Sybil: The Making of a Disease?

An interview with Dr. Herbert Spiegel


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Only seldom can we date the emergence of a psychiatric syndrome with such precision: Multiple Personality Disorder (or MPD, as it is known to psychiatrists) was born in 1973 with the publication of Flora Rheta Schreiber's book Sybil.1 Not that Sybil was the first book ever devoted to a case of multiple personality, far from it: Sybil belongs in fact to a well-established genre that includes, among others, Theodore Flournoy's From India to the Planet Mars (1899), Morton Prince's The Dissociation of a Personality (1906), Corbett H. Thigpen and Hervey Cleckley's The Three Faces of Eve (1954) -- not to mention Stevenson's Dr. Jekyll and Mr. Hyde (1886).

But Schreiber's book was, as Ian Hacking points out,2 the first one that firmly tied multiple personality to child abuse, a notion that had gained widespread recognition in the 1960s and that was to become an essential feature of present-day Multiple Personality Disorder. As the psychiatrist Frank W. Putnam writes in his authoritative textbook on MPD: "It was not until the 1970s, that the first reports clearly connecting MPD to childhood trauma began to appear in single case histories. Among the first and best-known was the case of Sybil, treated by Cornelia Wilbur and dramatized by Schreiber."3

A journalist specializing in psychiatric issues and a regular contributor to Science Digest, Flora Rheta Schreiber described in her book the strange case of a young woman, "Sybil," who had developed no fewer than sixteen separate personalities in order to cope with severe physical and sexual abuse. In addition to having been exposed to her parents' lovemaking in classic Freudian style, Sybil had suffered bizarre and perverse sexual abuse at the hands of her mother, in a manner that is more reminiscent of Freud's earlier "seduction theory." The mother, for instance, would have her watch while she was masturbating other young children; she would force odd objects into Sybil's vagina, or again, hang her in the air, insert an enema tip into her urethra, and fill the bladder with ice-cold water.

Sybil, the main personality, had no memory of all of this, but her other "personalities" did, and they dutifully informed Sybil's New York psychiatrist, Cornelia C. Wilbur, in the course of a treatment that relied on hypnosis, "abreaction" -- the cathartic release of anxiety through reliving intense experiences -- and the administration of heavy doses of countertransference. As a result of this unorthodox treatment, which Schreiber described
generously as "the first psychoanalysis of a multiple personality," Sybil's sixteen selves eventually fused, thus forming a seventeenth and cured self. "The New Sybil" was born, after hard psychoanalytic labor that took, according to Schreiber, eleven years and 2,354 office sessions. Although names and facts had to be disguised for the sake of confidentiality, Schreiber insisted that her book was based on empirical data, such as Dr. Wilbur's case notes and tape recordings of analytic sessions, Sybil's diaries and correspondence, and family and hospital records.

This gothic tale of abuse was no fiction, as Dr. Wilbur warned in the book when Sybil compared herself to Dr. Jekyll and Mr. Hyde: "Dr. Wilbur slapped her hand in her fist. 'That's not a true story,' she said. 'It's pure fiction. You are not at all like Dr. Jekyll and Mr. Hyde. Stevenson wasn't a psychoanalyst. He created these two characters out of his literary imagination. As a writer he was concerned only with spinning a good yarn.'" The New York Times soon ranked Sybil among the ten best-selling nonfiction books of the year, and the book was quickly turned into a Hollywood movie with Joanne Woodward, the former cinematic incarnation of The Three Faces of Eve, in the role of Cornelia Wilbur.

Schreiber was deluged with letters from women thanking her for helping them understand that they were "multiples," and it was not long before pioneering psychiatrists like Ralph B. Allison, George Greaves, and Eugene Bliss started finding cases of multiple personality among their patients. Within a few years of the distribution of Sybil, there appeared a number of best-selling biographies of multiple personalities clearly modeled on Schreiber's book: The Five of Me (1977), Tell Me Who I Am Before I Die (1978), Michelle Remembers (1980), The Minds of Billy Milligan (1981), to name only a few. As Frank W. Putnam writes:

