findings.

Finally, Fairbairn's comments about multiple personality, while in need of extension and clarification (particularly on the issue of shift from unconscious to conscious splitting) supply the most successful basis so far for the understanding of this phenomenon.



5.4 Theoretical implications

The present study, beyond its particular relevance in the exploration of an unusual clinical phenomenon, could be viewed in the broader context of the "specificity -- generality" controversy in the social sciences.

Psychoanalysis and other dynamic personality theories traditionally stand on one side of this controversy, tending to emphasize the unity and consistency in each person's behavior beyond situational differences. They are supported in this tendency by the personality assessment and testing experts, and by quantitative researchers interested in factor analytic and correlational methods.

Behaviorism, Gestalt psychology, field theories (e.g. Lewin), role theories and other sociological doctrines -- in spite of the immense differences among them -- all tend to place a lower emphasis on this consistency and continuity, and higher emphasis on the specificity of behavior in certain contexts, be they defined by social role expectations, stimulus and reinforcement variables or field vectors at any given moment. In certain respects, existential approaches also stand on this side, emphasizing the free choice of each individual in each situation, and casting doubt on deterministic notions of character.

In recent years some movement of convergence can be detected. Thus, S-R theories take greater interest in the role of past reinforcement contingencies (i.e. character)

in comparison to purely situational variables (Berger and Lambert, 1969, p. 421). Social psychologists express the belief that personality characteristics not only influence role performance ("role enactment is more convincing, proper and appropriate under conditions of self-role congruence" -- Sarbin and Allen, 1969, pp. 522-527) but may even determine the choice of social role (Arnoff, 1967). A theory initially geared towards purely situational variables -- the theory of cognitive dissonance -- is amended to account for individual differences (Abelson et al, 1968, pp. 22-26, 615-623, 624-647).

It seems to me that a parallel move towards considering the limitations of extreme "generality" positions will benefit dynamic personality theories. This, I believe, does not have to reduce the understanding of individual differences but may improve it, as this understanding may suffer at present from dogmatic adherence to the belief in the unity of personality.

The insistence of contemporary psychology on the monad-like unity of personality appears to be a direct continuation of theology's emphasis on the unity of the soul. Sutcliffe and James (1962, p. 238) are right when they suggest that "people showed they were reluctant to give up unity, and part of their reluctance arose from the contemplation of the moral and religious, ethical and legal problems raised by disunity".

This must be the reason why the phenomenon of multiple personality still arouses so frequent skepticism and suspiciousness (section 1.33), and why no systematic theory of splitting in "normal" individuals, of "multiple selves" or of "subpersonalities", was so far developed.

The existence of such subpersonalities, was often observed by sociologists, who came to see them as inner representations of divergent roles (e.g., trait constellations attached to the roles of son, husband, father, teacher, club member, political activist, which can all be played by the same individual). It was also observed by many clinicians in patients who have no alterations or amnesia, but who nevertheless appear to have more than one character (e.g. Ries, 1958). Hypnotists are at times amazed to discover intact childhood-personality patterns uncovered during induced age regression (e.g. Bergmann et al 1947).

It appears that the recognition of such multiplicity influenced Freud in his structural concepts, in dividing the psyche into ego, superego, and id. The tendency to regard these as universal and exclusive entities made them inadequate in explaining more complex formations and fully accounting for individual differences. Colby (1955) perceives this limitation when he writes: "There are...theoretical disadvantages to the id-ego-superego model. Today its simplicity makes it insufficient to conceptualize

specifically enough the manifold functions of psychic activity... In psycho-analysis our knowledge has increased in such a way that to subsume the complexities of psychic activity under three undivided categories is to stretch generalizations too far".

Fairbairn (1931; 1952, pp. 218-222) appears to go in the right direction when he suggests the possibility of an unlimited number of different dynamic constellations becoming differentiated in the conscious, which may also "invade the consciousness" as in multiple personality. It is somewhat disconcerting to realize that in later works he developed his own structural divisions, different from Freud's but again assumed to be universal and stable, rather than pursuing his more flexible early conceptions.

If this study can have a general conclusion -- vague as it may be -- it should be an intuitive endorsement of the impression expressed by Sidis and Goodhart (1904, 364): "Multiple consciousness is not the exception, but the law".

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