

Effects of Differential Rules on Production of Verbal Behaviour Associated with Dissociative  
Identity Disorder in a Mock Legal Context

by

Kristen Campbell

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University of Manitoba

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### Abstract

The role of rule-governance in producing verbal behaviour associated with dissociative identity disorder (DID) was investigated, using a single-factor, between-subjects design. Fifty-two undergraduates role-played the part of an accused murderer undergoing a psychiatric assessment to prepare a legal defense. Participants were assigned randomly to one of three groups, a DID rule group, a self-defense rule group, or a control group. Participants then underwent a mock psychiatric assessment. Specific verbal behaviour of participants during the assessment was analyzed between groups. The hypothesis that individuals in the DID group would demonstrate more verbal behaviour associated with DID than those in either of the other groups was supported by data from a structured interview and a self-report measure; however, a statistically significant difference among groups was observed on only one (initial denial) of six dimensions on an unstructured interview. This latter result suggests that the contextual cues and perceived situational demands associated with the mock psychiatric interview were powerful enough to overcome the effect of the differential instructions.

## Effects of Differential Rules on Production of Verbal Behaviour Associated with Dissociative Identity Disorder in a Mock Legal Context

Dissociative identity disorder (DID) is characterized by the presence of two or more distinct identities or personality states that recurrently take control of an individual's behaviour. These presumed states are accompanied by an inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness (Diagnostic and Statistical Manual; DSM-IV-TR; American Psychiatric Association [APA], 2000).

Despite its presence in the DSM, great controversy prevails over the diagnosis (particularly the genesis) and even the very existence of the disorder. Those who have conducted research on DID tend to adopt either a psychoanalytic perspective, or a sociocognitive perspective in considering the DID diagnosis.

In the psychoanalytic model DID is viewed as a posttraumatic condition that develops in response to childhood trauma, most commonly physical and/or sexual abuse. Dissociation serves the child as a defense mechanism, by separating the traumatic thoughts, feelings and memories from the self. This separated part (or these parts) of the self are thought to develop later into a distinct entity (or entities), or personality (personalities), which may appear periodically during times of extreme stress in order to allow the individual to cope (e.g., Brand, Armstrong, & Loewenstein, 2006; Gleaves, 1996; Bliss, 1980).

The psychoanalytic model has been criticized on a number of grounds. For example, Piper and Merskey (2004) first argued that there is a fundamental lack of evidence that DID is caused by childhood trauma. In support of their argument, they point to the fact that the mere association between reported childhood trauma and the later development of DID is insufficient

to confirm causation, and that claims of abuse by individuals who have been diagnosed with DID are frequently uncorroborated.

Second, they argued that DID is not reliably diagnosed. Since the 1980's, diagnoses of DID have increased dramatically, which would suggest, consistent with the psychoanalytic account, either that child abuse has become much more common during the last several decades, or that clinicians have become astonishingly more skillful at detecting DID. There is a lack of evidence supporting either of these alternatives.

Third, Piper and Merskey (2004) argued that, given the psychoanalytic account of the development of the fragmentation of the personality, it logically follows that many children would receive diagnoses of DID. Proponents of the model do suggest that individuals with DID typically produce their initial alters early in life, at a mean age of approximately 3 years (Dell & Eisenhower, 1990; Kluft, 1984). However, very few children are diagnosed with DID (Putnam, 1993), which contradicts the psychoanalytic account.

Fourth, they argue that there is an abundance of evidence suggesting that DID may be created via psychological or psychiatric treatment, which actually has been provided by many of the main supporters of the psychoanalytic model (e.g., Fine, 1993; Kluft, 1993; Dell & Eisenhower, 1990; Ross, Anderson, Heber, & Norton, 1990; Putnam 1989; Bliss, 1980). These therapists are known not only to suggest generally the presence of multiple selves to clients, but also to prompt and reinforce displays of multiplicity. This mainly occurs by the clinician speaking and behaving toward clients as if they possessed multiple selves. For example, Kluft (1993) reports that he frequently calls upon "alters" during therapy, inviting their participation and their opinion about the course of therapy. Other studies have shown that alternate personalities can be created experimentally (e.g., Bliss, 1980; Leavitt, 1947).

Stemming from this final argument against the psychoanalytic model is the alternative, sociocognitive approach (Spanos, 1994; Spanos, Weekes, & Bertrand, 1985). Within this model, individuals are viewed as actively involved in using information to enact the role of an individual with multiple identities, based on their perception of the situation and on their interpersonal goals. Information regarding how to portray an individual with DID is gathered both from the psychotherapist and from widespread information about the clinical presentation of DID. Information about the symptoms of DID is available in the media, for example, in books, movies and television shows such as *Sybil* (Schreiber, 1973), *The Three Faces of Eve* (Thigpen & Cleckley, 1957), and more recently, *Fight Club* (Palahniuk, 1996), *Me, Myself, & Irene* (Farrelly Brothers, 2000), and *Law and Order: Special Victims Unit* (Wolf, 2007).

Spanos and colleagues (1985) have stated that therapists may provide other useable information by suggesting that “another part” of the individual exists, and by encouraging and validating the existence of alter identities by speaking and behaving, as if the alter were a separate and distinct entity. The therapist’s encouragement and subsequent validation of multiplicity, although not necessarily intentional, functions as a perceived situational demand for clients, which is influenced by the perceived status of the therapist. Enactment of the DID role also may allow individuals to escape responsibility for their personal inadequacies (Spanos et al., 1985).

Spanos has asserted that hypnotic procedures used in therapy can serve as a legitimizing route for the transition between one personality and another. Psychotherapists may suggest that hypnotic procedures are capable of uncovering unconscious aspects of the individual’s personality, and may provide frequent, explicit encouragement of the appearance of alters.

This sociocognitive model also has been subjected to criticism, mainly by the proponents of the psychoanalytic model (e.g., Gleaves, 1996). Gleaves argues that the model is based on numerous false assumptions about the clinical presentation, assessment and treatment of the disorder. For example, Gleaves states that while Spanos reports that multiple identity enactment can be created in therapy (Spanos et al., 1985), DID and multiple identity enactment are not equivalent phenomena. He states that DID consists of a constellation of clinical features, including dissociative symptoms such as amnesia, chronic depersonalization and derealization, Schneiderian symptoms (i.e., hearing voices and passive influence experiences), and identity alteration. However, a DSM diagnosis of DID requires only the presence of at least two distinct identities that control behaviour, and some amnesia for personal information. Therefore, given that individuals may receive diagnoses of DID without the presence of this constellation of symptoms, this argument against the sociocognitive model is not convincing.

Gleaves asserts that while Spanos suggests that hypnosis is the most common procedure used to assess for the presence of multiplicity, state-of-the-art assessment is conducted through the use of various psychometric tests, such as structured interviews (e.g., the Dissociative Disorders Interview Schedule [DDIS]; Ross et al., 1989) and self-report measures (e.g., the Dissociative Experiences Scale [DES]; Bernstein & Putnam, 1986). Whether or not individuals instructed to enact the DID role would display the main clinical features during a structured interview, or endorse items on a self-report measure of dissociation in a manner consistent with a diagnosis of DID is, as yet, untested.

While the debate concerning the development of DID continues and proponents of each orientation are unlikely to reach agreement, it is beyond the present scope to provide evidence supporting or contradicting the diagnosis of DID within clinical settings. However, the concept



of role-enactment of DID within legal settings has particular relevance herein. When the successful enactment of the DID role can lead to avoiding criminal culpability, the importance of assessment for malingering, and of examining the impact of therapeutic procedures on creating displays of multiplicity becomes obvious. Even in the DSM clinicians are cautioned to assess for malingering, when the potential for financial or forensic gain exists (APA, 2000, p. 529).

The use of a diagnosis of DID appears to be increasing as a legal defense. In a review of the legal implications of DID, Frankel and Dalenberg (2006) reported a sharp rise in the number of federal criminal cases offering such a defense in the U.S.A., from a total of 4 during the decade 1971 to 1981, to a total of 470 during the decade 1991 to 2001. Additionally, Coons (1991) has reported that malingered cases of DID are not uncommon among individuals accused of homicide.

