## Remote Learning Module for 27 March 2020

Lecture Notes Ian Hacking's *Rewriting the Soul*, Chapters 7-9

Last time we reviewed Hacking's ongoing archaeology of the sciences of memory with our attention drawn to (a) the centrality of childhood abuse to diagnoses of MPD, (b) questions concerning gender (specifically, why nearly all diagnosed multiples are women), and (c) questions of cause (noting here especially the axiomatic assumption that mental illness manifesting itself in the diagnosis of multiplicity is caused by early childhood sexual abuse, and Hacking's skepticism as regards this assumption). Today we'll look more deeply into the sciences of memory, with reflections on how multiplicity is measured, why memory is problematic as a diagnostic tool, and how MPD differs from schizophrenia. As we cover these topics, it would be well to keep in mind the thesis with which Hacking left us at the end of Chapter 6: 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.

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**Chapter 7: Measure.**

**(1)** This chapter extends the theme of the last chapter; here we'll consider how a system of measurement brings facts into existence. Hacking presents us with two foci for training this concern on the diagnosis of MPD: Frank Putnam's *continuum hypothesis* and the Dissociative Experience Scale that is frequently deployed by the therapeutic community in order to identify a person as suffering from MPD. As we consider these two foci, you might find it helpful to consider the parallel instance of making up kinds of students by assigning letter grades to their coursework. Remember that before modern times, there were no such people in the world as A-students, or B-students, etc. Now there are. Were they always there, but unrecognized, as we might say of kinds of cancer, or have they/we been brought into existence by way of the grading system with which we are all familiar?

**(2)** On tests: tests are, of course, one of the primary ways the educational system in which we are now participating make up kinds of students. In the world of psychopathology and psychotherapy, understood as medical sciences, tests are used to determine both diagnoses and prognoses of mental illness and recovery. Such tests are often called "instruments" in the social and biomedical sciences. In order to be of use, such instruments must be *validated*. Were we working in a natural science, we'd more likely say that our measuring instruments (like volt meters or thermometers) need to be *calibrated*. Calibration involves checking one's instrument against an independent standard. Once upon a time, for example, for a given meter stick to be considered adequate for scientific work, it would have to be checked against the standard meter held in a controlled temperature vault in Paris. Nowadays, to calibrate an atomic clock, one looks to sidereal time. But, Hacking adduces, with MPD there is simply *no independent standard* for clinicians to use in order to check their diagnostic instruments.

**(3)** The DES (Dissociative Experience Scale): this scale utilizes 28 questions, the answers to which are thought to allow a clinician to determine whether or not a particular client suffers from MPD.  It is unfortunately very easy to fake.  Now, the DES presupposes that there is a continuum in human experience ranging from normal to severely dissociative.  When a series of data points is taken to exhibit the features of a continuum, we should expect the following four characteristics to describe the series.

(a) The series should be *well-ordered* (or exhaustive): everyone should fall on the scale somewhere.

(b) There should be *no gaps* in the series: someone falls in every slot on the scale.

(c) There should be *no threshold*: normal folks should score zero.

(d) There should be a *smooth*, hill-like curve through the data points.

In the course of his analysis, Hacking finds the DES wanting on all four counts.  The test is designed in advance to appear well-ordered; the no-gaps hypothesis was never tested; the no-threshold requirement could not even be tested, since the questions were designed in such a way that everyone taking the test would inevitably receive a positive score; and, as regards the distribution of data points, the test was never applied to a group of people chosen at random.

**(4)** As a screening instrument (like using saliva swabs or blood samples to screen for coronavirus) the DES, in Hacking's view, is entirely misconceived.  It asks: What is the probability that the test will say a person is ill, given that the person really is ill?  It should rather ask: What is the probability that a person really is ill, given that the test says she's ill?  We conclude with the observation that the entire machinery of the DES has been constructed in order to make it appear to be an objective fact of the matter that there is a continuum among human beings sharing one and the same kind of experience—the dissociative experience.

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**Chapter 8: Truth in Memory.**

**(1)** We open this chapter with a stunning rhetorical reversal of Tolstoi's opening line for the novel, *Anna Karenina* ("All happy families are the same; all unhappy families are different in their own way"): in the case of MPD what we find among multiples and their families is an almost identical form of unhappiness in every case.  Hacking suggests that this is because in each case the people involved learn a new language and a new set of emotions.

