Remote Learning Module for 25 March 2020

Lecture Notes Ian Hacking's *Rewriting the Soul*, Chapters 4-6

Last time we took into account Hacking's overall project: to conduct an archeology of the sciences of memory and their relation to the transient mental illness known initially as multiple personality disorder (MPD) and later as dissociative identity disorder. The lens Hacking proposed for looking into the recent, as well as the historical, record (as incidents of the illness came and went) involved was provided by analysis of the looping effects of social kinds, that is, the twin dynamics involved in making up people: self-identification and self-creation. We asked: Is multiple personality real? We found that that question has no answer unless the adjective, "real" as attached to a suitable noun, and we have a specific contrast in mind. We found that the disorder (or pathology) is ill-defined by necessary conditions, so that its diagnosis depends on locating a given person's characteristics and relations within a cluster of symptoms; and we noted that clusters are constructed by way of radial concepts, receding from a central prototype. Today we'll carry on the analysis further by focusing on (a) child abuse, (b) questions about gender, and (c) questions of cause.

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Chapter 4: Child Abuse.

(1) This chapter examines the most common putative cause of MPD in the literature: child abuse. We begin with *the very idea* of child abuse; note well how Hacking is using the contrast theory of meaning to accomplish this task. Recall that the contrast theory says that the precision or informativeness of a referring term or phrase is directly proportional to the range of possible interpretations that can be ruled out by context or stipulation.

(2) The primary contrast here is with the Victorian idea of "cruelty to children." We find that child abuse and cruelty differ in several respects: class, evil, sex, and medicine.

(3) Class. For the Victorians, cruelty to kids was just one part of a general moral revulsion over cruelty in general; anti-slavery was the first such cause, then temperance, suffrage, cruelty to animals, and lastly, women's rights: understood as class struggle. Child abuse, on the other hand, is classless, *internal rot*. We should note the political exigencies in American politics that rendered this feature of MPD essential. Cruelty to children was, however, among theVictorians a classed condition, what Hacking calls the conditions of the "smoldering poor."

(4) Evil. For the Victorians, cruelty was a very bad thing, but only one among many other cruelties. Child abuse, on the other hand, is *sui generis*: the ultimate evil.

(5) Sex. The Victorians were aware of the sexual exploitation of children, but this sort of exploitation was grouped with iniquity and depravity, not cruelty.

(6) Medicine. The Victorians did not suppose that there was a special science of the cruel; in other words, they did not think there was a special *kind* of person who behaved cruelly. With child abuse, however, there is thought to be a definite kind of human being, the abuser, who victimizes another kind of human being, the child, about whom there is medical knowledge to be had. While less interesting than class, evil, and sex, this aspect of the very idea of child abuse is critical to Hacking's archeology. Why? Because medical models presuppose that there are *natural kinds*, about which we can have scientific knowledge in the form of *lawful generalizations* and which promise the possibility of salubrious *interventions*. If we suppose that there is a natural kind of person, the abuser, then we can seek out the causes of this phenomenon in nature. But, Hacking adduces, the axiomatic causal claim, "abused as a child, abusive as a parent," is highly controversial. Moreover, medical models presuppose that there is knowledge to be had. It may be, he contends, a mistake to think there is any such natural kind, but rather, a bundle of various looping effects at work at a particular time and in particular places. In short, Hacking asks us to consider that the question: "why do people abuse their children?" may have no general medical answer at all.

(7) Archaeology. Tracing the concept of child abuse in history reveals that it began with (a) battered babies, then shifted to (b) molesters (first strangers and then familial), and finally to (c) incest. Hacking pauses here to note that the axiomatic assertion that adult-child sex inevitably hurts the child lacks much in the way of empirical evidence: we just don't know much.

(8) Social Class. We note how political exigencies in America made legislation steer clear of class: if child abuse was to be studied and eradicated, it *had to* run through all ranks of society. At least two large studies (the one in New Zealand being particularly significant because psychiatric care in New Zealand is socialized) have found that the psychiatric problems of adult women correlate better with *poverty* than abuse.