Role-enactment, and inducement of multiple identities during a mock psychiatric assessment for accused criminals has been examined in two studies (Spanos et al., 1985; Rabinowitz, 1989). In both, a script based on an interview with accused murderer, Kenneth Bianchi, was used. Bianchi and his cousin, Angelo Bueno, were accused of the rape and murder of over 10 women, during a 4-month period between 1977 and 1978. Despite an abundance of evidence suggesting Bianchi's guilt, his legal counsel chose to pursue a Not Guilty by Reason of Insanity (NGRI) plea, on the basis that Bianchi had DID. During a psychiatric assessment, Bianchi was asked to undergo a hypnotic procedure during which he was told by the psychiatrist:

I've talked a bit to Ken but I think that perhaps there might be another part of Ken that I haven't talked to. And I would like to communicate with that other part. And I would like that other part to come to talk to me... And when you're here, lift the left hand off the chair to signal to me that you are here. Would you please come, Part, so I can talk to you.

Part, would you come and lift Ken's hand to indicate that you are here. Would you talk to me Part, by saying, "I'm here"? (Schwarz, 1981, p. 142-143).

Following this dialogue, the psychiatrist asked Bianchi whether the "Part" was the same as Bianchi or different, and whether there was another name that he could be called. Bianchi indicated that there was another part of him, who had a different name, and who was responsible for the murders. He also displayed "spontaneous amnesia" following the hypnotic procedures, for the portion of the interview pertaining to the "other part". Bianchi later admitted to faking these symptoms, and was found guilty of the homicides.

Both Spanos and colleagues (1985) and Rabinowitz (1989) have experimentally tested the hypothesis that individuals asked to enact the role of an accused murderer, using the same procedure described in the Bianchi case, are able to display the core clinical features of DID (e.g., adoption of a different name, spontaneous posthypnotic amnesia). Spanos and colleagues (1985) instructed 48 undergraduate students to enact the role of an accused murderer Harry (Betty) Hodgins undergoing a psychiatric assessment. Participants were assigned to one of three experimental conditions, a "Bianchi treatment" group, a less explicit hypnotic treatment group, and a non-hypnotic treatment group. Participants in the Bianchi treatment group underwent a mock psychiatric assessment based on the structure of the actual Bianchi interview. Participants in the less explicit hypnotic treatment group were told that personality was complex and sometimes involved walled off thoughts and feelings, which could potentially be accessed through hypnosis. They were not asked, "Part, are you the same thing as Harry/Betty or are you different". Participants in the non-hypnotic condition also were told that personality was complex and sometimes involved walled off thoughts and feelings, but were told nothing about hypnosis, or the psychiatrist contacting another part of them.

Spanos and colleagues found that 81% of participants in the Bianchi treatment group adopted a different name (other than Harry/Betty), all referred to their primary personality (Harry/Betty) in the third person, and 63% displayed spontaneous amnesia following the hypnotic procedure. Thirty-one percent of individuals in the less explicit treatment group adopted a different name, and 63% displayed spontaneous amnesia following the hypnotic procedure. None of the individuals in the non-hypnotic condition adopted a second name, nor displayed spontaneous amnesia following the procedure. On the basis of these results Spanos and colleagues (1985) concluded that enacting the role of an individual with multiple personalities is an easy task, when individuals are given appropriate encouragement and incentive. This includes the perceived gain for adopting the role (in this case, avoiding criminal culpability), and the use of procedures that provide information regarding how to portray the DID role, and thereafter encourage, and validate its adoption (via hypnosis). Rabinowitz (1989) replicated this procedure in a classroom setting, and found similar results.

Phelps (2000) has proposed a behavioural explanation of DID, based on traditional behaviour analytic accounts of personality, and behaviour-environment relationships. Skinner (1974) has defined personality as a behavioural repertoire that is under the control of a specific set of contingencies. Bijou and Baer (1966) have suggested that these contingencies develop due to social reinforcement of social behaviour, which occurs under relevant social discriminative stimuli. Considering Spanos's explanation for the successful role enactment of the individual with DID, the following conceptualization may be provided: the social behaviour of individuals (i.e., the enactment of DID symptoms) is reinforced socially (by the psychotherapist who validates the multiplicity of the patient), and the relevant discriminative stimuli include the situational demands and rules provided by experts (lawyers and psychiatrists).

Phelps (2000) suggests that all individuals engage in multiple roles, which are instigated by differential stimulus control, reinforcement, and punishment contingencies (e.g., you may behave differently in church than while at a sporting event due to differential contingencies). He also states that for individuals with DID, the variability between behavioural repertoires is simply more extensive, such that the person cannot be viewed as having one, stable behavioural repertoire (personality). In concluding his behavioural account of DID, Phelps (2000) states that non-behavioural accounts of personality rely upon inaccessible, internal variables which cannot be observed in explaining personality, whereas within the behavioural paradigm personality is viewed as behaviour with relevant controlling variables.

If DID “symptoms” are indeed affected by environmental variables, then they should be amenable to manipulation via traditional behaviour analytic procedures. Kohlenberg (1973) has demonstrated the effectiveness of behaviour therapy in manipulating DID symptoms. Using a token economy, Kohlenberg applied the principles of reinforcement and extinction to demonstrate that behaviours associated with host and alter personalities by an individual diagnosed with DID in an institutional setting could be manipulated; by reinforcing behaviours associated with the host personality, these behaviours increased, and behaviours associated with alternate personalities decreased. When these host behaviours were no longer reinforced, all behaviours returned to baseline rates. Establishing the fact that DID “symptoms” are capable of manipulation via traditional behaviour modification techniques opens up the possibility that other behavioural principles will be useful when examining DID.

Of particular interest when considering DID by persons accused of criminal activity is the role of rule-governance. Although Spanos and colleagues (1985) stated that DID is usefully

conceptualized as a rule-governed social construction, they neither defined rule-governance nor experimentally tested the role that rule-governance plays with respect to the enactment of DID.

Within behaviour analysis, rules have been described as specifying contingencies (Skinner, 1974). Braam and Malott (1990) have elaborated, by stating that a complete rule specifies all the components of a contingency, including the occasion, the response, the outcome, and any deadline. As such, rule-governed behaviour is behaviour that occurs under the control of these specifying contingencies (Hayes, 1991). Rules are likely followed because of a history of correspondence between rules and natural contingencies (Hayes, Brownstein, Zettle, Rosenfarb, & Korn, 1986).

A number of researchers have demonstrated the effectiveness of rules in controlling individuals' behaviour. For example, Braam and Malott (1990) found that the behaviour of 4-year-old children could reliably be controlled with the statement of rules that specified relevant contingencies. Other authors have found that the statement of rules can override the control of programmed contingencies (e.g., Hayes et al., 1986), including reinforcement schedules, even when the individual's behaviour makes contact with scheduled reinforcers (Hayes, Brownstein, Haas, & Greenway, 1986).

The concept of rule-governance can easily be extended to the behaviour of individuals who display DID "symptoms" in the legal setting. Legal counsel typically advises clients of their best defense against criminal charges. In the case of Not Guilty by Reason of Insanity pleas stemming from the defense that the individual has DID, the advice that this is the client's best defense may constitute a rule, which specifies the occasion (stimuli associated with the legal setting or the psychiatric assessment), the response (demonstration of DID-like behaviour), and the outcome (avoidance of criminal culpability). Additionally, stimuli associated with the role

and/or status of the attorney may function as contextual discriminative stimuli indicating that following the rule will lead to reinforcement.

The purpose of my research was two-fold. The first objective was to experimentally test the role that rule-governance plays in evoking the core clinical behaviours of DID by participants instructed to enact the role of an individual accused of homicide. Although Spanos and colleagues (1985) alluded to the role of rule-governance in this context, it was neither defined nor experimentally tested. They instead focused on the role of contextual cues (i.e., information provided by the psychotherapist about expected behaviour). In the present research, I examined the role of rule-governance by varying the rule (i.e., a DID rule, a rule incompatible with DID, or no rule), while holding constant the contextual cues and by assessing participants' understanding of the rules provided to them. A single-factor, between-subjects design was used, with the independent variable being the nature of the rule and the dependent variables being the amount of verbal behaviour associated with DID emitted by participants during an unstructured interview, during a structured interview, and a on self-report measure.

