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PLEASE SCROLL DOWN FOR ARTICLE
CULTURAL SCRIPTS, MEMORIES OF CHILDHOOD ABUSE, AND MULTIPLE IDENTITIES: A Study of Role-Played Enactments

JANE STAFFORD AND STEVEN JAY LYNN

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Abstract: This study compared the reports of satanic, sexual, and physical abuse of persons instructed to role-play either dissociative identity disorder (DID) \( n = 33 \), major depression \( n = 33 \), or a college student who experienced minor adjustment problems (“normal”) \( n = 33 \) across a number of trials that included role-played hypnosis. As hypothesized, more of the participants who were asked to role-play DID reported at least one instance of satanic ritual abuse and sexual abuse compared with those who role-played depression or a college student with minor adjustment problems. DID role-players reported more incidents of sexual abuse and more severe physical and sexual abuse than did the major depression role-players. Further, the DID role-players differed from the normal role-players on all the measures of frequency and severity of physical and sexual abuse. Participants in all groups reported more frequent and severe incidents of physical abuse after role-played hypnosis than they did prior to it.

One of the dominant views of the genesis of dissociative identity disorder (DID) is that it is a posttraumatic condition that results “. . . from overwhelming childhood experiences, usually severe child abuse” (Gleaves, 1996, p. 42). According to the posttraumatic or “disease model,” the dramatic symptoms of DID include alterations or sudden switches in behaviors and affect that are the by-product of the interaction of dissociated elements of the personality that, at times, vie for control and dominance. These dissociated aspects of the personality are alleged to contain repressed memories of traumatic abuse that are often only available for conscious inspection when special techniques such as hypnosis are used. Presumably, only when such memories are uncovered and “resolved” can a complete cure be effected (see van der Hart & Friedman, 1989).

In stark contrast to the disease model, the sociocognitive model (David, King, & Borckardt, 2001; Lilienfeld et al., 1999; Spanos, 1994, 1996; for related views, see Ganaway, 1995; and McHugh, 1997)
conceptualizes DID as a syndrome that consists of goal-directed displays of multiple role enactments that have been shaped, legitimized, and maintained by cultural scripts and societal reinforcement. To be clear, the notion that DID patients enact multiple roles does not imply that DID patients consciously or deliberately fake their behaviors. The notion of role enactment implies that patients become fully absorbed and participate in the idea that they are "multiples" and come to genuinely believe they have multiple indwelling personalities. This occurs as the perceived characteristics of the self (whether singular or multiple) and elements of the role blur or become indistinguishable.

According to the sociocognitive model, detailed descriptions about dissociative symptoms and the causes of DID, as rooted in severe trauma and childhood abuse, are provided in movies such as *Sybil*, popular biographies such as *The Minds of Billy Milligan* (Keyes, 1981), and in TV talk shows featuring DID patients and their therapists or doctors (see Heaton & Wilson, 1998). Other potential sources of information about DID and its connection with a traumatic history are observations of individuals who have enacted multiple identities and leading and suggestive therapeutic procedures including hypnosis.

Cultural scripts provide a template against which patients evaluate the "goodness of fit" of their condition with the diagnosis of DID. A sizable literature (reviewed in Hirt, Lynn, Payne, Krackow, & McCrae, 1999) indicates that many memories and interpretations of past events are expectancy based and reconstructed along scripted lines. Furthermore, memories are most vulnerable to suggestive influences and distortion when suggested events have a high degree of plausibility and are consistent with self-schema. The sociocognitive model implies that patients are likely to be especially vulnerable to fantasy-based distortions of their past history or false memories created by hypnotic procedures when the information fantasized or "uncovered" (e.g., severe abuse history) is consistent with preexisting beliefs about DID and self-representations. Although the sociocognitive model concedes that not all cases of DID are demonstrably iatrogenic in nature, the shaping influence of expectancies and cultural scripts are presumed to be evident in most, if not all, presentations of DID.

The present research is the first to empirically test the sociocognitive hypothesis that a cultural script exists that links DID with memories of traumatic abuse and that this script is particularly likely to be activated when hypnotic techniques are applied. The latter prediction is based on the idea that many individuals in our culture believe that hypnosis is a credible way of recovering forgotten or repressed memories (see Spanos, 1996). The cultural notion is not just that DID patients were victims of child abuse but that these patients may not be very good at remembering these incidents. Because hypnosis has been used in so many highly visible mass-media depictions of DID, it is prudent to test the notion that
there may be a script that DID patients are more likely to report abusive incidents under conditions of hypnosis.