The case of Sybil...is the one most often credited with reintroducing the public and the mental health professions to the syndrome of multiple personality.... The book Sybil, with its graphic treatment of the amnesias, fugue episodes, child abuse, and conflicts among alters, served as a template against which other patients could be compared and understood.... Schreiber's account is both detailed and accurate enough to serve as mandatory clinical reading for students of MPD.8 Thanks to the efforts of Putnam, Bennett G. Braun, and Richard P. Kluft, the diagnosis of "Multiple Personality Disorder" was eventually included in the 1980 Diagnostic and Statistical Manual of Mental Disorders, Third Edition, the authoritative psychiatric diagnostic manual, known as DSM-III, and it soon became widely accepted, although in the DSM-IV (1994) the name has been changed to Dissociative Identity Disorder (DID). Among the results has been a general redefinition of psychotherapeutic practice in terms of "trauma" and "dissociative disorders" (and also bitter battles in court around cases of memories of sexual or satanic ritual abuse recovered during therapy). Some proponents of the new diagnosis have claimed in the press and on television that one to three percent of the general population is suffering from MPD.10 One may disagree with these estimates, but certainly not with the fact that we are faced with a major threat to mental health.
What became of the three main characters of this success story? Flora Rheta Schreiber subsequently wrote a second best-selling book, this time on the Philadelphia cobbler Joseph Kallinger, a serial killer whose crime spree she claimed was the result of child abuse. She was unsuccessfully sued by the families of Kallinger's victims and died shortly thereafter. After the end of Sybil's treatment, Cornelia C. Wilbur moved on to a medical position in psychiatry at the University of Kentucky, Lexington, where she conducted research on multiple personality, dissociation, and altered states of consciousness with Arnold Ludwig and others. She died in 1992, after a career as a cult figure within the MPD movement. As to the elusive Sybil, all efforts to crack the wall of secrecy that surrounds her have been in vain so far. Some say that she holds an academic position in an art school, others that she owns an art gallery somewhere in the Midwest. In 1987, in response to an inquiry from a reader, the Boston Globe reported that Dr. Wilbur "confirms that Sybil is indeed alive."13

With Schreiber and Wilbur now gone, very few people are left who seem to know her true identity. One of them is Herbert Spiegel, M.D., coauthor with Abram Kardiner of an important book on traumatic war neuroses and a recognized specialist in hypnosis. Although bound by medical confidentiality, Dr. Spiegel was willing to discuss with me his memories of Sybil, whom he knew well at the time when she was in treatment with Cornelia Wilbur. What follows is a transcript of the interview I had with him in his New York City office in May 1995.

MIKKEL BORCH-JACOBSEN: How did you meet Cornelia Wilbur?

HERBERT SPIEGEL: I didn't know her very well. I had seen her at meetings at the American Academy of Psychoanalysis, and she knew that I had done a lot of work with hypnosis. I got a phone call from her one day, telling me that she had a patient that she had been treating as schizophrenic and she had a peculiar feeling that this was not schizophrenia at all. She asked me if I could examine the patient and help her clarify the diagnosis.

MBJ: That was Sybil?

HS: Yes, that was Sybil.

MBJ: When was that?

HS: This must have been in the late Sixties. As I'm thinking about it now -- and here's a commentary on the accuracy of memory -- it could be maybe the mid-Sixties. I remember seeing Sybil over a period of about four years. Then by the time the book came out in 1973 quite a bit of time had passed.

MBJ: So this was approximately ten years after the beginning of Sybil's treatment. I say "approximately" for it is not entirely clear when Sybil entered into analysis with Wilbur. In the book by Flora Rheta Schreiber, we read that Wilbur had had her in treatment for a brief time in Omaha in the summer of 1945, and that the analysis properly so-called
started only in October 1954, when Sybil moved to New York to study art at Columbia University.15 But in an interview she gave to Moshe Torem shortly before she died, Wilbur states that she started seeing Sybil in 1952.16 Do you have any idea of when the treatment actually began?

HS: I have no idea. I never inquired about that. Wilbur just told me that she had known her for a long time.

MBJ: Wilbur's diagnosis had been of schizophrenia, right?

HS: Yes, but as I said, she was beginning to doubt whether or not [Sybil] was schizophrenic. She wanted to know if I could hypnotize a schizophrenic. I said no, usually schizophrenics are not hypnotizable, but it would be useful to test that out, because that could help sharpen up the diagnosis.