Secondly, I responded to Gleaves' (1996) argument that psychometric tests, rather than hypnosis, represent the typical assessment of DID, by including commonly used measures of dissociation, the DDIS (Ross et al., 1989; see Appendix A) and the DES II (Carlson & Putnam, 1993; see Appendix B) as part of the mock psychiatric assessment procedure.

Examining the verbal behaviour of participants asked to play the role of an individual with DID on psychometric measures of dissociation was a novel feature of this research. If participants endorsed more items on psychometric tests of dissociation when given the DID rule, versus the self-defense rule, or no rule, and/or endorsed items in a manner consistent with individuals

diagnosed with DID, these results strengthen the argument against the psychoanalytic account of DID.

## Method

### *Participants and Setting*

Twenty-four male and twenty-four female introductory psychology students were originally recruited for participation in my study, through the University of Manitoba's online recruitment system. Students received course credit for their participation. Participants were asked to role-play the part of an accused murderer during an experimental session. Interview data were discarded for 5 male participants, and 4 female participants, because of deviations in the script that was to be read verbatim to all participants during the unstructured and structured interviews. Additional participants were recruited, resulting in a total of 52 participants.

Data from two additional interviews were removed because the participants could not be heard or understood on the audiotapes; and data from five additional participants were randomly removed in order to equate the number of participants in each group. In total, data from the unstructured and structured interviews for 36 participants (with 6 males and 6 females per group) were analyzed. Data from the self-report measure and post-experimental questionnaire were collected for all 52 participants. Data from the self-report measure of five participants were randomly removed in order to equate the number of participants in each group, which left data from 48 participants in total (with 8 males and 8 females per group). Data from 7 participants providing multiple responses on the last item of the post-experimental questionnaire also were removed from probability analyses, leaving a total of 45 total participants (with 8 males and 7 females per group).

Experimental sessions took place in two rooms in the Department of Psychology at the University of Manitoba. The first room was a seminar room with chairs and a large table. In this first room, the research assistant reviewed the consent form with participants, and asked them to sign it, if they agreed to participate. Afterwards, they were brought to a second room, a small office, with a desk along one wall, a recliner where the ‘psychiatrist’ sat, another chair for participants, and numerous journals and textbooks on psychology and psychiatry.

### *Design*

A single-factor, between-subjects design was used, with the specification of a rule (DID versus self-defense versus no rule) as the independent variable. Participants were randomly assigned to one of the three groups; the DID rule group, the self-defense rule group, or the control group. Dependent variables included specific participant responses during the psychiatric (unstructured) interview, namely pre-treatment guilt/innocence, post-treatment guilt/innocence, same/different name, spontaneous amnesia/no amnesia, one/more identities, and name identified with self/other. Additional dependent variables included the number of positive responses on each of four sections of a structured interview (the DDIS), and the percentage of items endorsed on a self-report measure of dissociation (the DES II).

### *Experimental Session*

Following the procedure employed by Spanos and colleagues (1985), all participants were seen individually, first by a research assistant, and then by the principal researcher playing the role of a psychiatrist. Upon initial contact, the research assistant reviewed with participants the project description and consent form, in a seminar room in the psychology department at the University of Manitoba, and participants were required to provide written consent for their



participation in this session, as well as for audio recording the experimental session (see Appendix A).

The research assistant informed participants that they were to role-play accused murderer Harry (for male participants) or Betty (for female participants) Hodgins. Male participants were told that Harry had been accused of the murder of three women, Ann, Jenny, and Mary. Female participants were told that Betty had been accused of the murder of three young boys, Billy, Johnny, and Tommy. Participants then were told that despite evidence of guilt, their legal counsel had chosen to pursue a plea of not guilty, and that they were required to undergo a psychiatric assessment. Participants were instructed to role-play Harry/Betty to the best of their ability during the simulated psychiatric assessment, which would include a mock-hypnotic procedure, a structured interview, and a self-report measure of dissociation. These procedures replicated those used in previous research (i.e., Spanos et al., 1985), including the details of the crimes, and instructions given to participants, but were expanded upon by including a structured interview, a self-report measure, and a post-experimental questionnaire.

Participants in the DID rule group then were told that their best defense in the case (i.e., their best chance of acquittal) was to invoke a DID defense. Participants in the self-defense rule group were told that invoking a self-defense argument was their best defense. Participants in the control group were told again that they had been advised to plead not guilty, but were given no additional information. As a manipulation check, individuals in each group were asked to state what their counsel had suggested as their best defense, immediately after this information was given. If individuals in the DID, self-defense, and control condition did not state a plea of not guilty based on having DID, their actions having been in self-defense, or simply not guilty,

respectively, the research assistant attempted to evoke these oral responses by repeating the defense that was provided to them. All participants did so prior to the psychiatric interview.

The research assistant then escorted participants to the office of the “psychiatrist”, who was role-played by the principal researcher. The psychiatrist initially informed participants that the background information about the case and the accused had been reviewed, and stated that there was considerable evidence suggesting that the accused was guilty. The psychiatrist then asked participants to talk about each of the victims, and to say what happened to each of them. The participants’ responses later were scored dichotomously as initially admitting or denying guilt. The psychiatrist then told participants that it was possible to find out more about individuals while under hypnosis. Following the procedure described by Spanos et al. (1985), the mock-hypnosis began by asking participants to focus on the end of a pen as it was lowered to the floor. They were told that as the pen was lowered, their eyes would close, and that they would be hypnotized. The remainder of the interview was identical to the interview used in Spanos’ (1985) most explicit treatment group (i.e., the Bianchi treatment group). Participants were initially told the following:

I’ve talked a bit to Harry (Betty), but I think perhaps there might be another part that maybe feels somewhat differently from the part that I’ve talked to. And I would like to communicate with that other part. And I would like that other part to come to talk to me... And when you’re here, lift the left hand off the chair to signal to me that you are here. Would you please come, part, so I can talk to you? Another part, it is not just the same part of Harry (Betty) that I’ve been talking to... Would you talk with me, part, by saying ‘I’m here’? (Schwarz, 1981, p. 139)

Participants then were asked, “Part, are you the same thing as Harry (Betty) or are you different in any way?” (Schwarz, 1981, p. 139). They also were asked, “Who are you? Tell me about yourself. Do you have a name that I can call you by?” (Spanos, et al., 1985, p. 368). Participant’s responses to these questions later were scored dichotomously, whether or not they used a name other than Harry (Betty), and whether or not they referred to two separate identities.

The interview continued in the manner reported by Spanos and colleagues (1985), including prompting individuals to talk about the victims, and about themselves. These responses were later scored dichotomously as admitting or denying guilt, and identifying or not identifying with Harry/Betty as the self. The hypnosis and unstructured portion of the interview was concluded when the psychiatrist told participants that they were to awaken when she clapped her hands. Participants then were asked if they remembered anything from being hypnotized, and these responses were later scored as exhibiting or not exhibiting amnesia.

The psychiatrist then asked participants (within their role of Harry/Betty) questions taken from the DDIS (Ross et al., 1989; see Appendix B). The DDIS is a highly structured interview that includes 16 sections and a total of 131 questions. Nine of these sections have been shown to differentiate individuals with DID from controls; individuals with DID have statistically higher positive responses on these items than controls. The complete DDIS can be administered in 30-45 minutes. Most items are answered “Yes”, “No”, or “Unsure”, with more positive responses related to DID. The DDIS has an overall inter-rater reliability of 0.68, and has a specificity of 100% and a sensitivity of 90% for the diagnosis of DID (Ross et al., 1989). Four of the nine sections of the interview were administered to participants, each of which has been shown to differentiate individuals diagnosed with DID from controls. Specifically, the sections titled, “Schneiderian first rank symptoms”, “Trances, sleepwalking, childhood companions”, “Features

associated with Multiple Personality Disorder”, and “Supernatural/possession/ESP experiences/cults”, were administered, which included 31 items in total. These 4 sections took approximately 10 minutes to administer.