Previous studies have examined expectancies and cultural scripts in the context of the investigation of past-life experiences, alien abduction experiences, and enactments of DID. Spanos, Menary, Gabora, DuBreuil, and Dewhirst (1991) conducted a series of hypnotic regression experiments and found that highly hypnotizable participants often enacted past-life identities when instructed to do so. The memories of past lives, and the credibility of the past-life experiences reported by participants, were strongly influenced by preexisting beliefs about reincarnation as well as expectations regarding the nature of past life experiences transmitted by the experimenter/hypnotist to the participant, including whether abuse was likely to have occurred in a past life. These findings may well be pertinent to therapists who treat DID and specialize in the recovery of memories: such therapists often ask their patients to produce an alter identity but then treat their enactments as evidence for a diagnosis of DID and/or a history of abuse (see Lilienfeld et al., 1999).

Lynn and Pezzo (1994) asked role-playing participants to simulate the performance of an excellent hypnotic subject in a situation in which the hypnotist’s goal was to facilitate (by means of hypnotic age regression) the recall of events on an evening in which the participant witnessed “mysterious lights in the sky” and could not account for 2 hours of “missing time” after the lights were witnessed. The results of this research indicated that elements of alien-contact narratives are widely available to college students: Many similarities were observed across participants’ narratives and between alien encounters described by research participants and those described by purported victims of alien abduction (e.g., medical examinations, teleportation, harvesting of biological materials).

Role-playing studies (Spanos, Weekes, & Bertrand, 1985; Spanos, Weekes, Menary, & Bertrand, 1986) have secured results consistent with the sociocognitive model of DID. These studies examined the proposition that the demand characteristics associated with certain clinical interviewing procedures encourage and legitimize enactments of DID. In the initial study (Spanos et al., 1985), the majority of participants in an explicit demand condition, taken from an actual interview used to diagnose a suspect (who presented with certain DID symptoms) in the Hillside Strangler rape and murder case, displayed major signs of DID, including “multiple personalities” or identities, when provided with cues to do so.

In a second, more elaborate three-session study (Spanos et al., 1986), the essential findings of the first study were replicated and extended insofar as participants who role-played multiple identities performed very differently on psychological tests administered to each role-played identity. Furthermore, the role-players described their childhoods in
negative terms and at least one participant indicated she was "slapped around" by her parents. However, abuse reports were not a focus of this investigation, and role-played reports were not explicitly instructed to enact the symptoms of DID, as was the case in the present study.

The present study was designed to assess not only role-played reports of physical and sexual abuse but also reports of satanic ritual abuse. At the inaugural plenary session of the First International Conference on Multiple Personality/Dissociative States, Cornelia Wilbur (1984) provided the following vivid description of alleged satanic ritual abuse:

Now we know, of course, that a great many people disappear in this country and are never seen again, and one of the ways that this happens is that groups like this destroy them in rituals, dismember them, and then put the dismembered parts in these large burners on the farms.

She linked this to development of multiple personality disorder, adding:

Even the bones burn in these burners, because they're extremely hot so that there is no evidence, except of course the reported evidence of this multiple personality . . . these are not allegations, they're descriptions of behaviors that she was forced to participate in and which were, to her, extremely abusive.

This quotation captures the horrific descriptions of satanic ritual abuse that can arise in the context of psychotherapy (Bottoms, Shaver, & Goodman, 1996). Understanding the genesis of such reports is a priority because law enforcement officials have found no evidence for allegations of ritual abuse (Lanning, 1991), thereby raising the possibility that the narratives reported are culturally scripted, fantasy-generated creations.

It is important to underscore the point that role-playing studies of DID should not be confused with clinical analogue research. After all, just because an individual is able to role-play DID does not mean that DID is, necessarily, role-played or faked in real-life clinical contexts. Nevertheless, role-play studies do have the capability of revealing if a coherent cultural narrative exists and how it might shape a DID presentation.

In the current study, we compared college students who role-played DID with students who role-played a person with major depression and with students who role-played a student with only minor adjustment difficulties. Hence, we were able to examine the extent to which elements of the DID script are perceived as unique to this condition. We hypothesized that participants asked to simulate DID will report more frequent and severe childhood physical, sexual, and satanic ritual abuse compared with participants asked to simulate either major depression or minor adjustment problems during multiple recall trials that involved hypnosis.

If our hypotheses were confirmed, it would support the sociocognitive notion that there is a fairly cohesive cultural script linking DID to a
patient’s history and the use of suggestive procedures such as hypnosis. In the absence of such findings, the sociocognitive explanation would not appear to be tenable. If such a script is indeed demonstrable, then the theory is by no means “proven” but remains viable.

**METHOD**

*Participants.* Ninety-nine undergraduate introductory psychology students (male, \( n = 48 \); female, \( n = 51 \)) volunteered to participate for course credit. Data were collected during the beginning and middle of the semester, and both professors who taught Introduction to Psychology the semester that data were collected verified that they did not cover psychopathology until the last 2 to 3 weeks of the semester.