MBJ: So before consulting you about the case, Cornelia Wilbur had unsuccessfully treated Sybil for a schizophrenia for a period of, let's say, over ten years?

HS: I guess you could make that inference.

MBJ: She was using classic psychoanalytic treatment, I presume?

HS: Well, I don't know how classical she was. I never went into that with her. My contacts with her were only about Sybil. I must tell you, Wilbur was not an easy person to talk to -- as a matter of fact she was like an angry woman. Even after working together with her on Sybil for several years, we would see each other at a meeting and I'd be pleased if she said hello, but then she'd just pass on by. There was something peculiar about her as a person.

MBJ: Your account doesn't tally at all with the account of the case that we find in Sybil, for there Schreiber claims that Wilbur met "Peggy," one of Sybil's alternate personalities, as early as December 1954, that is to say two months after the treatment supposedly started.17 But you are saying that after approximately ten years of analysis with Sybil, Wilbur was still considering her as a schizophrenic and had actually no clue whatsoever about the case?

HS: I remember vividly the first conversation I had with her about this. She said that she had treated Sybil for a long time as a schizophrenic, but that she was having some doubts now and wanted to know whether Sybil was hypnotizable. That is all I know.

MBJ: So she didn't mention multiple personality to you?

HS: Not at that time. No.

MBJ: What happened next?
HS: I examined Sybil and discovered that she was highly hypnotizable. As a matter of fact, I was so intrigued with her high hypnotizability that I asked Cornelia if it was okay if I did some age-regression studies on her. Cornelia said yes, so I used Sybil for a lot of studies. That's when I developed a rapport with Sybil. Then Cornelia called me up one day and said she had to be out of town for about a week. She was concerned about the occasional suicidal impulses that Sybil had and wanted to know if I could take over as a surrogate therapist during that period, which I did. I saw Sybil maybe about three times during that week as her surrogate therapist. This happened subsequently, for in the meantime I had been seeing Sybil on an entirely different basis. Cornelia was doing the therapy, and I didn't get involved with what she was doing. I was doing research with Sybil, using her as a demonstration case at our classes in hypnosis at Columbia University's College of Physicians and Surgeons.

MBJ: Where did you age-regressions?

HS: Yes. She was very hypnotizable, what I call a "grade five." On a zero to five scale we can classify most levels of hypnotizability. The top group -- the hypnotic virtuosos -- are about 5 percent of the population and they show extra phenomena that we don't ordinarily see even in good hypnotic subjects. For example, they have the ability to regress in time and they will report past experiences in the present tense. It is as if they "ablate," or remove from memory, the period of time from, say, their fourth birthday to the present time, and you have an expression of what was there up until the age of four. For most people, to get them to a fixed point in time, we use something that has an affect potential. You can't just say, "I want you to go back to January 14, 1916" -- that doesn't mean anything. You will say to the subject: "You are getting younger and younger. You are now nineteen, eighteen, seventeen years old, twelve years old, seven years old," and then: "This is your fourth birthday." Now, Sybil had all the other phenomena of being highly hypnotizable: she had amnesias that you could command her to have for certain events; she had post-hypnotic sensory motor alterations on command; you could stimulate hallucinations with her, which only the hypnotic virtuosos can ever achieve. But when I regressed her to her fourth birthday, she didn't show that same kind of precise orientation in time and space that other patients did. I was puzzled, so I called Wilbur about that, and it turned out that Sybil was not allowed to have birthdays. She was a member of some kind of Protestant sect out in the Midwest where they didn't celebrate birthdays. So I shifted to Christmas of her fourth year, and then we got the same effect that other people would have when you regress them down to their fourth birthday.

MBJ: When did you learn about Sybil's alternate personalities?

HS: Not at the beginning. Our understanding was that she was not going to tell me that much of what was going on in the therapy. But one day during our regression studies, Sybil said, "Well, do you want me to be Helen?" And I said, "What do you mean?" And she said, "Well, when I'm with Dr. Wilbur she wants me to be Helen." I said, "Who's Helen?" "Well, that's a name Dr. Wilbur gave me for this feeling." So I said, "Well, if you want to it's all right, but it's not necessary." With me, Sybil preferred not to "be Helen." With Wilbur, it seemed she felt an obligation to become another personality.
That's when I realized that Connie was helping her identify aspects of her life, or perspectives, that she then called by name. By naming them this way, she was reifying a memory of some kind and converting it into a "personality."