Participants then were asked to complete the DES II (Carlson & Putnam, 1993; see Appendix C), within the role of Harry (Betty). The DES (Bernstein & Putnam, 1986) is a 28-item self-report measure of dissociation, which takes approximately 10 minutes to complete. Respondents are asked to indicate the percent of times (from 0% to 100%) that they have certain experiences (e.g., “Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two people. Indicate what percentage of the time this happens to you.”). The test possesses a test-retest reliability coefficient of .96 (Frischholz et al., 1990) and an internal consistency coefficient of .83 (Bernstein & Putnam, 1986), and reportedly demonstrates good to excellent concurrent and criterion-related validity (Steinberg, Rounsaville, & Cicchetti, 1991; Frischholz et al., 1990). The DES II includes an 11-point, Likert-type response scale, rather than the 10-centimeter analog visual scale included in the DES, and also has some minor wording changes.

The DES/DES II is intended as a screening, rather than as a diagnostic instrument, with an increase in the endorsement of items increasing the likelihood that the individual has DID (Ross, 1996). Putnam and colleagues (1996) have reported that the mean score of individuals with DID is 44.6 (with a standard deviation of 19.7), while the mean score for non-clinical adults is 8.3 (with a standard deviation of 9.3).

Finally, participants then were asked to complete a 4 question post-experimental questionnaire, which was used to assess their awareness of the purpose of the experiment, and their awareness of what was expected of them (see Appendix D). This questionnaire was

attached to the self-report measure, and was printed on a differently coloured paper to highlight the difference between measures. This questionnaire was to be answered by the participant as him or herself, not within the role as Harry/Betty, which was clearly indicated on the questionnaire. This information was used to evaluate whether or not participants understood what was expected of them, as conveyed by the rule that they were given, which would strengthen the attribution of expected differences among groups to the differential rules provided to them.

#### *Assessment Integrity and Interobserver Agreement*

The role-played psychiatrist's behaviour during the unstructured and structured interviews was compared to a script (see Appendix E). An observer scored 5 (12%) of the 43 taped sessions conducted by the principal researcher. The observer checked whether what was said by the role-played psychiatrist was in agreement with what was written on the script, on an essential sentence by sentence basis. The total number of sentences stated correctly was divided by the total number of sentences, and multiplied by 100 to yield a percentage of correct adherence to the script. The mean percentage of adherence was 96%, with a range of 90% to 100%.

An independent observer, blind to the conditions to which the participants belonged scored the audiotaped unstructured and structured interviews, and the self-report measures. A second observer scored 13 (30%) of the 43 taped interviews. Interobserver/interrater checks were conducted by comparing the dichotomous scores assigned by the first and second observer for the unstructured portion of the interview, the total scores assigned for each of 4 sections of the structured interview, and the total number of positive responses on the self-report measure. Trials were considered agreements, if both the first and second observer assigned the same score (e.g.,

name identified with self). Trials were considered disagreements, if the first and second observer assigned different scores (e.g., name identified with self, name identified with other). Total interobserver/interrater agreement scores were calculated for the unstructured portion of the interview, for the structured portion of the interview, and for the self-report measure, by dividing the total number of agreements by the total number of disagreements plus agreements, and multiplying the result by 100 % (Kazdin, 1982, p. 53). The mean agreement score on the unstructured portion of the interviews was 91%, with a range of 83% to 100%. Only six items were scored on the unstructured portion of the interview, meaning that one discrepancy between observers resulted in an agreement score of 83%. The mean agreement scores for the structured portion of the interviews was 99%, with a range of 88% to 100%. Agreement across raters for all self-report scores was 100%.

### Results

Participant's verbal behaviour was analyzed between groups on four measures. First, participant's oral responses during an unstructured interview were scored on six dimensions, then the differences in the frequency of responses on each dimension were compared across all three groups, using a chi-square test for independence. Secondly, on the structured interview, participant's positive responses were summed for each of the four sections of the DDIS that were administered. On each of the four sections, mean scores for participants in the DID and self-defense groups were compared, using an a priori one-tailed t-test. The mean scores for participants in the self-defense and control group then were compared, using an a priori one-tailed t-test. Finally, the mean scores for participants in all three groups were compared, using a one-way analysis of variance (ANOVA) test. The t-tests were conducted a priori in order to protect against non-significant results across groups, which may have occurred, if the DID group

and the control group responded similarly. One-tailed t-tests were conducted with the expectation that individuals in the DID group, and in the control group would have higher scores than would individuals in the self-defense group. Across all tests, an alpha level of 0.05 was used to test for statistical significance.

On the self-report measure, a mean total score was computed for each participant, and these mean scores were compared among groups. As with the structured interview data, one-tailed t-tests were conducted a priori to compare mean scores of individuals in the DID versus self-defense group, then the self-defense group versus the control group, after which an ANOVA test was conducted to compare mean scores across all three groups. Again, the hypothesis was that the mean scores of individuals in the DID and control groups would be higher than those in the self-defense group.

Participants' responses on key items on the post-experimental questionnaire, (the self-defense item: "I was supposed to act as if I had killed in order to protect myself", and the "other part" item: "I was supposed to act as if there were another part of me that was responsible for the murders"), were analyzed between groups. Specifically, participants' selections of these two items were compared as a function of the rule that they were given. Selections by participants in the DID group were compared to those in the self-defense group, then the selections by self-defense group were compared to those of the control group, using Fisher's exact probability test. Fisher's exact probability test was used in this case (versus the chi-square test) because the expected values in some of the cells were less than 5 (which violates an assumption of the chi-square test). The expectation was that participants in the DID and control groups would be more likely to choose the "other part" option than the self-defense option, and that participants in the

self-defense group would be more likely to choose the self-defense option than the “other part” option.

### *Unstructured Interview*

Participants’ oral responses during the unstructured interview portion of the psychiatric assessment were dichotomously scored as pre-treatment guilt/innocence, post-treatment guilt/innocence, same/different name, spontaneous amnesia/no amnesia, one/more identities, and name identified with self/other. As indicated in Table 1, whether or not participants initially denied or admitted guilt revealed the largest discrepancy among groups. Nine of the 12 participants in the DID and control groups initially denied guilt, whereas only 4 of the 12 participants in the self-defense rule group did so. This difference was found to be statistically significant at an alpha level of 0.05. Other differences between groups concerned whether or not participants provided a second name, and whether or not they admitted guilt during the hypnotic procedure. Six of the participants in the DID group provided a second name, whereas only 3 of the participants in the self-defense group, and 4 of the participants in the control group, did so. Although this difference was not found to be statistically significant, the pattern of results shows a small trend in the hypothesized direction. Three of the participants in the DID group denied guilt during the hypnotic procedure (later denied), whereas 6 participants in the self-defense group, and 6 participants in the control group, did so. Again, although these differences were not found statistically significant, a small trend was observed in the hypothesized direction. On all other dimensions (amnesia versus no amnesia; identifying versus not identifying a second identity; identifying Harry/Betty with the self versus other), very small differences were observed across all three groups, which is contrary to the hypothesis that individuals in the DID and the control groups would display more oral behaviour associated with DID than would



Table 1

*Summary of Unstructured Interview Data for Each Treatment*

Data	Treatment			Chi-Square analysis
	DID	Self-Defense	Control	
Different Name	6	3	4	$\chi^2 (2) = 1.69, ns$
Same Name	6	9	8	
Amnesia	7	7	6	$\chi^2 (2) = 0.45, ns$
No Amnesia	5	4	6	
Initially Denied	9	4	9	$\chi^2 (2) = 5.84, p = 0.05$
Initially Admitted	3	8	3	
Later Denied	3	6	6	$\chi^2 (2) = 2.06, ns$
Later Admitted	9	6	6	
Different Identity	10	8	10	$\chi^2 (2) = 1.29, ns$
No Different Identity	2	4	2	
Harry/Betty different self	6	5	5	$\chi^2 (2) = 0.23 ns$
Harry/Betty same self	6	7	7	

individuals in the self-defense group. These differences were not found to be statistically significant.

