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Simulation of multiple personalities: A review of research comparing diagnosed and simulated dissociative identity disorder

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HIGHLIGHTS

- Twenty studies compared people diagnosed with DID to individuals simulating DID.
- Aspects of symptoms, identities, and cognitive processes differed between groups.
- Interidentity transfer of information occurred at similar rates in both groups.
- Several methodological improvements are needed in simulation research.

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ABSTRACT

Dissociative Identity Disorder (DID) has long been surrounded by controversy due to disagreement about its etiology and the validity of its associated phenomena. Researchers have conducted studies comparing people diagnosed with DID and people simulating DID in order to better understand the disorder. The current research presents a systematic review of this DID simulation research. The literature consists of 20 studies and contains several replicated findings. Replicated differences between the groups include symptom presentation, identity presentation, and cognitive processing deficits. Replicated similarities between the groups include interidentity transfer of information as shown by measures of recall, recognition, and priming. Despite some consistent findings, this research literature is hindered by methodological flaws that reduce experimental validity.

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1. Introduction

Dissociative Identity Disorder (DID) maintains a unique place in the field of psychopathology; it elicits an unprecedented mixture of acceptance and rejection in the scientific community. Beginning with acceptance, DID is an officially recognized diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders*, *Fifth Edition* (DSM; American Psychiatric Association, 2013) and the *International Classification of Diseases* (ICD-10; World Health Organization, 1992). In addition, the scientific study of DID produces a modest but steady stream of publications documenting cases of the disorder in countries throughout the world (Boysen & VanBergen, 2013). On the other hand, some have dismissed the idea of multiple personalities as an incredible "folly" (Piper & Merskey, 2004), and others have argued that interest in dissociative disorders was a scientific fad that peaked in the 1990s and then quickly faded (Paris, 2012; Pope, Barry, Bodkin, & Hudson, 2006). One of the longest-standing controversies about DID, however, is if it represents a socially-enacted role or a special case of posttraumatic dissociation (Spanos, 1994; Spanos, Weekes, & Bertrand, 1985). Can DID be exhibited after normal social learning processes or is it somehow unique? One method of exploring this issue would be to compare people with diagnoses of DID to individuals who are intentionally faking the symptoms of DID. Differences between these groups would provide evidence for DID's unique nature, and similarities would suggest a less-than-exceptional nature. The results could also have implications for the understanding of DID's etiology, diagnosis, and basic features. The purpose of this review was to examine all existing research comparing individuals diagnosed with DID to individuals simulating DID in order to indentify reliable similarities and differences between the groups.

1.1. Disagreements about DID and dissociation

Etiology is at the center of disagreement about DID. The posttraumatic explanation posits that DID is a reaction to intense trauma, typically occurring in childhood (Gleaves, 1996; Putnam, 1989). The model proposes that dissociation functions as a defense mechanism in the face of inescapable psychological distress, and DID occurs when this tendency to dissociate becomes too pervasive. Evidence for the posttraumatic model comes from several different sources. A primary source of evidence is the high proportion of people with dissociative disorders who report childhood abuse or trauma (Foote, Smolin, Kaplan, Legatt, & Lipschitz, 2006; Lewis, Yeager, Swica, Pincus, & Lewis, 1997; Sar et al., 2007). In fact, studies have documented the trauma–dissociation relation across several cultures (Tamar-Gurol, Sar, Karadag, Evren, & Karagoz, 2008; Xiao et al., 2006). Furthermore, there is evidence that sexual abuse is uniquely tied to dissociation among children (Kisiel & Lyons, 2001). Such evidence is cogent, but it is also correlational and frequently based on retrospective self-reports, which leaves the posttraumatic model open to criticism.

Skepticism about DID is multifaceted, but the central concern among critics is that social factors, rather than trauma, may be the predominant cause of the disorder. Several trends point to DID's origins as a social phenomena (Lilienfeld et al., 1999; Piper & Merskey, 2004; Spanos, 1994). Due to media depictions in the latter half of the 20th century, the concept of having multiple personalities became part of the cultural landscape in Western countries; at the same time, the prevalence of the disorder dramatically increased. As cases became more frequent, so did some of the more incredible aspects of the DID phenomena. For example, the reported number of alternative identities increased and so did the scope of abuse allegations. Criticism has often focused on the treatment of DID as a potential iatrogenic factor. Some clinicians appear to diagnose DID disproportionately more than others, and the typical presentation of DID is unusual in that the core symptoms tend to emerge only after treatment has started. The DSM states that "only a small minority [of patients] present to clinical attention with observable alteration of identities" (American Psychiatric Association, 2013, p. 292). In fact, documentation of DID cases that have emerged outside of treatment appears to be particularly challenging (Boysen, 2011; Boysen & VanBergen, 2013). Direct support for the power of social influence comes from experimental laboratory studies indicating that social cues can lead individuals to enact some of the basic phenomena of DID such as amnesia and the adoption of an alternative identity (Spanos, 1994; Spanos, Weekes, & Bertrand, 1985). Taken together, these pieces of evidence have led to the proposal of a sociocognitive model stating that DID is a social role enacted due to the influence of culturally-determined rules for expressing multiple selves (Spanos, 1994). Thus, DID symptoms are learned in much the same way as any other social behavior.

Considering the divergent etiological models, a primary subject of disagreement is if DID's signs and symptoms are somehow special and unique. Skeptics argue that the exhibition of multiple personalities consists of acting out a known social role and is brought forth through nonpathological forms of social influence (Lilienfeld et al., 1999; Spanos, 1994); this is not to say that the psychopathology of DID is not real. Rather, skeptics argue that DID does not need to be explained as a specialized defense mechanism used in reaction to trauma. Although some trauma-focused theorists agree that social factors can be integrated into their models (Sar & Ozturk, 2007), a central assertion of the trauma model is that enactment of a social role in the absence of trauma can only resemble DID on a superficial level (Gleaves, 1996). For example, research showing that undergraduate students can be influenced into exhibiting symptoms of DID in the laboratory (e.g., Spanos, Weekes, & Bertrand, 1985) does not directly show that their behavior is analogous to people diagnosed with DID (Gleaves, 1996). Unlike many of the conflicts between supporters of the sociocognitive and trauma models, there is empirical evidence that can offer clarification in this case. Studies comparing individuals diagnosed with DID and individuals attempting to simulate DID have existed in the literature for almost as long as it has been an official diagnosis in the DSM (e.g., Coons, Milstein, & Marley, 1982). Comparing people diagnosed with DID to people simulating DID can directly demonstrate the ways in which having a diagnosis and enacting a role are similar or dissimilar.

The DID simulation literature can also inform the somewhat analogous debate about the general concept of dissociation. Proponents of the trauma model of dissociation believe that it is a biologically-based reaction to threat that includes experiences such as loss of conscious control over behavior and amnesia, which are typical not only of DID but also of many other posttraumatic stress reactions (Dalenberg et al., 2012). Skeptics argue that special, trauma-based explanations

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