MBJ: In her book, Flora Rheta Schreiber describes how Wilbur, starting in autumn 1959, would age-regress her patient with the help of hypnosis and then have the various alternate personalities "grow up" until they reached the same age as the actual Sybil, the "host-personality." But if what you are saying is true, Wilbur didn't do any of this before sending Sybil to you. Do you know whether Wilbur had ever practiced hypnosis before that?

HS: To my knowledge, Connie knew little about hypnosis, and that is why she asked me to see Sybil. In my conversations with her she was profoundly ignorant of the whole hypnotic phenomenon. Had she known enough about hypnosis in the first place, she would never have sent Sybil to see me at all.

MBJ: Again, this doesn't tally with Schreiber's account. In her book, Schreiber writes: "Before she [Wilbur] had become a psychoanalyst, she had used hypnosis successfully with other patients. Now [Autumn 1959] she would experiment with hypnosis in analysis. Once again shedecided that she was ready to pioneer." To your knowledge, is this an accurate account?

HS: Well, it's not consistent with what Wilbur told me.

MBJ: In other words, Sybil's alternate personalities appeared only after Cornelia Wilbur had started dabbling in hypnosis and not five years before, in 1954, as is claimed in the book. This is of course a crucial point, since we might well suspect that Sybil's multiple personality was a byproduct of hypnosis. Would you say that it was Connie Wilbur's uncontrolled experiments in hypnotic age-regression that ultimately created Sybil's alternate personalities?

HS: It could be that, but I think there was another factor, too. Sybil told me that she had read The Three Faces of Eve, Thigpen and Cleckley's book on a case of multiple personality. She was very impressed with that book. One outstanding feature of highly hypnotizable subjects is their histrionic way of making statements. I have the impression that Sybil learned from reading this book that she could express her agonies and her stresses in life through the histrionic display of multiple personalities, especially if it were encouraged by the therapist.

MBJ: Still, it strikes me that Wilbur's use of hypnosis in the treatment mimicked the age-regression studies that you had done at Columbia University with Sybil.

HS: There is a difference, however. When I used regression studies with Sybil, I was not interested in getting historical data about her life. I was only testing her to see how she responded to standardized tests. I was not involved in these horrendous stories about how she was allegedly abused as a child. Not that I was surprised to hear that, because I knew
that her mother had been a patient in a psychiatric hospital and I assumed that she was schizophrenic. Sybil having had a bizarre, erratic mother, I could easily accept the idea that she had been physically hurt by her. I didn't interpret her mother as being intentionally cruel. She was a psychotic.

MBJ: Did Sybil ever mention to you all these memories of sexual abuse?

HS: Occasionally it came up. But I was interested in Sybil as a researcher, not a therapist. The days when I would see her as a surrogate therapist my function was to contain, not explore. I purposely made no explorations into that kind of history.

MBJ: Wilbur and Schreiber claim that they were able to corroborate all of Sybil's allegations about the mother's sexual and sadistic abuse. Do you have any knowledge of this?

HS: No, I don't. Judging from the quality of their pursuit of accuracy when they were dealing with me, my impression is that some gestures were made. But I don't know how thorough Wilbur and Schreiber were in corroborating their data. Don't forget, they were writing a story.

MBJ: As far as these episodes of sexual and sadistic abuse are concerned, it seems that Sybil recanted at some point in the course of the analysis. We know this because Flora Rheta Schreiber quotes in her book a letter that Sybil supposedly sent to her analyst on August 17, 1959, in which she wrote:

I am not going to tell you there isn't anything wrong. We both know there is. But it is not what I have led you to believe. I do not have any multiple personalities. I don't even have a "double" to help me out. I am all of them. I have been essentially lying in my pretense of them. The dissociations are not the problem because they do not actually exist, but there is something wrong or I would not resort to pretending like that. And you might ask me about my mother. The extreme things I told you about her were not true. My mother was more than a little nervous. At times she was flighty, clever, overanxious, but she did love me.... My parents were better than a lot of parents are.

Now Schreiber presents this letter as a symptom of denial on the part of Sybil, stating that she lost time for two days after having written it. Is it not possible, however, that Wilbur forced the issue by refusing to take Sybil's recantation seriously?