### *Structured Interview*

On each of the four sections of the structured interview, positive responses were summed for each participant, and compared across groups (see Table 2). In all four sections, larger scores indicate higher endorsement of items associated with DID. On section 1, “Schniederian First Rank Symptoms”, positive responses on this section can range from 0 to 11, and Ross and colleagues (1989) have reported that the average number of positive responses by individuals with DID on this section is 6.60. Mean scores for participants in the DID, self-defense, and control groups, respectively, were 7.17, 6.25, and 5.67. As shown in Table 3, the means between individuals in the DID group versus the self-defense group, and the self-defense group versus the control group were not found to be statistically significant, nor was the difference among the three groups.

On section 2, “Trances, Sleepwalking, and Childhood Companions”, positive responses can range from 0 to 9. The mean scores for participants in the DID, self-defense, and control groups were found to be 3.67, 3.83, and 2.50, respectively. Although mean scores by individuals in the self-defense group were found to be higher on this section than those of participants in either the DID or control group (which is contrary to the hypothesized direction of results), the differences in mean scores for individuals in the DID versus self-defense group, the self-defense versus the control group, or among all three groups were not found to be statistically significant.

Table 2

*Summary of Structured Interview Data*

<b>1</b>	<b>DID</b>	<b>Self-Defense</b>	<b>Control</b>	<b>Analyses</b>
<b>n</b>	12	12	12	t-test: DID vs. SD: $t(22) = 0.80, p = 0.22$
<b>Mean</b>	7.17	6.25	5.67	t-test: SD vs. Control: $t(22) = -0.58, p = 0.28$
<b>s</b>	3.13	3.24	2.46	ANOVA: $F(2, 35) = 0.94, p = 0.40$
<b>2</b>	<b>DID</b>	<b>Self-Defense</b>	<b>Control</b>	
<b>n</b>	12	12	12	t-test: DID vs. SD: $t(22) = -0.20, p = 0.42$
<b>Mean</b>	3.67	3.83	2.50	t-test: SD vs. Control: $t(22) = -1.32, p = 0.10$
<b>s</b>	1.50	2.52	2.43	ANOVA: $F(2, 35) = 1.31, p = 0.28$
<b>3</b>	<b>DID</b>	<b>Self-Defense</b>	<b>Control</b>	
<b>n</b>	12	12	12	t-test: DID vs. SD: $t(22) = 2.19, p = 0.02$
<b>Mean</b>	23.42	16.75	17.17	t-test: SD vs. Control: $t(22) = 0.14, p = 0.44$
<b>s</b>	6.72	8.14	5.95	ANOVA: $F(2, 35) = 3.42, p = 0.04$
<b>4</b>	<b>DID</b>	<b>Self-Defense</b>	<b>Control</b>	
<b>n</b>	12	12	12	t-test: DID vs. SD: $t(22) = 1.35, p = 0.10$
<b>Mean</b>	4.58	3.33	2.08	t-test: SD vs. Control: $t(22) = -1.83, p = 0.04$
<b>s</b>	2.68	1.78	1.56	ANOVA: $F(2, 35) = 4.40, p = 0.02$

1. Schniederian First Rank Symptoms
2. Sleepwalking, Trances, and Childhood Companions
3. Features Associated with Multiple Personality Disorder
4. Supernatural/Possession/ESP Experiences/Cults

On section 3, “Features Associated with Multiple Personality Disorder”, total positive responses can range from 0 to 43. The mean scores for individuals in the DID, self-defense, and control conditions were found to be 23.42, 16.75, and 17.17, respectively. Consistent with the hypothesized direction of effect, a statistically significant difference was observed between the mean scores of individuals in the DID versus self-defense group, but a statistically significant difference was not observed between the self-defense and control groups. Among the three groups, a statistically significant difference was found among the mean scores, with individuals in the DID endorsing more items associated with DID than individuals in either the self-defense or control groups.

On section 4, “Supernatural/Possession/ESP Experience/Cults”, total positive responses can range from 0 to 16. The mean scores of individuals in the DID, self-defense, and control group, were 4.58, 3.33, and 2.08, respectively. Although individuals in the DID group had higher mean scores than individuals in the self-defense group, this difference was not statistically significant, although this may have due to larger variability among scores in the DID group compared to the self-defense group ( $s = 4.58$  versus  $3.33$ ). However, the difference between mean scores of individuals in the self-defense and control groups was statistically significant; with individuals in the self-defense group being more likely to endorse items associated with DID, than individuals in the control group, contrary to the expected direction of results. The difference in mean scores among the three groups also was found to be statistically significant.

#### *Self-Report Measure*

Scores on the self-report measure can range from 0-100, with higher scores indicating a higher likelihood of the presence of DID. As reported in Table 3, the mean scores for individuals in the DID, self-defense, and control conditions were observed to be 51.06, 35.94, and 34.19,

respectively. The highest endorsement of self-report items related to dissociation by individuals in the DID group was consistent with the hypotheses, although only a small difference was observed between mean scores of individuals on the self-report and control conditions. The difference in mean scores for individuals in the DID versus self-defense condition were found to be statistically significant, and the difference between mean scores of individuals in the self-defense and control groups was not. Comparing the mean scores of individuals among the three groups, a statistically significant difference also was found.

#### *Post-Experimental Questionnaire*

After completing the self-report measure, participants were asked to complete a four-question post-experimental questionnaire (as themselves), which began broadly, with open-ended questions about the purpose of the experiment, and ended with a forced-choice question about what they thought they were asked to do during the experiment. This information was used to evaluate whether or not participants understood what was expected of them, as conveyed by the rules that they were given. Participants' responses are presented in Appendix F. Of most interest were participant's selection of choices A and D, which stated that the individual thought that they were expected to act as if they had killed in self-defense, or that they were expected to act as if there were another part of them that was responsible for the murders, respectively. Zero, 7 and 1 participants in the DID, self-defense, and control groups chose the self-defense option, respectively, and 9, 5, and 3 participants in the DID, self-defense, and control groups chose the "other part" option, respectively. The responses were compared across individuals in the DID and self-defense group, then across the self-defense and control group, using Fisher's exact probability test. The difference in the probability of selecting the self-defense item versus the "other part" item was statistically significant between participants in the DID and self-defense

Table 3

*Summary of Self-Report Data*

	<b>DID</b>	<b>Self-Defense</b>	<b>Control</b>
<b>N</b>	16	16	16
<b>Mean</b>	51.06	35.94	34.19
<b>S</b>	21.12	16.91	22.17
			<b>Analyses</b>
<b>DID vs. Self-Defense</b>			$t(30) = 2.23, p = 0.02$
<b>Self-Defense vs. Control</b>			$t(30) = 0.25, p = 0.40$
<b>DID vs. Self-Defense vs. Control</b>			$F(2, 47) = 3.37, p = 0.04$

groups ( $p = .001$ ), and was not statistically significant between participants in the self-defense and control groups ( $p = 0.57$ ). That is, participants in the DID group were more likely to choose the “other part” option than the self-defense option, and participants in the self-defense group were more likely to choose the self-defense option than the “other part” option, which is consistent with what was expected. Contrary to hypothesized results, a statistically significant difference in participants’ choices of the self-defense versus “other part” option was not found between the self-defense and control groups.

### Discussion

In my research, the role of rule-governance in evoking verbal behaviour associated with DID in a mock legal context was examined. Verbal behaviour was measured during an unstructured interview, as had been accomplished in previous research (e.g., Spanos et al., 1985), but also on a structured interview, and on a self-report measure of dissociation, which were novel features of my research. It was hypothesized that individuals instructed to invoke a DID defense would display more verbal behaviour associated with DID, than would individuals instructed to invoke a self-defense argument, or individuals not provided with specific instructions as to how to present a not guilty defense. Furthermore, it was hypothesized that individuals given no additional instructions would be more likely to display verbal behaviour associated with DID than would individuals instructed to invoke the self-defense argument. These hypotheses were identical across all measures for the unstructured interview, structured interview, and self-report.