On the sign-up sheet, participants were informed that they would be asked to role-play an individual who may or may not have a psychiatric disorder and that a $25 prize would be given for the best role enactment. Experimenterers nominated the best role-players they interviewed, and the final decision regarding award of the prize was made after all participants were run by the senior author, who reviewed the tapes of the interviews. Participants were assigned to one of three conditions: DID, major depression, or a minor adjustment difficulties control (\( n = 33 \) /condition).

*Role induction.* At the beginning of the role induction, participants were told that the study was designed to investigate how well college students can role-play the behavior and the reports of individuals who actually have been diagnosed with a psychiatric disorder. They were told that the interviewer would choose from various techniques to aid in the diagnosis of the individual they are role-playing, such as the Rorschach, the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), or hypnosis.

The participants were asked to role-play an individual who has DID, major depression (D), or mild adjustment difficulties (control). Participants in all three conditions were given identical descriptions of the individual to be role-played (i.e., problems adjusting to college life, feeling different from those around you, roommate problems, homesickness, a less than ideal relationship with parents) except for the final sentence. The final sentence of the description emphasized the severity of the individual’s difficulties in the DID and D conditions (e.g., “Your experiences and behaviors are causing you great difficulty”) and normalized the concerns of the individual in the control condition (e.g., “All of your experiences are actually quite common among first-year college students”). Participants were not informed of the nature of the other conditions.

To equate perceptions of symptom severity across the DID and D conditions and differentiate the functioning of the control from the DID and D conditions, participants were told the Global Assessment of Functioning rating (GAF) (American Psychiatric Association [APA], 1994) of
the individual they were to role-play. It was explained that psychologists are often asked to use the GAF to assess their clients' level of functioning and that the GAF is a scale ranging from 1 to 100 that rates psychological, social, and occupational functioning. The participants in the DID and the D conditions were told that the person they were to role-play functioned at a rating of 41, which indicates serious symptoms or serious impairment in social, occupational, or school functioning. In contrast, participants in the control condition were told that the individual they were to role-play had a GAF rating of 81, indicative of absent or minimal symptoms and good functioning in all areas.

Participants in the DID and D conditions received a handout with the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) (APA, 1994) criteria for the disorder they were to role-play. The criteria were taken directly from page 487 of the DSM-IV for the DID condition and from page 327 for the D condition. They were not given any other information about the disorder they were to role-play nor were they given any information about disorders that they were not asked to role-play. Participants were then tested to ensure that they were familiar with the appropriate symptoms. The test consisted of a list of the criteria/symptoms for major depression and for DID, and the participant was to indicate true if the individual they were asked to role-play was experiencing the index symptoms. Participants were required to meet criteria specific to their condition (DID or D) and not to meet criteria for the other psychiatric condition. Participants in the control condition were given the test following the description of the individual they were to role-play; it was required that they not meet criteria for either psychiatric condition. Only one participant failed to pass the test after two reviews of the procedure and was therefore not permitted to participate.

In the final stage of the role induction, participants were given a written description of their role to review and time to ask questions. The written description was identical to the information about their role that was read to them by the research assistant. This procedure served as a review for participants and gave them a final opportunity to ask questions about their role. They were asked if they would like to use a pseudonym for the interview and, finally, were instructed to use whatever they know about psychopathology, hypnosis, and psychology to convince the interviewer that they are suffering from their prescribed disorder and that they are excellent hypnotic subjects.

Interview. Five graduate students (3 female and 2 male) served as interviewers and were blind to participants' conditions. One of the male and one of the female interviewers were blind to the purpose and the hypotheses of the study. The research assistant introduced the participant to the interviewer by their pseudonym, if they had chosen to use one.
There were three phases to the interview. In the first phase or inquiry, no hypnotic induction was administered. This portion of the interview began with general questions that are commonly used during an intake procedure (e.g., “How have you adjusted since you came to the university?” “Are you having any difficulties at this point?”), and two questions (described below) served as manipulation checks. These later questions were “Have you ever felt anxious in social situations, such as when giving a speech in front of a large group?” and “Has your self-esteem ever suffered when you have compared yourself to others?” It was hypothesized that participants in the three conditions would not differ in their responses to the first question and that participants in the D condition would respond positively to the second question more frequently than participants in the DID and the control conditions.

Questions asked during the first phase of the interview then focused on physical, sexual, and satanic ritual abuse. Participants were first asked open-ended questions about abuse, such as “Were you ever sexually abused?” These questions were followed by an assessment of the severity and the number of incidents of the abuse on 5-point scales. For severity, the scale was:

On a scale of 0 to 4 with 0 meaning you were never sexually abused; 1 meaning the sexual abuse you suffered was mild, such as exhibitionism or sexually inappropriate language; 2 meaning the sexual abuse was mild to moderate, such as touching or kissing; 3 meaning the sexual abuse was moderate, such as being coerced or forced to touch the abuser’s genitalia; and 4 meaning the sexual abuse was severe, such as rape; how would you rate the sexual abuse you suffered?