HS: Very possible. You see, that is one of the biggest difficulties with working with the concept of causation in psychotherapy. It is the grand illusion that we have inherited from Freud. Freud's concept was that you had to get the truth, and unless you get the truth no therapeutic effect can take place. So, in the pursuit of the truth we become engaged in storytelling and we impose our hypothesis on the patient by the way we ask our questions. Highly suggestible people will of course respond in a way that can please the doctors, especially if there is a good rapport between them. That is why I think it is an
illusion to believe that we can establish a valid causation for multiple personality, or for almost any kind of psychiatric illness.

MBJ: So you would say that Wilbur repeated Freud's mistakes?

HS: Yes, I think that she was influenced by the Freudian model of showing causation. Freud was the one who really promoted this concept.

MBJ: I find it odd that you are not mentioned anywhere in Schreiber's book, in spite of the fact that you clearly played a crucial role in the case. The only place where your name appears is in the acknowledgments, which I would like to quote here: "Dr. Herbert Spiegel, who did age regressions on Sybil and described her as a 'brilliant hysteric,' gave several hours to a valuable discussion of this case, which he knew first-hand." How come Wilbur and Schreiber didn't credit you for your role?

HS: I think they were both angry with me because I refused to collaborate with them on the book. Wilbur had decided she was going to make the Sybil case into a book, because she couldn't get it published in professional journals. So she engaged Schreiber, who was a professional writer, and they both came to see me to ask me if I wanted to be a coauthor with them. That was the original proposal: since I had all this information about the case, would I join in with them? We didn't spell out the fine print, because we didn't even get to the big print. I said, "Hmm. That's interesting." I had a lot of stuff to show them. But toward the end of our discussion, they said they would be calling her a "multiple personality." I said, "But she's not a multiple personality!" I think she was a wonderful hysterical patient with role confusion, which is typical of high hysterics. It was hysteria. Back in those days, Multiple Personality Disorder was not yet in the DSM. To me, a multiple personality meant you had to have an "alter" -- that is, a distinct alternate personality -- that was enduring, assuming control over the person for a considerable period of time, and that there was an amnesia barrier between one alter and another, as in the case, reported by William James, of Ansel Bourne, an American who forgot his identity and developed a second personality. I didn't see this at all in Sybil. I saw her "personalities" rather as game-playing. I wasn't angry at Cornelia about this. I thought this was an ingenious way of identifying different episodes and events in Sybil's life, and if they wanted to label it or name it in a given way, that was fine. But I thought this was all emerging simply [because of] Connie's wanting to make sense out of the disparate life experience that Sybil had. I could change Sybil's state of awareness just by regressing her to this and that, but that didn't make her a multiple personality. It didn't mean that a personality was enduring or was taking charge of her life. So I told Wilbur and Schreiber that it would not be accurate to call Sybil a multiple personality, and that it was not at all consistent with what I knew about her.

Schreiber then got in a huff. She was sitting right in that chair there, and she said, "But if we don't call it a multiple personality, we don't have a book! The publishers want it to be that, otherwise it won't sell!" That was the logic behind their calling Sybil a multiple personality. I gathered from what Schreiber said that she had already been thinking along
those lines after she had had her first contact with Wilbur, and that Wilbur, as a result, intensified the importance of what had started off as a casual thing, because it would make a sellable book. So I said, "OK, go ahead, but I don't want to be identified with that." Both women were very angry. I offered that they could have the data, but they felt so angry with me because I disagreed with them on their diagnosis that they refused. I never heard from Schreiber after that. I ran into Cornelia Wilbur at a psychiatric meeting somewhere, and where ordinarily she would at least nod and say hello, this time she turned her head the other way.

MBJ: This reaction on their part seems to indicate that they expected much from you and that they considered you as a very important player in the case, doesn't it?

HS: Well, they did ask me to join them. But after I refused, they decided that they could do without me. I suspect they did no more than what most do when writing up their reports -- you make up your own stories.

MBJ: With the benefit of hindsight, do you regret having taken that position?

HS: Had I known at that time that this was going to start a whole new cult, a whole new wave of hysteria restated in a new way, would I have wanted my name more closely associated with it? No, I'm embarrassed by it all! I think this chapter of MPD will go down in history as an embarrassing phase of American psychiatry. Other countries are not taken in by it, except possibly some Dutch people who came over here and learned about it here, but basically it's a hysterical response to hysteria.

