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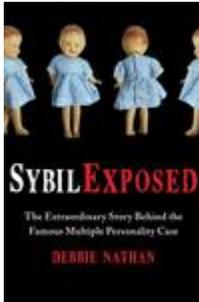
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## A Psychological Urban Legend With Disastrous Consequences

A review of



### **Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case**

by Debbie Nathan

New York, NY: Free Press, 2011. 297 pp. ISBN 978-1-4391-6827-1. \$26.00



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In a useful analysis, Hacking (1986) distinguished *indifferent* from *interactive* categories. Members of indifferent categories do not change as a function of how they are classified; so far as we know, Pluto has not altered its appearance or orbit as a consequence of being demoted in 2008 from its planetary status. In contrast, members of interactive categories can change as a function of how they are classified; as a result, such categories can create “looping effects,” in which one person’s conceptions shape another’s behavior, which in turn feeds back to shape the first person’s conceptions, and so on.

Dissociative identity disorder (DID), formerly called multiple personality disorder, is a prime candidate for an interactive category in the realm of psychopathology. Once this diagnosis was planted into popular consciousness in the 1970s and 1980s, it took on a life of

its own, modifying the ways in which many troubled people conceptualized and manifested their distress.

Suddenly, individuals who were bewildered by seemingly inexplicable mood changes, self-destructive actions, erratic relationships, and an unstable sense of identity found themselves with a compelling narrative for understanding their subjective experiences. They ostensibly harbored multiple selves, each with its own memories, personality traits, and attitudes. Moreover, clinicians who were at a loss to comprehend their clients' wildly inconsistent behaviors now possessed a parsimonious explanation for them. These clients behaved differently across situations because their minds housed indwelling entities, or *alters*. To effect a cure, these alters had to be identified, brought out from the shadows, and integrated.

## **Sybil and the DID Epidemic**

What triggered this profound change in the popular and professional conception of DID? More than anything else, it was the publication of *Sybil* in 1973, the blockbuster book by journalist Flora Schreiber, which sold over 6 million copies. *Sybil* recounted the horrifying story of a troubled Minnesota woman (whose actual name was Shirley Mason) who was brutally abused by her mother in childhood and went on to develop 16 alter personalities. Three years later, Schreiber's book was adapted into a made-for-television film, starring Sally Field as Sybil, which was viewed by an estimated one fifth of the U.S. public. Further, another made-for-television film based on the book was released in the United States in 2007 starring Tammy Blanchard and Jessica Lange.

Prior to the publication of *Sybil*, DID was presumed to be an exceedingly rare condition, even a psychiatric curiosity. As of 1970, there were fewer than 80 documented cases of DID in the world literature. Indeed, as a graduate student in clinical psychology at the University of Minnesota in the early 1980s, I (Scott O. Lilienfeld) interviewed a woman with DID who was then a psychiatric inpatient. At the time, she was something of a local celebrity and attracted considerable attention from Twin Cities researchers and practitioners alike.

Yet not long after Sybil's story appeared in print and on the small screen, the number of DID cases skyrocketed. By 1986, there were approximately 6,000 reported cases of DID; by 1998, this number had mushroomed to 40,000. Today, some DID experts place the prevalence of DID at several million individuals in the United States alone; psychiatrist Colin Ross (1991) contends that DID is at least as common as schizophrenia.

Sybil's influence did not end there. As Spanos (1994) observed, prior to the publication of *Sybil*, few if any individuals with DID reported a history of child abuse. Following *Sybil*, severe abuse became a virtually ubiquitous fixture of DID's clinical

portrait, so much so that some experts regarded it as a sine qua non for the condition's emergence. Furthermore, before *Sybil*, most individuals with DID reported only one alter (the so-called split personality); following *Sybil*, most reported multiple alters (Lilienfeld et al., 1999). In one survey, the mean number of alters among DID patients was 16 (Ross, Norton, & Wozney, 1989), perhaps not coincidentally the number reported by Sybil.

From its inception, the DID epidemic (Boor, 1982) was dogged by a vexing question. Are the alters in DID discovered, as DID advocates insist, or are they created?

## **Sybil Revisited, Sybil Exposed**

This is the question posed in journalist Debbie Nathan's exceptionally important book, *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case*, which at long last places the widely accepted story of Sybil under the microscope. What Nathan discovers is disconcerting and at times startling. Drawing on detailed case notes now housed at John Jay College of Criminal Justice in New York City, as well as on audiotapes of Shirley Mason's therapy sessions, Nathan finds that the Sybil story is scant more than an elaborate fabrication, an intricate web of lies spun by an ambitious psychiatrist and eager journalist.

In the phrase popularized by Brunvand (1981), this story is an urban legend: a false tale that is widely repeated. As Heath, Bell, and Sternberg (2001) noted, urban legends are especially contagious when they are characterized by potent emotions, particularly those associated with the "three Cs" of crisis, conflict, and catastrophe. In this respect, the Sybil story contained the ideal recipe for a readily disseminated urban legend: It was a sordid tale of high drama, intrigue, sorrow, outrage, and ultimately, self-discovery and redemption.