On the unstructured interview, participants in the DID group were found more likely to provide a second name, to deny guilt during the hypnotic induction procedure, and to make clear reference to a second personality, although these effects were small, and only statistically significant for initial denial. However, some participants in all groups adopted a different name,

displayed amnesia, admitted guilt during the hypnotic procedure, made reference to a second personality, and referred to the primary personality as separate from the self (see Table 1). This suggests that across groups, other factors common to all groups were involved in the demonstration of verbal behaviour associated with DID, during the unstructured interview. Individuals in the control condition may have chosen to endorse items they associated with insanity given a lack of explicit direction about their best course of action (due to contingencies in the interview), whereas individuals in the self-defense condition may have acted similarly in order to provide a secondary, or alternate defense. They may have done so in an attempt to increase their chances of acquittal, particularly when they may have perceived it as a more viable defense given the circumstances. In my research, the crime presented to participants involved three murders, which may have made the self-defense scenario appear less plausible.

On the structured interview, participants in the DID group were not found to be more likely to endorse items not obviously related to dissociation on other sections of the structured interview, including Schneiderian first rank symptoms, trances, sleepwalking, and childhood companions, and supernatural, possession, ESP, and cult experiences. However, they were more likely than individuals in the self-defense group to endorse items specifically related to multiple personalities.

Individuals in the DID group also were more likely than individuals in the self-defense group to respond to items associated with dissociation on the self-report measure. The mean score of participants in the DID rule group was higher than that (51.06 vs. 44.6) reported by Putnam and colleagues (1996) as typical of those with diagnoses of DID. Gleaves (1996) made the argument that psychometric measures, such as structured interviews and self-report measures, represent the typical assessment of DID, rather than the hypnotic procedures used in



Spanos' research. However, the results of my research provide further evidence against the psychoanalytic account of DID, by demonstrating that individuals explicitly instructed to enact the DID role are capable of doing so on these psychometric measures, which are commonly used in assessing DID in the clinical setting. My results suggest that participants provided with an explicit instruction to act in a manner consistent with DID can, particularly when provided with clear opportunities to do so (e.g., during the structured interview, the following question is asked, "Do you ever feel that there is another person or persons inside you?").

This pattern of results supports the conclusion that the contextual cues provided within the unstructured interview generally were powerful enough to overwhelm any differential instructional control. Within the unstructured interview, strong cues were presented to suggest that the individual possessed multiple selves (e.g., "Would you please come, part, so I can talk to you? Another part, it is not just the same part of Harry (Betty) that I've been talking to"). Participants may have perceived these cues as instructions that they were to behave as if they possessed multiple selves, even when they were told prior to the interview that they were to behave as if they had killed in self-defense. When these cues were no longer provided, and participants were simply asked, during a structured interview or on a self-report measure, whether they had specific symptoms of DID, participants given the DID rule were more likely than participants in the self-defense group to display verbal behaviour associated with DID.

These results should not be surprising if we consider Skinner's analysis of rules. Skinner defines a rule as a verbal description of a behavioural contingency (Skinner, 1969). However, he also stated that the consequences that are specified in rules are not immediate enough to maintain the behaviours specified in rules. While rules may be followed based upon a learning history of coming into contact with contingencies specified by the rule, contacting those contingencies may

be necessary for maintaining rule-governed behaviour. In the present research, participants in the self-defense condition were given rules specifying contingencies (i.e., you will be rewarded for behaving as if you had acted in self-defense), but the environmental contingencies involved in the unstructured interview (i.e., reinforcement of behaviour associated with DID) contradicted the rule. On the other hand, individuals given the DID rule did contact the contingencies specified by the rule in the unstructured interview, which may suggest why they followed the DID rule, and individuals in the self-defense condition did not.

The control group in the present study was intended to be equivalent to Spanos and colleagues (1985) “Bianchi” treatment group, and thus, the expectation was that participants would respond in a similar manner. However, this was not found to be the case. In the present study, participants were found to be more likely than participants in Spanos’ “Bianchi group” to identify a second personality and to later admit guilt while “hypnotized”, but were found less likely to identify a different name, display post-hypnotic amnesia, initially deny guilt, or to clearly identify Harry/Betty as a separate identity (see Table 4). The difference in results was particularly evident in terms of identification of a second name, and reference to Harry/Betty as separate from the self. There is no apparent difference in the procedures involved in my study that would suggest such large discrepancies. However, participant’s understanding of the instructions they were given may have compromised my results.

Although participants were provided with the instruction that they were to role-play throughout the psychiatric interview, in written and oral form, and also were asked to repeat these instructions back to a research assistant, some participant’s actual understanding of these instructions was questionable. For example, in response to the question on the post-experimental questionnaire, “During the interview with the ‘psychiatrist’, what were you supposed to say or do

Table 4

*Comparison of Results from Spanos et al. (1985) and My Research*

<b>Measure</b>	<b>Spanos et al (1985) (Bianchi Group)</b>	<b>Present Results (Control Group)</b>
<b>Different Name</b>	81%	33%
<b>Amnesia</b>	63%	50%
<b>Initial Denial</b>	81%	75%
<b>Later Admitted</b>	38%	50%
<b>Different Identity</b>	67%	83%
<b>Harry/Betty Different from Self</b>	87%	42%

to try to convince her that you were not guilty?”, some participants responded in some manner that indicated that they were to answer as themselves (e.g., “I was supposed to answer as usual”), or during the interview, asked for clarification (e.g., “Do I answer as me?”, “What I am supposed to do?”). In future research stronger contingencies should be placed on participant’s adopting the name assigned.

The strongest experimental support for the hypothesis that individuals provided with implicit instruction to enact the DID role will display more verbal behaviour associated with DID than those given contradictory instructions, or no instructions, was found with structured interview items pertaining to multiple personalities, and on a self-report measure of dissociation. Both of these measures had never been applied previously in Spanos’ experimental paradigm. However, during the unstructured portion of the psychiatric interviews, participants in the DID group did not reliably demonstrate more behaviours associated with DID than individuals in the self-defense group on all measures.

These results suggest that the implicit rules conveyed by the contextual cues of the interview situation to behave in a manner consistent with a DID diagnosis are dominant in terms of controlling oral behaviour associated with DID in that setting and with the role-played psychiatrist, compared with explicit rules to behave otherwise. When these implicit rules are no longer provided (e.g., during a structured interview or on a self-report measure), participants behave as expected; when explicitly asked to enact the DID role, participants comply. In my research I have demonstrated that rule governance plays a role in production of DID-like behaviors in Spano’s experimental paradigm. What remains for future research is the unraveling of situational control over such rule governance.

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## Appendix A

### *Project Description and Consent Form*

Researchers: Kristen Campbell, Bachelor of Arts;  
 Dr. Stephen W. Holborn (Research Supervisor)  
 Affiliations: University of Manitoba

You are invited to take part in a research study.

This research will be completed in order to fulfill the thesis component of Kristen Campbell's Master of Arts degree, and will be supervised by Dr. Stephen W. Holborn.

This description, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### **What is the purpose of the study?**

The purpose of the present study is to examine the verbal behaviour of individuals asked to play the role of an accused criminal, depending on the type of instructions that they are given.

#### **What are the study procedures and how long will the study take?**

Initially, you will meet with the researcher, who will ask you to role-play an accused criminal, and will provide you with details related to your "case". Afterward, you will be asked to participate in a mock psychiatric assessment, which will be conducted by an individual playing the role of a psychiatrist. This assessment will involve the "psychiatrist" asking you questions during a mock hypnotic procedure, and asking other questions following the mock hypnosis, and a brief written questionnaire. This "assessment" will be audiotaped. Your total participation will take approximately one hour.

#### **Description of recording devices to be used**

All experimental sessions will be audio taped, using a handheld voice recorder.

#### **Will my personal information be kept confidential?**

All information obtained about you will be handled in compliance with Section 24 of the Personal Health Information Act. All information will be kept confidential and stored in a locked room, accessible only to the researchers. Any presentations, reports, or publications about the project will not contain any identifying information. All information and audiotapes will be kept for up to six months after the completion of the study and then will be destroyed in a confidential manner.