MBJ: In her book, Flora Rheta Schreiber describes herself as one of Sybil's friends, whom she allegedly met in 1962, eleven years before the book appeared. In her interview with Moshe Torem, however, Wilbur relates how Schreiber, when she approached her about the possibility of writing up the case "for popular consumption," "said she would not begin the work until the patient was completely integrated as one individual."25 Do you think that this pressing and obviously market-oriented request for a therapeutic happy ending played a role in Sybil's eventual "fusion" in one personality?

HS: Yes, I do think that way, and it is quite consistent with the way other fusions take place. When the hospital insurance starts to run out, or when families say, "Look, we've spent enough money on this, we can't pay for this anymore," that's when fusion takes place. It also is consistent with another whole point of view: is it really necessary to dissect, reify, and label all these alters to get a fusion? This so-called "fusion" is a putting together of what was artificially broken up in the first place. When I have people with transient dissociations where they temporarily lose their sense of identity -- which is consistent with a "grade five syndrome" -- I put them together. I fuse them right away, just as Pierre Janet did. The point is to help restore a sense of control as soon as possible. I would also like to say that all of this multiple personality business rarely takes place when financial resources are not available or when the patient has no legal or social reason to evade responsibility. It seems to be related to the amount of money the patients have to indulge in this kind of invalidism of histrionic display. Then when that money
starts to run out, or the legal issues are resolved, the fusion takes place. That is a sad commentary on the motivation of some therapists.

MBJ: In her book, Schreiber claims that Sybil, once cured, stayed for two weeks with her mother, Esther, before moving to another part of the country where she had been offered a position in an academic institution. But according to Brett Kahr, a close friend of Schreiber's whom I interviewed two years ago in London, in reality Sybil stayed for more than a year with the two women and became very close to Esther Schreiber, all this while Flora Rheta Schreiber was writing the book about her. In view of your having known the real Sybil and her need for attention, what are your thoughts about this close, quasi-familial relationship between the author and her "subject"? Don't you think this somehow tainted the objectivity of the alleged "case study" -- especially as Sybil was offered a third of the benefits to be generated by the book, as I happen to know through Brett Kahr?

HS: Yes, Schreiber told me too that Sybil was going to get part of the royalties. Now as to their living together, I think that was therapeutically good because Sybil had not had the comfort of living in a protective atmosphere. To have the protection of two women who were seriously concerned with her and looking out for her was probably a very good therapeutic experience for her. As a matter of fact I've often felt that that would be a good model for a lot of therapeutic programs if it were practical. It's not, but it would be great. Using the transference that Sybil had with both the therapist and the writer who was going to glamourize this whole thing with a new sense of recognition obviously influenced the story they told. At least this had the advantage of giving Sybil a period of time in which she could be relatively secure. Another interesting aspect of the treatment that Connie offered was in itself a good therapeutic thing. Sybil often stayed with Wilbur and did work for her in her apartment while she was in treatment. That kind of supervisory containment, supportive care, intertwined with a part-time living together -- I think that there's something to be said for that. Somebody who has such a fragile sense of integration as Sybil had may just need that.

MBJ: But couldn't you say that such an arrangement, apart from influencing the narrative told by the therapist and the writer, also created an artificial bond between all these people?

HS: Yes, sure. It became a folie à trois. But from the point of view of the patient, it may have been quite beneficial.

MBJ: So you would say that the writing of the book was therapeutic?

HS: Yes, I think it was. As a matter of fact, I think having Sybil appear in front of the classes at Columbia was a therapeutic thing for her too. She felt so important. She looked forward to it. It gave her a sense of being an important person. One of the very interesting and persistently subtle qualities about a highly hypnotizable person with "grade five syndrome" is that they have an ongoing sense of inferiority. It is as if when something
goes wrong they feel immediately that they are at fault -- in contrast to the borderline personality disorders, where if something goes wrong, it is always your fault. Sybil was a good artist, and she was exceptionally bright -- she had an IQ of 174 -- but she never made good use of it because of disruptive influences in her life. To get this kind of support over a long period of time enabled her to go out on her own after the book went out. It's unconventional, but I would regard it from the patient's point of view as favorable for her.