**(2)** Today the issue of *truth in memory* stands at the forefront of the MPD movement. This movement has been challenged, on the other hand, by the False Memory Syndrome Foundation. The tension between these two movements leaves us, on Hacking's view, with little more than a question that must be handled on a case-by-case basis.

**(3)** Before the rise of MPD as a common diagnosis of mental illness, there was an earlier set of disputes about the reliability of "recovered" memory raging over attributions of Satanic Ritual

Abuse.  These disputes also generated a schism among researchers concerning the credibility of such memories: Were the events recovered under hypnosis real or artefactual?  During the heyday of these attributions, we note a shift from "satanic" to "sadistic."  All the same, the underlying theory (that hypnosis reveals veridical memories) lacked any evidential basis whatsoever.  This, implies, Hacking insists, that "the therapist who encourages a patient to believe in 'memories' that can't be independently corroborated (beyond reasonable doubt) is wicked."  This is strong stuff.

**(4)** Programming: the high point of the SRA movement was its embracing the idea of abusers "programming" their unwitting victims.  Yet we have evidence that this sort of brain-washing is even possible.  On page 119 of our text, Hacking asserts that no reliable technology of programming has ever appeared on this planet.  Also strong stuff.  The SRA movement also generated the counter-movement represented by the False Memory Syndrome Foundation, which added the category of "retractor" to the vocabulary of programming, and which introduced the term, "syndrome" so as to medicalize opposition to the very idea that recovered memories are reliable indicators of past experience.

**(5)** Why memory?  In the tension between the MPD movement and the False Memory Syndrome movement we find common ground—a science that can swim on top of the sea of morality and personal values—a ground on which a confrontation of theory takes place in an effort to master the soul.  It is an old ambition, mastering the soul, and so we turn next to schizophrenia.

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**Chapter 9: Schizophrenia.**

**(1)** Our time period is 1874-1886, when a wave of multiplicity swept over France.  It was during this time that Euggen Bleuler (1857-1939) fashioned *schizophrenia* as a diagnostic category.  Importantly, he distinguished between schizophrenia and *dédoublement* (or "double consciousness," or "alternating personality."  This is important because in Bleuler's day the phenomenon of double consciousness involved but two and only two states.  Bleuler suspected that this doubling of the person resulted from a neurological disorder in the assocaitation cortices of the human brain.  In 1875, a psychiatrist named Azam diagnosed his patient, Félida as suffering from *dédoublement*; she appears in Freud and Breuer's *Studies in Hysteria* (to which we will soon turn our attention).

**(2)** In the annals of the MPD movement both Freud and Bleuler are regarded as enemies.  Much of this history comes from Rosenbaum; but, according to Hacking, Rosenbaum completely misread Bleuler, whose actual views were that multiples are *rare*, but demonstrably existent (it's real all right), and that the dissociation characteristic of multiplicity resulted from a "systematic elimination or intercalation of association pathways in the cerebral cortex.  He further held that similar dissociation occurs in schizophrenia, and finally that we can study the general phenomenon of dissociation through hypnosis rather than seeking for spontaneous cases.

**(3)** Morton Prince (1854-1929), founder of the *Journal of Abnormal Psychology*, in Boston found lots of multiples in his practice; but after 1910 the diagnosis virtually disappeared. Rosenbaum et al. contend that this disappearance was engineered by psychoanalysts lumping multiples together with schizophrenics.  But that's not what happened in France; it dropped out there because it was treated under the diagnosis of *hysteria* and hysteria dropped out of diagnostic view around 1910.  Ironically enough, it was Pierre Janet and his circle that helped push hysteria from view: by 1919 Janet considered MPD to be a form of bi-polar disorder.  In the United States, psychoanalysis really did absorb diagnoses of multiplicity, yet while entirely disappearing in Europe, it hung out in the wings in the U.S.

**(4)** Freud: the MPD movement hates Freud.  Much of this can be attributed to a general revisionism with respect to Freudian psychology that resulted from an expos*é* penned by Jeffrey Mason in the 1970s (notably in an article that appeared in the *Atlantic Monthly*).  Freud's account of dissociation in the early years was a phenomenon he termed "screen memories"; Hacking finds this account worth reviving: it was not an original trauma, but how it is remembered now, in later life, as the mind recomposes memories, that causes the problems.

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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.