For the number of incidents, the scale was:

On a scale of 0 to 4 with 0 meaning you were never sexually abuse; 1 meaning you were sexually abused once; 2 meaning you were sexually abused two to five times; 3 meaning you were sexually abused 6 to 10 times; and 4 meaning you were sexually abused more than 10 times, how would you rate the frequency with which you were sexually abused?

Similar scales were provided to assess the severity of all three types of abuse, differing only in regard to the examples of mild, moderate, and severe abuse. Identical scales were provided to assess the number of incidents of abuse.

During the second phase of the interview, participants were administered a hypnotic induction. They were told that hypnosis has been used to help people recall experiences that they have forgotten and repressed, that not all people repress things but some people do, and that hypnosis would be used to recover anything that might have been “locked out of your conscious mind.” So that it could not be argued that some participants “slipped into hypnosis,” the induction was very brief and consisted of asking participants to sit comfortably, look at the tip of a pencil...
that was lowered slowly, close their eyes, and at the count of 10 be calm, relaxed, and hypnotized. A partial version of the interview from the first phase was administered, with the addition of a several questions (i.e., questioning if there was another “part” to the participant; if the part would speak to the interviewer, and how many separate parts there were). The partial version of the initial interview consisted of the exact same questions assessing a history of physical, sexual, and satanic ritual abuse. All participants were asked this series of questions regarding abuse whether they had reported abuse in the initial phase of the interview or not. In the third and final phase of the interview, hypnosis was terminated and the partial version of the full interview was readministered (i.e., the questions regarding physical, sexual, and satanic ritual abuse).

Following the interview with the graduate student, participants, while still “in role,” met with the research assistant once again and were asked to fill out a confidential self-report questionnaire that repeated the abuse questions. Unlike other inquiries, responses to this questionnaire were in writing and confidential. After completing the questionnaire, participants were asked to put it in an envelope, seal it, and give it to the research assistant. They were then debriefed and thanked for their participation.

There were two major purposes for asking participants four separate times if they were ever physically, sexually, or satanically abused. First, to measure the effect of role-played hypnosis on the participants’ reports of abuse, it was necessary to ask before, during, and after hypnosis role-play whether abuse occurred. This design feature also permitted an examination of how perceptions of DID and depression interacted with a variety of procedures for eliciting self-reports of a history of abuse. Second, repeated questioning under a variety of procedural conditions occurs in therapies geared to memory recovery.

Participants were considered to have reported abuse if they reported it on at least one of the four inquiries (prehypnosis, hypnosis, posthypnosis, or confidential self-report questionnaire). Furthermore, participants were considered to have reported satanic abuse if they described any of the acts (e.g., being used as a baby breeder, witnessing or being forced to take part in human sacrifice or cannibalism) listed on the Likert scale for satanic abuse or if they described being abused in any way by a satanic cult when asked the open-ended question “Were you ever abused or harmed by members of a satanic cult?”

RESULTS

Manipulation Checks

Three manipulation checks were made to examine how accurately participants played their roles. As expected, the three conditions did not
differ in their responses (i.e., yes or no) to the question of whether they felt anxious in social situations, with 88% of the participants in both the DID and the control conditions reporting that they had been anxious, and 97% of the participants in the D condition reporting they had been anxious. However, a significant chi square was found for the second question, $\chi^2(2, N = 99) = 11.22, p = .004$. Significantly more participants in the D condition (100%) reported that their self-esteem has suffered compared with participants in both the DID condition (70%), $\chi^2(1, n = 66) = 11.79, p < .001$, and participants in the control condition (78%), $\chi^2(1, n = 66) = 7.83, p = .005$. The DID and the control conditions did not differ significantly.

The second manipulation check was made during the hypnotic phase of the interview. With reference to the frequency of participants who reported that they had another part during the hypnotic in seven cases, a significant difference was found between the three conditions, $\chi^2(2, N = 99) = 57.29, p < .001$. Separate chi square tests revealed significant differences between the DID condition (94%) and the D condition (21%), $\chi^2(1, n = 66) = 35.73, p < .001$, and between the DID condition and the control condition (9%), $\chi^2(1, n = 66) = 47.56, p < .001$. A significant difference was not found between the D and the control conditions.

Finally, participants in the DID condition reported significantly more "other parts" ($M = 2.12, SD = 0.89$) than did participants in the control condition ($M = 0.21, SD = 0.83$), $t(64) = 8.85, p < .001$, and participants in the D condition ($M = 0.46, SD = 0.91$), $t(64) = 7.53, p < .001$. The number of other parts reported by participants in the D condition and the control condition did not differ significantly.