**What are the risks and benefits of taking part in the study?**

The procedures of this study present no risks to you beyond what might be encountered in everyday activities. You will receive two credits toward your course grade in Introduction to Psychology.

**Will I receive the results of the study?**

If you wish to be informed of the results, please check the YES box on the bottom of your written consent form, and you will be mailed a summary of the findings approximately three months after the completion of the study (Approximately March 2008).

**Is there any payment or cost for participating?**

There is no financial compensation or cost to take part in the study. You will receive two credits toward your course grade in Introduction to Psychology.

**Is participation voluntary?**

Participation is voluntary. Even after you give consent, you can stop at any time and for any reason, without penalty (i.e., loss of participation credits).

**Signing the Consent Forms**

Signing the following page of this Project Description and Consent Form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate in this research. In no way does this waive your legal rights nor release the researchers, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Principal Investigator: Kristen Campbell,  
Coinvestigator/Research Supervisor: Dr. Stephen Holborn, Phone: 474-8245

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above named persons or the Human Ethics Secretariat at 474-7122, or e-mail [margaret\\_bowman@umanitoba.ca](mailto:margaret_bowman@umanitoba.ca). A copy of this consent form has been given to you to keep for your records and reference.

I, \_\_\_\_\_, here by:  
 (Individual – please print your name)

\_\_\_\_\_ consent to participation in this study.

\_\_\_\_\_ consent to have the experimental session audiotaped.

By giving consent I allow the research project staff (persons directly involved in this research, who will access information only as necessary) to:

- Interview me during a mock psychiatric assessment, which will involve mock-hypnosis, and a self-report questionnaire.
- Audiotape this session.
- Analyze these audiotapes only for the purposes of the research.
- Include the participation results in publications, reports, and talks, so that others may learn from this project. My identity, however, will not be disclosed.
- I understand that I am to role-play during this experiment, and that the “psychiatrist”, will also be role-played.
- I understand that I will undergo a mock-hypnotic procedure, in which I will not truly be hypnotized.

I understand that I can revoke this consent at any time and for any reason, by informing the researcher that I no longer wish to continue my participation. The consent will otherwise remain in effect for a period of 12 months from the date it is received.

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Researcher

\_\_\_\_\_  
 Date

Kristen Campbell, B.A.

Yes, I would like to receive the results of the study (within approximately 3 months of the study completion, March 2008). Please mail to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Appendix B

## Selected Sections of the Dissociative Disorders Interview Schedule (Ross et al., 1989)

Questions in the Dissociative Disorders Interview Schedule must be asked in the order they occur in the Schedule. All the items in the Schedule, including all the items in the DSM-III diagnostic criteria for dissociative disorders and borderline personality disorder must be enquired about. The wording of the questions should be used exactly as written in order to standardize the information gathered by different interviewers. The interviewer should not read the section headings aloud. The interviewer should open the interview by thanking the subject for his/her participation and then should say: "Most of the questions I will ask can be answered Yes, No or Unsure. A few of the questions have different answers and I will explain those as we go along. "

**V. Schneiderian First Rank Symptoms**

64. Have you ever experienced the following:

Yes = 1      No= 2      Unsure = 3

- a) voices arguing in your head
- b) voices commenting on your actions
- c) having your feelings made or controlled by someone or something outside you
- d) having your thoughts made or controlled by someone or something outside you
- e) having your actions made or controlled by someone or something outside you
- f) influences from outside you playing on or affecting your body such as some external force or power
- g) having thoughts taken out of your mind
- h) thinking thoughts which seemed to be someone else's
- i) hearing your thoughts out loud
- j) other people being able to hear your thoughts as if they're out loud
- k) thoughts of a delusional nature that were very out of touch with reality

If subject answered No to all Schneiderian symptoms, go to question 67, otherwise, interviewer should ask:

"If you have experienced any of the above symptoms are they clearly limited to one of the following:"

65. Occurred only under the influence of drugs, or alcohol.

Yes = 1      No= 2      Unsure = 3

66. Occurred only during a major depressive episode.

Yes = 1      No= 2      Unsure = 3

**VI. Trances, Sleepwalking, Childhood Companions**

67. Have you ever walked in your sleep?  
 Yes = 1      No = 2      Unsure = 3

If subject answered No to question 67, go to question 69.

68. If you have walked in your sleep, how many times, roughly?  
 1-10 = 1                  11-50 = 2                  >50 = 3                  Unsure = 4

69. Have you ever had a trance-like episode where you stare off into space, lose awareness of what is going on around you and lose track of time?  
 Yes = 1      No = 2      Unsure = 3

If subject answered No to question 69, go to question 71.

70. If you have had this experience, how many times, roughly?  
 1-10 = 1                  11-50 = 2                  >50 = 3                  Unsure = 4

71. Did you have imaginary playmates as a child?  
 Yes = 1      No = 2      Unsure = 3

If subject answered No to question 71, go to question 73.

72. If you had imaginary playmates, how old were you when they stopped?  
 Unsure = 0

If subject still has imaginary companions score subject's current age.

**VIII. Features Associated with Multiple Personality Disorder**

For questions 86-95, if subject answers Yes, ask subject to specify whether it is occasionally, fairly often or frequently, excluding question 93.

86. Have you ever noticed that things are missing from your personal possessions or where you live?  
 Never = 1                  Occasionally = 2                  Fairly Often = 3  
 Frequently = 4                  Unsure = 5

87. Have you ever noticed that there are things present where you live, and you don't know where they came from or how they got there? e.g., clothes, jewelry, books, furniture.  
 Never = 1                  Occasionally = 2                  Fairly Often = 3  
 Frequently = 4                  Unsure = 5



98. Do you ever speak about yourself as "we" or "us"?  
Yes = 1      No= 2      Unsure = 3

99. Do you ever feel that there is another person or persons inside you?  
Yes = 1      No= 2      Unsure = 3

If subject answered No to question 99, go to question 102.

100. Is there another person or persons inside you that has a name?  
Yes = 1      No= 2      Unsure = 3

101. If there is another person inside you, does he or she ever come out and take control of your body?  
Yes = 1      No= 2      Unsure = 3

### **IX. Supernatural/Possession/ESP Experiences/Cults**

102. Have you ever had any kind of supernatural experience?  
Yes = 1      No= 2      Unsure = 3

103. Have you ever had any extrasensory perception experiences such as:  
a) mental telepathy  
b) seeing the future while awake  
c) moving objects with your mind  
d) seeing the future in dreams  
e) deja vu (the feeling that what is happening to you has happened before)  
f) other (specify)  
Yes = 1      No= 2      Unsure = 3

104. Have you ever felt you were possessed by a:  
a) demon  
b) dead person  
c) living person  
d) some other power or force  
Yes = 1      No= 2      Unsure = 3

105. Have you ever had any contact with:  
a) ghosts  
b) poltergeists (cause noises or objects to move around)  
c) spirits of any kind  
Yes = 1      No= 2      Unsure = 3

106. Have you ever felt you know something about past lives or incarnations of yours?  
Yes = 1      No= 2      Unsure = 3

107. Have you ever been involved in cult activities?  
Yes = 1      No= 2      Unsure





6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something as if they were looking at another person. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

8. Some people are told that they sometimes do not recognize friends or family members. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

12. Some people sometimes have the experience of feeling that other people, objects, and the world around them are not real. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

13. Some people sometimes have the experience of feeling that their body does not belong to them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

19. Some people find that they are sometimes able to ignore pain. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were different people. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

25. Some people find evidence that they have done things that they do not remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

27. Some people find that they sometimes hear voices inside their head that tell them to do things or comment on things that they are doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

28. Some people sometimes feels as if they are looking at the world through a fog so that people or objects appear far away or unclear. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

## Appendix D

## Postexperimental Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS AS YOURSELF (NOT AS HARRY/BETTY).

1. What did you think was the purpose of this experiment?
2. During the interview with the “psychiatrist”, what were you supposed to say or do to try to convince her that you were not guilty? Did you do so?
3. While completing the self-report questionnaire, how were you supposed to answer in order to appear not guilty? Did you do so?
4. How were you supposed to act in order to prove that you were not guilty? Please circle your response.
  - a. I was supposed to act as if I had killed in order to protect myself.
  - b. I was supposed to act as if I had been told to kill by someone else.
  - c. I was supposed to act as if I had no memory of the events in question.
  - d. I was supposed to act as if there were another part of me that was responsible for the murders.
  - e. I was supposed to act as if I had been too intoxicated at the time of the murders to be aware of my actions.
  - f. I was supposed to act in another way, not listed above.