Nathan's meticulous investigative pursuits reveal that virtually no details of the Sybil story withstand close scrutiny. Nathan finds no evidence that Mason possessed alters or even symptoms of DID prior to therapy with psychiatrist Cornelia Wilbur, that Mason was abused or even mistreated in childhood, or that Mason's mother was especially disturbed (at worst, people who knew her later described her as nervous and a bit odd). Damningly, Nathan discovers that Mason's psychiatrist, Cornelia Wilbur, was aware of these inconvenient facts but took pains to hide them.

Following an introduction that sets the stage for what is to come, Nathan's book begins with three chapters that describe in rich detail the early lives of the three protagonists of this story: Shirley Mason, a nervous child saddled with a plethora of puzzling psychological and physical symptoms; Flora Schreiber, a bright and media-savvy journalist hoping to make a name for herself; and Cornelia Wilbur, a psychiatrist who had long struggled to overcome her father's perception that she was not bright enough to become a physician.

Many readers may find the chapters to follow, written in gripping language, difficult to put down. Part journalistic exposé and part horror story, the bulk of the book tells the tragic story of Sybil's troubled therapeutic and extratherapeutic relationship with Wilbur, which frequently violated professional boundaries. Over the course of many years, Wilbur bombarded Mason with leading questions and prompts, augmented by heavy doses of sodium pentothal, sometimes referred to as "truth serum," a misnomer if there ever was one. As research that was already emerging when Mason and Wilbur began their fateful relationship has shown, sodium pentothal and similar barbiturates do not reveal the "truth"; they merely lower the threshold for reporting all recollections, both true and false. As a consequence, they dramatically boost the risk of false memories.

It was only after receiving this combustible cocktail of suggestive memory procedures that Mason began to display alters and to "recall" repeated sadistic abuse at the hands of her mother. Over time, Mason became increasingly dependent on Wilbur, desperate to please her and to supply her with the clinical symptoms she needed to hawk a spectacular case study of DID to the academic psychiatry community.

In one jarring interlude in the story, Wilbur leaves town for a professional convention and turns Mason's therapy over to psychiatrist Herbert Spiegel. At one point, Mason asks Spiegel, "Well, do you want me to be Helen?", referring to one of her alters. Perplexed by the question, Spiegel asks for clarification, only to be informed by Mason that "Well, when I'm with Dr. Wilbur she wants me to be Helen" (p. 131). Little more needs to be said.

Not surprisingly, there were periodic cracks in the edifice of Wilbur's elaborate hoax. At one climactic juncture, Mason wrote Wilbur a confession letter: "I do not have any multiple personalities. . . . I have been essentially lying" (p. 106). Predictably, Wilbur interpreted Mason's courageous admission as a sign of resistance and stubbornly pressed on. Mason soon recanted her recantation.

Admittedly, much of Nathan's book will not be news to psychologists who have been following the unraveling of the Sybil story over the past decade, but it will be news to much of the general public. In the book's closing pages, Nathan provides readers with one surprising revelation known to Wilbur: Mason apparently suffered from pernicious anemia, a condition often linked to many of the very somatic and psychological symptoms she experienced as a child (see also Morrison, 1997; Strickland & Kendall, 1983). Whether Mason's anemia caused these symptoms remains unclear. Yet it is telling that Wilbur barely said a word about this salient fact.

Nathan's book leaves unanswered the question of the extent to which Wilbur's distortions were the product of deliberate trickery as opposed to confirmation bias: the tendency to seek out evidence consistent with what one wants to see and to deny, dismiss, or distort evidence that is not (Nickerson, 1998). In the long run, it may not matter. Deception and self-deception often lead to similar outcomes, although self-deception may be even more pernicious because it engenders even greater conviction in believers.

In the end, one is left to pity the lone genuine victim of this story: Shirley Mason. She was guilty of nothing save for naiveté and of placing undue trust in a vaunted mental health professional whom she perceived as her savior.

## Sybil's Legacy

If Nathan's superb book has a shortcoming, it is the somewhat short shrift it accords to the pertinence of the Sybil case to contemporary scientific controversies surrounding DID. The implications of Sybil for present-day conceptualizations of DID are relegated largely to the book's brief epilogue, where it comes off as something of an afterthought. Nathan reports that when she presented her findings to prominent DID advocate Kathy Steele, she replied, "So what?" (p. 235).

It may be all too easy to dismiss Nathan's investigative discoveries as bearing only on one ineptly and unethically handled case of DID treatment. This would be a serious error, as Nathan herself wisely observes. Although the psychiatric treatment of Shirley Mason was especially egregious, it may differ only in degree from some contemporary therapeutic practices for individuals with DID that involve suggestive techniques for recovering childhood abuse memories and excavating purported latent alters.

But this is a quibble. Nathan's book is a must read for clinical psychologists and psychiatrists, as well as for students in all mental health professions. Laypersons interested in DID will benefit greatly from absorbing its painful lessons, as will attorneys, journalists, and educators who wish to learn more about the hazards of scientifically unsupported therapeutic practices. *Sybil Exposed* is a devastating cautionary tale of psychotherapy gone terribly wrong and of what can happen when healers place fame and fortune above patient care. It is also a needed reminder that certain urban legends can have baleful consequences, shaping our conceptions of ourselves and others for the worse.

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