Reports of physical, sexual, and satanic ritual abuse. For the following analyses, participants were dichotomized into those who had versus those who had not reported at least one instance of a particular kind of abuse in at least one of the four phases of the study. With respect to satanic ritual abuse (SRA), a significant difference was found between the DID and the control conditions, $\chi^2(1, n = 66) = 11.59, p < .001$; 36.4% of the DID participants and 3% of control participants reported SRA. A significant difference was also found between the DID and D conditions, $\chi^2(1, n = 66) = 5.28, p = .02$; 12.1% of the D participants reported SRA. No significant difference was found between the D and the control conditions.

With respect to sexual abuse, a significant difference was found between the DID and the control conditions, $\chi^2(1, n = 66) = 24.44, p < .001$; 75.8% of the DID participants versus 15.2% of control participants reported sexual abuse. A significant difference was also found between the DID and the D conditions, $\chi^2(1, n = 66) = 11.98, p < .001$; 33.3% of the D participants reported sexual abuse. No significant difference was found between the D and the control conditions.
With respect to physical abuse, a significant difference was found between the DID and the control conditions, $\chi^2(1, n = 66) = 14.67, p < .001$; 100% of the DID participants versus 63.6% of the control participants reported physical abuse. A significant difference was also found between the D and the control conditions, $\chi^2(1, n = 66) = 6.99, p = .008$; 90.9% of D participants reported physical abuse. A significant difference was not found between the DID and the D conditions.

**Multivariate analyses.** A repeated measures multivariate analyses of variance (MANOVA) was performed to examine the effects of the individual interviewers, the gender of the interviewer, whether the interviewer was blind to the hypotheses of the study or not, and the gender of the subject on the dependent measures of the number of incidents and the severity of abuse. Because none of these variables or their interactions had a significant effect on the dependent measures, the following analyses were collapsed. Number of incidents refers to the Likert-scale rating the participants made regarding how many times they were abused.

**Main effect of condition.** Table 1 shows the means for the number of incidents and the severity of abuse. A 3 x 4 (3 Conditions: DID, D, and Control x 4 Inquiries: Prehypnosis, Hypnosis, Posthypnosis, and Confidential Questionnaire) repeated measures split-plot MANOVA was performed on relevant measures.

For the incidents of reported abuse, a significant multivariate effect was found for condition, $F(6, 186) = 4.72, p < .001$, with significant univariate effects secured for both physical, $F(2, 96) = 7.829, p = .001$, and sexual abuse, $F(2, 96) = 10.292, p < .001$. Post hoc analyses (Newman-Keuls) revealed that participants in the DID and the D conditions reported more incidents of physical abuse than did participants in the control condition. However, no significant difference was found for the number of incidents between the participants in the DID and the D conditions. Participants in the DID condition reported a greater number of incidents of sexual abuse than did participants in both the D and control conditions. Participants in the D and the control conditions did not differ in regard to the number of incidents of sexual abuse.

For the severity measure, a significant multivariate effect was found for condition, $F(6, 186) = 6.08, p < .001$, with significant univariate effects found for physical, $F(2, 96) = 9.60, p < .001$, sexual, $F(2, 96) = 9.60, p < .001$, and SRA, $F(2, 96) = 3.41, p = .037$. Post hoc tests revealed that DID participants reported more severe physical and sexual abuse than did D and control participants. Participants in the D condition reported more severe physical abuse than did participants in the control condition. However, the D and control conditions did not differ in terms of severity of sexual abuse. No differences were found between the three conditions for the severity of SRA.
Table 1
Means and Standard Deviations for the Number of Incidents and Severity of Abuse by Condition

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Physical</th>
<th>Sexual</th>
<th>Satanic Ritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissociative Identity Disorder</td>
<td>Mean</td>
<td>2.72a</td>
<td>1.53a,b</td>
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<td></td>
<td>Standard Deviation</td>
<td>1.18</td>
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<td>Depression</td>
<td>Mean</td>
<td>2.29b</td>
<td>0.85a</td>
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<td></td>
<td>Standard Deviation</td>
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<td>1.06</td>
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<tr>
<td>Control</td>
<td>Mean</td>
<td>1.51a,b</td>
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<td></td>
<td>Standard Deviation</td>
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<td>0.65</td>
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Severity of Abuse

<table>
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</thead>
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<td></td>
<td>Standard Deviation</td>
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<td>1.30</td>
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<td>Depression</td>
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<td>0.91</td>
</tr>
<tr>
<td>Control</td>
<td>Mean</td>
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<td>0.35b</td>
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<tr>
<td></td>
<td>Standard Deviation</td>
<td>1.04</td>
<td>0.62</td>
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</tbody>
</table>

Note. Means in the same column that share a superscript differ at $p < .05$ using the Newman-Keuls significant difference comparison.

Main effect of inquiry (trial). Table 2 shows the means for each inquiry (prehypnosis, hypnosis, posthypnosis, and confidential questionnaire) for each dependent measure (incidents and severity of physical, sexual, and satanic abuse).