(9) Ethics. The causal theory and the hunt for causes obscures a deontological view: child abuse is just plain bad. The main result of the archaeology so far, then, is that we have little conventional proof that child abuse has terribly sequelae in adult life. Assuming that it does, however, loops back; it changes an adult's sense of self-worth, and reevaluates the soul.

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Chapter 5: Gender

(1) We open this chapter with the observation that 90% of diagnosed multiples are female. So, the question for this chapter is: Where are the males? Several possible accounts are available.

(a) Labeling theory: people adopt their natures to the labels assigned to them by authorities. Hacking notes that Wilbur supposed that our jails are filled with male multiples, and that most multiples are in fact men; but their stories are violent.

(b) Distress: men express distress differently: alcohol and violence.

(c) Abuse: far more girls than boys are sexually abused.

(d) Suggestion: women cooperate with therapeutic expectation more than men.

(2) There is a critique of all the above from the perspective of the radical feminism of Margo Rivera and Rugh Leys. Rivera thinks the disproportion can be accounted for by *scapegoat feminism* (the "old goat" is responsible for your woes), which she thinks is ultimately disempowering; better, she thinks, to seek power and autonomy. Leys follows Jacqueline Rose and rejects the idea of unconscious struggles—struggles that make women into purely passive victims, which in turn creates their self-image.

(3) Further questions: the predominance of females is one general character of MPD, but there is also the prevalence of (a) young alter, and (b) ambivalent sexuality. These may provide alternative accounts for the disproportion, since the experience of alters shows the pervasive sexism in contemporary society, so one is finding out what sort of a person (personality traits) *gets power*.

Chapter 6: Cause.

(1) We begin with Richard Lowenstein (former president of the ISSMP&D), from whom we have this assertion: "Never in the history of psychiatry have we ever come to know so well the *specific etiology* of a major illness, its natural course, and treatment." This chapter is a sustained critique of Lowenstein's claim

(2) Specific Etiology. It looks as though we're given a set of jointly sufficient and individually necessary conditions for multiplicity; conditions that can be expressed in the form of a general law. But what we have instead is a loose set of disjunctively necessary features. Instead of the self-sealing definition, "MPD = splitting due to early childhood trauma," what we have in fact, is a radial concept whose prototype (best example) includes child abuse.

(3) Steven Marmer: he's cited by Wilber as pointing to the centrality of trauma as causal. But in fact Marmer was *skeptical*—he doubted the historical truth of reported abuse.

(4) Frank Putnam wrote the classic textbook on MPD: *Diagnosis and Treatment of Multiple Personality Disorder*. He purports in this book to have a scientific model, but upon examination, it's easy to see that what he provides is rather a *prototypical narrative*; like *Genesis*, it tells a story about growing up. In this story, everybody has a propensity to dissociate, but for those who are abused, what for others is merely a fantasy (like imaginary friends) firms up into real alters. Hacking opines that what happens here is not diagnosis at all; rather, it is teaching "unhappy people to revise their past; to rethink their very natures." A theme that will reemerge in subsequent chapters is that there simply is not canonical way to remember our pasts—we just grab pictures floating by and try to give them structure in narrative form.

(5) As we sort through the available evidence, what we find instead of causes is the discovery that diagnosis reinforces dissociation. In support of this contention, Hacking notes that the narrative model implies that there should be lots of children with MPD. But the data aren't there.

6) Hacking's Thesis: the multiple finds the causes of her condition in what she comes to remember about her childhood, and is therefore helped. In the course of therapy, the *past is rewritten*; re-descriptions of the past are caused in the present. We close with the observation that the causal idea is a very powerful tool for making up people: we construct our souls according to an explanatory model, and in this way, Memory becomes the way to have knowledge of the human soul.

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Tomorrow, we'll continue our tour of *Rewriting the Soul*. Be well everyone, and remember: social distancing saves lives, which is presumably why we are still not in JUB 202 presently.