MBJ: One final question. Why didn't you speak out about all this before quite recently?

HS: Because I was never asked, as you are now asking me. I did discuss this with my students and colleagues, but did not feel pressed to put it into print until now. Also, I think it is important to tell this story now that there is such mischief going on with the abuse of "recovered memories." To me, the role of therapists in this whole phenomenon of multiple personality and victimization is more intriguing than the patients themselves. The therapists, with some exceptions, have become unconscious con artists. They are taking highly malleable, suggestible persons and molding them into acting out a thesis that they are putting upon them. I'm intrigued by that, for you can't do that with obsessive compulsives, you can't do it with schizophrenics or depressed people. But you can do it with highly hypnotizable people.

I think in this respect that the MPD phenomenon of Sybil is an artifact that was created by Connie Wilbur. Another interesting thing about this is that most of the central enthusiasts involved in the Multiple Personality movement do not know much about the subtleties of high hypnotizability and the histrionic personality. They think that hypnosis is something you do to somebody. They don't have the basic understanding that hypnosis is a phenomenon that frequently goes on without formal instructions intended to induce a hypnotic state. You don't hypnotize another person; all you do is identify their capacity and then show them how to purposefully go into and exit from the trance state -- if they don't come out of it spontaneously. Formal induction ceremonies can elicit hypnotic phenomena, but are not necessary. Most "highs" often enter spontaneous trance states. Wilbur did not know that at all. With one or two exceptions, most of the other luminaries in the MPD field know very little about hypnosis. They all acknowledge that MPDs are highly hypnotizable, but most of them do not even measure for hypnotizability. They now have a "Dissociative Experiences Scale," or DES, that Putnam and Bernstein have developed, but that doesn't differentiate the highly hypnotizable person from the psychopath, the borderlines, or the schizophrenics. It picks up dissociation, but you need to measure suggestibility too. You see, hypnosis involves absorption, dissociation, and suggestibility. You have to have all three at high levels. Dissociation alone is not enough to identify the hypnotizability.

If the MPD therapists knew more about hypnosis, their diagnoses would be more accurate. As it is now, they don't even know how they are molding their outcomes. They manipulate both the highly hypnotizable and the psychopath. The "grade fives" are highly suggestible and gullible, and they just do what they're cued to do, quite innocently. They seem like pure multiples after they're coached. But most of the patients that the MPD
experts have in the wards are not highly hypnotizable, so what they are actually playing around with are borderlines and psychopaths who enter into the game for different reasons.

These patients are full of anger and guile. They feel victimized and tend to blame others for their misbehavior. They then find a doctor who can conjoin with them to develop a story of abuse which appears to be a multiple personality disorder, thus giving them a new kind of status in society. They will make use of all this alleged or real abuse which took place in their life, as a way of getting recognition: "Look, I'm a multiple!" They don't have to do it on their own anymore. Nowadays, they have the collusion of a therapist who is showing them how to do it. And then they can have hospital stays for months to years that the insurance companies pay for. But I understand that the insurance companies are wising up and are cutting down on this. This may well be the end of the whole epidemic that started with Sybil, for I predict that the "fusions" will come much earlier now.

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1 Flora Rheta Schreiber, Sybil (Regnery, 1973).


3 Frank W. Putnam, Diagnosis and Treatment of Multiple Personality Disorder (Guilford Press, 1989), p. 47.


5 Schreiber, Sybil, p. 15.

6 Schreiber, Sybil, p. 115.

7 Interview with Brett Kahr, director of the British Institute for Psycho-History and organizer of the Flora Rheta Schreiber Memorial, London, April 1993.

8 Putnam, Diagnosis and Treatment of Multiple Personality Disorder, p. 35.


10 Richard J. Loewensteine, in the French TV documentary by Ilan Flammer, "La mimoire abusée" (Arte, 1994).


14 Abram Kardiner and Herbert Spiegel, War Stress and Neurotic Illness (Hoeber, 1947).

15 Schreiber, Sybil, pp. 41 and 56.


17 Schreiber, Sybil, p. 65.


19 Schreiber, Sybil, p. 384.

20 Schreiber, Sybil, p. 384.


22 Schreiber, Sybil, p. 374.

23 Schreiber, Sybil, p. 18.