For the number of incidents of abuse, a significant multivariate effect was found for inquiry, $F(9, 854) = 7.25$, $p < .001$, with significant univariate effects found for physical, $F(3, 288) = 12.34$, $p < .001$, and sexual abuse, $F(3, 288) = 13.22$, $p < .001$. Post hoc tests revealed that participants reported more incidents of physical abuse at Inquiry 2 (hypnosis) than at Inquiries 1 (prehypnosis), 3 (posthypnosis), and 4 (questionnaire). Further, more incidents of physical abuse were reported at Inquiry 4 (questionnaire) than at Inquiry 1 (prehypnosis). Post hoc tests also revealed that participants reported more incidents of sexual abuse at Inquiry 2 (hypnosis) than at Inquiries 1 (prehypnosis), 3 (posthypnosis), and 4 (questionnaire) and significantly more frequent sexual abuse at Inquiry 4 (questionnaire) than at Inquiries 1 (prehypnosis) and 3 (posthypnosis).
Table 2
Means and Standard Deviations for the Number of Incidents and Severity of Abuse by Inquiry

<table>
<thead>
<tr>
<th>Inquiry of Report</th>
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<tr>
<td></td>
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<td>Inquiry 2</td>
<td>Inquiry 3</td>
<td>Inquiry 4</td>
<td></td>
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<tr>
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<tr>
<td>Mean</td>
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<tr>
<td>Standard Deviation</td>
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<tr>
<td>Sexual</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mean</td>
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<td>1.47</td>
<td>1.25</td>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>1.39</td>
<td>1.95</td>
<td>1.43</td>
<td>1.56</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.18</td>
<td>1.27</td>
<td>1.18</td>
<td>1.21</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.76</td>
<td>1.26</td>
<td>0.71</td>
<td>0.79</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.15</td>
<td>1.45</td>
<td>1.18</td>
<td>1.17</td>
</tr>
<tr>
<td>Satanic Ritual</td>
<td>0.21</td>
<td>0.21</td>
<td>0.12</td>
<td>0.16</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.69</td>
<td>0.71</td>
<td>0.46</td>
<td>0.64</td>
</tr>
</tbody>
</table>

Note. Means in the same row that share a superscript differ at p < .05 using the Newman-Keuls significant difference comparison.

For the severity of abuse, a significant multivariate effect was found for inquiry, $F(9, 854) = 9.02, p < .001$, with significant univariate effects found for physical, $F(3, 288) = 17.75, p < .001$, and sexual abuse, $F(3, 288) = 13.98, p < .001$. Post hoc tests revealed that participants reported more severe physical abuse at Inquiry 2 (hypnosis) than at Inquiries 1 (prehypnosis), 3 (posthypnosis), and 4 (questionnaire). Post hoc tests also revealed more severe sexual abuse at Inquiry 2 (hypnosis) than at Inquiries 1 (prehypnosis), 3 (posthypnosis), and 4 (questionnaire).

Condition by inquiry interaction. Table 3 shows the means for each condition and each inquiry. A significant multivariate interaction for condition by inquiry was found for the number of incidents of abuse, $F(18, 854) = 1.62, p = .049$, and the severity of abuse, $F(18, 854) = 1.97, p = .009$. Significant univariate effects were found for the number of incidents of sexual abuse, $F(6, 288) = 3.35, p = .003$, and the severity of sexual abuse, $F(6, 288) = 3.48, p = .002$. Both within-inquiry across condition and within-condition across inquiry comparisons were performed.
Table 3
*Means and Standard Deviations for the Number of Incidents and Severity of Sexual Abuse by Condition and Inquiry*

<table>
<thead>
<tr>
<th>Inquiry of Report</th>
<th>Number of Incidents</th>
<th>Severity of Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inquiry 1</td>
<td>Inquiry 2</td>
</tr>
<tr>
<td>Dissociative Identity Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>$1.09^{a,1}$</td>
<td>$2.21^{a, b, 1, 2}$</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.49</td>
<td>1.56</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>0.64</td>
<td>1.15$^1$</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.08</td>
<td>1.25</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>0.30$^1$</td>
<td>0.42$^2$</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.68</td>
<td>0.97</td>
</tr>
</tbody>
</table>

**Note.** Means in the same row that share a letter superscript and means in the same column that share a number superscript differ at $p < .05$.

Within-condition post hoc tests indicated that for the DID condition, the number of incidents of sexual abuse were greater at Inquiry 2 (hypnosis), than at Inquiries 1 (prehypnosis) and 3 (posthypnosis), and the reported severity of sexual abuse was greater at Inquiry 2 (hypnosis) than at Inquiries 3 (posthypnosis) and 4 (questionnaire). No difference was found between inquiries for the number of incidents and the severity of sexual abuse for the D or control conditions.