## Appendix E

## Experimental Session Script for “Psychiatrist”

Psychiatrist: Please come in and close the door behind you. I’m Dr. Watkins (offer handshake). Please take a seat. Now, your defense attorney has brought me in to talk to you before you go to trial. I’ve had a look at the evidence for your case, and there’s a lot here to suggest that you killed Billy, Johnny, and Tommy (Ann, Jenny, and Mary). I’d like to hear what you have to say about these murders, though, so why don’t you tell me what happened with Billy, Johnny, and Tommy (Ann, Jenny, and Mary).

(Participant answer)

Psychiatrist: I’m going to begin my assessment by asking you some questions. And the best way to ask you those questions and to get the answers we need is through hypnosis.

Hypnosis is just one approach at trying to help people to find out what’s going on inside themselves. It isn’t sleep, and it isn’t anything like weak willpower or somebody’s pushing power over another person. It’s kind of a natural relaxation in which we try to help people recall things and experience themselves a little bit more, look at sides of themselves (from Schwarz, 1981, p. 136).

(Psychiatrist will lift a pen as high as possible).

Psychiatrist: If you would, please, focus your eyes on the end of this pen. As the pen descends, your eyes will slowly close. By the time the pen touches the floor, you’ll be in a deep state of hypnosis. Let’s begin.

(Psychiatrist begins lowering the pen, slowly. The pen is placed on the floor).

Psychiatrist: And now while you’re relaxed, Harry (Betty), I want you to stay in your deeply relaxed state. But I would like to kind of talk to you. And I’ve talked a bit to Harry (Betty), but I think perhaps there might be another part that maybe feels somewhat differently from the part that I’ve talked to. And I would like to communicate with that other part. And I would like that other part to come to talk to me. And when it’s here and then the left hand will lift up off the chair to indicate to me that that other part is here that I would like to talk to. Part, would you please come to communicate with me? And when you’re here, lift the left hand off the chair to signal to me that you are here. Would you please come, part, so I can talk to you? Another part, it is not just the same part of Harry (Betty) that I’ve been talking to. Would you lift the left hand to indicate to me that you are here when you are here and you’re ready to communicate with me? Part, would you come and lift Harry (Betty)’s left hand to indicate to me that you are here. All right, part, I would like for you and I to talk together, we don’t even have to – we don’t have to talk with Harry (Betty) unless you and Harry (Betty) want to. But I would like for you to talk to me. Will you talk to me by saying ‘I’m here’? Would you communicate with me, part? Would you talk with me, part, by saying ‘I’m here’? (from Schwarz, 1981, p. 139)

(Participant answer)

Psychiatrist: Part, are you the same thing as Harry (Betty) or are you different in any way? (from Schwarz, 1981, p. 139)

Psychiatrist: Who are you? Do you have a name? (from Schwarz, 1981, p. 139)

Psychiatrist: Who are you? Tell me about yourself. Do you have a name I can call you by? (from Schwarz, 1981, p. 139)

(Participant answer)

Psychiatrist: Okay, (name used in participant answer), just stay where you are, make yourself comfortable in the chair and I'd like to talk to you. Tell me about yourself (name), what do you do? (from Schwarz, 1981, p. 139)

(Participant answer)

Psychiatrist: Please tell me about Billy, Johnny, Tommy (Ann, Jenny, and Mary). (from Spanos, 1985, p. 368)

(Participant answer)

Psychiatrist: Tell me about Harry (Betty), what's he (she) like? (from Spanos, 1985, p. 368)

(Participant answer)

Psychiatrist: Okay (name), you've done a great job. Thank-you for talking to me. Now you're still in a deeply relaxed state, but I'm going to wake you up soon. And when I wake you up, I'll again be talking to Harry (Betty). When I clap my hands, you will be awakened and I'll be talking to Harry (Betty) again. (Psychiatrist claps hands)

What do you remember from being hypnotized? (from Spanos, 1985, p. 368)

(Participant answer)

Psychiatrist: Okay Harry (Betty), I'm going to ask you some more questions, now that you're awake again.

Sections 5, 6, 8, and 9 of the Dissociative Disorders Interview Schedule (Ross et al., 1989) then will be administered by the psychiatrist. Items are to be worded exactly as written on the interview schedule. When these questions have been administered, the session will proceed as follows:

Psychiatrist: Thank-you. You may return to the waiting room. The person who brought you in will be waiting for you.

When participants arrive in the initial office, they will be given a pencil and a self-report measure, the Dissociative Experiences Scale II (Carlson & Putnam, 1993). They will not be provided with further instruction. When participants have completed the self-report measure, the researcher will collect it, and they will be thanked, and told that their participation is complete.



## Appendix F

*Summary of Participant Responses on the Post-Experimental Questionnaire*

Item 1: “What did you think was the purpose of this experiment?”

Twenty-two of the fifty-two participants who completed the post-experimental questionnaire gave responses which in some way mentioned role-play, such as that the purpose of the experiment was to see how well participants could portray an accused criminal, an individual with a mental disorder, to see how well participants were able to create a role with limited information and preparation, and/or how consistent they were in their responses during the interview and on the self-report. Five participants responded in a manner that suggested that the purpose was to assess their own mental state (not a role-play). The remainder of the participants gave a variety of responses, including that they thought the purpose was to evaluate their memory, their reaction to stressful situations, to determine changes in their mannerisms or voice as they altered their character, or provided their opinion of the study.

Item 2: “During the interview with the ‘psychiatrist’, what were you supposed to say or do to try to convince her that you were not guilty? Did you do so?”

The majority of participant responses fell into one of four categories, which were that they were to supposed to appear as if they had DID (17 participants), appear insane (10 participants), that they were to appear not guilty (9 participants), or to appear as if they had acted in self-defense (5 participants). The remainder of participants responded that they were to appear as if they had been accused of murder, as if they were guilty, or did not provide an answer. In response to whether or not they had done so, 33 participants responded that they had done so, or had tried to do so, 3 answered that they had not done what they thought was expected of them, and the remainder did not answer.

Item 3: “When completing the self-report questionnaire, how were you supposed to answer in order to appear not guilty? Did you do so?”

The majority of participant responses fell into one of four categories, which were that they were supposed to appear as if they had DID (13 participants), appear insane (15 participants), that they were to appear not guilty (6 participants), or that they were to respond within a certain percentage range (5 participants). The remainder of participants responded that they were to appear as if they were sane, as if they were guilty, that they were to attempt to keep their responses consistent with what they had said during the interview, or did not provide an answer. In response to whether or not they had done what they thought was expected of them, 26 participants responded that they had or had tried to do so, 5 answered that they had not done what they thought was expected of them, and the remainder did not answer.

Item 4: “How were you supposed to act in order to prove that you were not guilty?”

On this item, participants were presented with a forced choice item. Responses are summarized in Table 5.

Table 5

*Summary of Post Experimental Questionnaire Data*

<b>Item</b>	<b>DID</b>	<b>Self-Defense</b>	<b>Control</b>
<b>A</b>	0	7	1
<b>B</b>	3	1	0
<b>C</b>	2	1	5
<b>D</b>	9	5	3
<b>E</b>	0	0	0
<b>F</b>	1	1	6

- A. I was supposed to act as if I had killed in order to protect myself.
- B. I was supposed to act as if I had been told to kill by someone else.
- C. I was supposed to act as if I had no memory of the events in question.
- D. I was supposed to act as if there were another part of me that was responsible for the murders.
- E. I was supposed to act as if I had been too intoxicated at the time of the murders to be aware of my actions.
- F. I was supposed to act in another way, not listed above.