Within-inquiry post hoc tests indicated that during Inquiry 1 (prehypnosis), participants in the DID condition reported more incidents and more severe sexual abuse than participants in the control condition but did not differ from those in the D condition. Participants in the D and control conditions also did not differ from each other. During Inquiry 2 (hypnosis), the participants in the DID condition reported more incidents and more severe sexual abuse than participants in the
control and D conditions. The D and control conditions did not differ from each other. During Inquiry 3 (posthypnosis), participants in the DID condition again reported more incidents and more severe sexual abuse than those in the control condition but did not differ from the D condition. Participants in the D and control conditions did not differ from each other. During Inquiry 4 (confidential questionnaire), participants in the DID condition reported more incidents and more severe sexual abuse than those in the control condition but did not differ from the D condition. The D and control conditions also did not differ from each other.

**DISCUSSION**

The present study provided confirmation of the sociocognitive hypothesis that a readily accessible cultural script exists that links DID to a history of childhood abuse. Although no mention of a history of abuse was made in the role induction procedures, more than a third of the DID role-players reported a history of SRA, more than three quarters of the DID role-players reported an instance of sexual abuse, and 100% reported a history of physical abuse. Reports of SRA were often graphic and included activities ranging from coerced participation in sexual rituals and being forced to eat unidentifiable substances to witnessing people being burned.

By contrast, only one participant (3%) who role-played a college student with minor adjustment difficulties reported SRA, which was limited to witnessing an animal sacrifice. Further, reports of sexual abuse were limited to 16% of those role-playing a college student with minor adjustment difficulties. Although a considerably higher incidence of physical abuse (63%) was reported by control participants, this abuse was, for the most part, rated as very mild to moderate and did not involve physical injuries.

Consistent with sociocognitive theories (see Lilienfeld et al., 1999; Spanos, 1996), our findings imply that the script for DID can be clearly differentiated from the script for mild adjustment difficulties. Across measures of physical and sexual abuse, differences were observed between the number of individuals who reported memories of abuse in the DID and control groups. Further, DID role-players were more likely to mention at least one instance of SRA than those role-playing depression or minor adjustment difficulties. The DID and control participants also differed in terms of the number of incidents and the severity of physical and sexual abuse that they reported.

Importantly, our research indicates that DID can be differentiated from another form of serious psychopathology, major depression. The number of persons who reported SRA was nearly three times as great for the participants in the DID group (36%) as the D group (13%). Similarly, whereas more than three fourths of the persons who role-played DID
reported sexual abuse, only a third of the persons who role-played depression reported sexual abuse. Differences between DID and D role-players also surfaced in terms of the number of incidents and the severity of sexual and physical abuse.

It is likely that the number of incidents and severity of SRA did not differ across conditions because of a floor effect attributable to the low numbers of subjects who reported SRA across the conditions. Most college students are quite familiar with the topics of physical and sexual abuse and are likely to know someone who has been physically or sexually abused. SRA appears to be another matter and may simply not be an important component of a broadly held cultural script for DID. Indeed, surveys of therapists conducted by Qin, Goodman, Bottoms, and Shaver (1998) reveal that SRA reports are associated with a relatively small group of therapists who may "... accept, and even help to create, 'false memories' of satanic ritual abuse" (p. 279).

Our research also examined the extent to which reports of abuse would be associated with major depression, in contrast with mild adjustment difficulties. We found that a higher frequency of depressed role-players reported sexual abuse, as well as a greater number of incidents and more severe physical abuse in comparison with control participants. Combined, these results are consistent with the notion that individuals invoke a representativeness heuristic to account for present dysfunctional behavior in light of past injuries and traumas (Dawes, 1994; Mulhern, 1992).

Of course, it is possible that the relatively severe abuse histories reported by role-players in the DID condition were associated with perceptions of symptom severity. Steps were taken to foster perceptions that DID and major depression were viewed as equal in terms of functional impairment. However, it would be worthwhile for future researchers to contrast disorders such as borderline personality disorder and bipolar disorder with DID in order to ascertain with greater precision which elements of the DID narrative are specific to this condition versus which are associated with serious psychopathology in general.

An interesting finding of the present research was that role-players who enacted DID differed from both the major depression and the normal role-players in terms of the number of incidents and the severity of sexual abuse during role-played hypnosis, but DID role-players differed only from the normal role-players on the other recall inquiries. Role-played hypnosis was reliably associated with a great number of incidents and more severe reports of physical abuse, however, hypnosis-related increases in the incidents and severity of sexual abuse were limited to the DID condition. Combined, our findings imply that role-players believe that sexual abuse experiences are "hidden" or repressed in persons with DID yet are more readily available when special techniques are used to discover hidden memories. Future research could
include a control condition that does not involve role-played hypnosis; however, the fact that group differences were limited to the role-played hypnosis condition, were not apparent in subsequent inquiries, and were consistent with predictions suggests that it is unlikely that the results secured were simply a function of the order of trials.

In sum, our design provided a sufficiency test for the sociocognitive model. That is, we demonstrated that the culture provides sufficient cues for undergraduate students to link a diagnosis of DID with a history of abuse and that such abuse is not so strongly linked to a diagnosis of depression or minor adjustment disorder. But we can in no way infer from our data that reports of early abuse among DID patients are feigned (consciously or unconsciously). Although this may sometimes be the case, our study simply does not speak directly to this issue. Nor can we rule out the possibility that a diagnosis of DID is in fact associated with a history of early trauma independent of the cultural script. However, our study does indicate: (a) there is a cultural belief that early trauma is associated with DID, and (more speculatively) this cultural understanding may influence how troubled individuals construe their plight and present it clinically; and (b) there may be a cultural belief or expectation that expression of early trauma will be facilitated by hypnosis, at least for people who have DID. Both of these findings are consistent with a sociocognitive model of mental disorders, and both can inform how we think about and how we work with these patients.

REFERENCES

Kulturelle Erwartungsmuster, Erinnerungen von Missbrauch in der Kindheit und multiple Identitäten: eine Untersuchung von Rollenspielen

Jane Stafford und Steven Jay Lynn

Zusammenfassung: Diese Untersuchung vergleicht die Berichte von satanischem, sexuellem und körperlichem Missbrauch von Personen, die angewiesen wurden, in Rollenspielen Folgendes darzustellen: entweder eine dissoziative Identitätsstörung (DID, n = 33) oder eine Depression (n = 33) oder die Rolle eines Studenten mit leichten Anpassungsproblemen („normal“, n = 33). Es wurden mehrere Versuchsreihen, einschließlich Rollenspiel von Hypnose, durchgeführt. In Übereinstimmung mit der aufgestellten Hypothese berichtete eine größere Anzahl der Teilnehmer aus der Gruppe, die DID als Rollenspiel ausführte, wenigstens ein Vorkommnis von satanischem rituellem Missbrauch und sexuellem Missbrauch, im Vergleich zu den Gruppen, die Depression oder Studenten mit leichten Anpassungsproblemen als Rolle spielten. DID-Rollenspieler berichteten mehr Vorkommnisse von sexuellem Missbrauch und schwerwiegenderen körperlichen und sexuellen Missbrauch als die Teilnehmer der Gruppe, die Depression als Rolle spielten. Außerdem unterschieden sich die DID-

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Scénari culturels, souvenir d’abus dans l’enfance et identités multiples

Jane Stafford et Steven Jay Lynn

Résumé: Cette étude compare les rapports d’abus sataniques, sexuels et physiques chez des personnes ayant appris par jeu de rôle: Un syndrome dissociatif identitaire (DID, n = 33), une dépression majeure (n = 33) ou une situation de lycéen vivant des problèmes mineurs d’adaptation (“normaux,” n = 33); au travers d’un nombre d’essais qui incluaient une jeu de rôle hypnotique. Comme prévu, la plupart des participants à qui l’on demandait de jouer le DID déclarent au moins un abus rituel satanique et un abus sexuel en comparaison à ceux qui jouent le rôle de dépression ou de trouble mineur de lycéen. Ceux qui ont joué le DID ont rapporté plus d’abus sexuels et de graves abus physiques et sexuel que ceux de la dépression. Plus tard, les joueurs de DID se sont différenciés des joueurs “normaux” par le taux de fréquence de gravité des abus physiques et sexuels. Les participants de tous les groupes ont rapporté davantage d’incidents graves et sévères d’abus physiques après jeu de rôle hypnotique qu’ils ne l’avaient signalé auparavant.

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Los guiones culturales, las memorias de abuso infantil y las identidades múltiples: Un estudio de juego de rol

Jane Stafford y Steven Jay Lynn

Resumen: Este estudio comparó los informes de abuso satánico, sexual, y físico de personas a quienes se pidió que jugaran el rol del trastorno dissociativo de identidad (TDI, n = 33), depresión mayor (n = 33), o un estudiante universitario con problemas menores de adaptación (“normales,” n = 33), en varios pruebas que incluyeron el juego de rol bajo hipnosis. Como hipotetizamos, una mayor frecuencia de los participantes a quienes se pidió que interpretaran el papel de TDI mencionaron cuando menos un ejemplo de abuso ritual satánico y abuso sexual, en comparación con quienes jugaron el papel de depresión o de un estudiante universitario con problemas menores de adaptación. Quienes interpretaron el papel de TDI reportaron más incidentes de abuso sexual, y abuso sexual y físico más severo que quienes interpretaron la depresión mayor. Además, quienes interpretaron el TDI difirieron de quienes interpretaron a los “normales” en todas las medidas de
frecuencia y severidad de abuso sexual y físico. Los participantes en todos los grupos mencionaron incidentes más frecuentes y severos de abuso físico después de la interpretación hipnótica que antes de ella.

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