

Topics in Abn. & Clin. Psych. 830:452 Dr. R. Karlin, rakarlin@rci.rutgers.edu
Fall, 2011 Off. Hrs. 12-1:20 Th Til 517 & BA
Senior seminar with many minor and one major writing project requirement
Senior Psychology majors only

Students should have taken Quantitative Methods, Abnormal Psych, Social Psych and a research methods course. Preferably they will also have taken at least one course in perception, cognition or neuroanatomy. Knowledge at an introductory level of these areas will be assumed.

Required books: preliminary list:

1. Wampold, B. 2001. *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ: Erlbaum. (softcover) ISBN 0-8058-3202-5
2. Spanos, N. 2001 *Multiple identities & false memories: A sociocognitive perspective*. Washington, DC: American Psychological Association. (softcover, not the 1996 hardcover) ISBN 978 1-55798-893-5

Course outline

This year's advanced seminar will focus on three topics . Our first question is "what is psychotherapy about, for whom does it work and how does it work?" We will examine this question from the views of several schools of psychotherapy, including the oft omitted psychopharmacology, and look for common and specific mechanisms underlying their claims of success with specific disorders. To facilitate this, we will use Wampold's (2001) book, *The great psychotherapy debate*.

Second, we will look at hypnosis and related phenomena. We will start by asking "What is it?" Then we will try to understand the transformation of a formerly very rare disorder, multiple personality disorder (more recently renamed Dissociative Identity Disorder or DID) to a much more common one. Unlike older versions of MPD, DID is seen now by many authorities as (almost always) a result of childhood sexual abuse. Further, it seems to be a much more severe problem than it formerly was. What can we attribute this to?

How do we understand this disorder, which is tied inextricably with hypnosis. The most interesting text is Nick Spanos' book, *Multiple identities and false memories*. Spanos looks at MPD/DID as a socially created construction, adopted by patients in need of drama and encouraged by "credulous" psychotherapists who see sexual trauma and devastating resulting problems at every turn. In a series of linked experiments and selective review of the literature, he builds a very good case for this point of view.

This course is far more about depth and critical thinking than it is about covering the most topics possible. So, as we discuss each issue, we may get stuck on a topic. If so, I shall indicate other readings on that topic and we will take time off the DID discussion. However, if all goes about as planned, there will be lots of reading and writing.

Term Paper

My goal in this seminar is to have students think critically and write thoughtfully about a topic. This year, we will be focusing on two arguments within the field, 1) the relative importance of specific vs. common factors in psychotherapy and 2) hypnosis and the trauma vs. social construction view of dissociative identity disorder (DID). I am assigning a couple of books (and a number of papers) to provide a view against which to argue. First, I am assigning Wampold's *The Great Psychotherapy Debate*, which argues for the importance of common, as opposed to specific factors in psychotherapy. Later in the course, you will read Nick Spanos' *Multiple Identities & False Memories* which argues the social constructionist view of DID. Both volumes are at one end of the continuum and, while in the mainstream, are a bit polemical. (They are also both available in softcover, an important factor.) Your term paper assignment is to write a paper that argues against the views held by either the Spanos or Wampold. (One of them, not both.) That is, you are to write a 15-30 page paper (using APA style) that argues against Wampold's common factors view and for specific factors in psychotherapy or against Spanos' social constructionist view of DID and for the view that DID is a response to trauma, often severe sexual trauma, during childhood.

I will provide a relevant bibliography for students to use as the place to start looking for references to support "anti-Wampold" and anti-Spanos points of view. Note that the reference list will not be comprehensive. Rather, it should serve as a starting place for your (contrarian) point of view.

Part 1. What is individual psychotherapy and how/why does it work?

There are a number of levels of psychotherapy. Historically, modern psychotherapy beginning in the 1890s involved a doctor and one patient at a time. Today, there are families, couples, groups and individuals in therapy. This course will be arbitrarily limited to considering individual psychotherapy and will use the word "psychotherapy" in this limited sense. Here is one (pretty good) definition of psychotherapy from Meltzoff and Konreich's 1970 book *Research in Psychotherapy*, as quoted in Messer and Gurman's third edition of *Essential Psychotherapies* (2011, p.7).

Psychotherapy is ./.. the informed and planful application of techniques derived from established psychological principles, by persons qualified through training and experience to understand these principles and to apply techniques with the intention of assisting individuals to modify such personal characteristics as feelings, values, attitudes and behaviors which are judged by the therapist to be maladaptive or maladjusted. (p.4)¹

¹ Messer and Gurman (p. 7) note that they would add the therapeutic relationship to techniques and add the judgment of the patient to that of the therapist in determining what is maladaptive or maladjusted.

This definition (kind of) works for a therapeutic dyad meeting 1 - 5 hours/week over 1 day to 10+ years. But how helpful is it in terms of what actually goes on in treatment? In my view, not very. For example, how much planning one is to do is undefined. Some therapists practically script the entire session ahead of time. This ensures that the session will not get off track and devolve into a "kvetch" session. The danger here is by focusing narrowly, the therapist may miss important information. For example, dealing with simple phobias (such as a bridge phobia) is usually quite simple using exposure techniques. On the other hand, there is nothing dumber than using graduated exposure to bridges, when the patient hates and fears her job on the other side of the bridge.

Others see such planning about what will occur during each therapy session as destructive of really *being with* the patient. These people sometimes talk about therapy as a safe emergency in which people encounter each other.. In this view, planning a conversation with a patient is stultifying and avoids the reality of the encounter in the real here and now. . At the end of this spectrum are those who approach therapy as conversationally "dancing with the patient." More about that after we have seen the first set of films

Most therapists live somewhere between these extremes. Both patient and therapist agree to discuss some or all aspects of a patients life. They also agree to keep the conversation on track and either or both can pull it back if it devolves to trivia. But what, if anything, differs from a conversation with a close friend?

Let's take another aspect of the M & K paragraph quoted above. What about the systematic use of theory? In fact, a large majority of therapists identify themselves as "eclectic." They draw their theories from the over 500 "schools" constituting the 3or 4 major types of psychotherapy practiced in the USA today. As a result, they have no coherent theory to draw upon, but take the theories that they like and meld them together in an idiosyncratic mix. And by the way, which feelings, values and so on are to be changed and what are they being changed to? How do we distinguish among the theories and treatments of astrologers, the clergy, psychopharmacologists, nutritionists, life coaches and therapists? Should we distinguish among them (except for insurance company payment purposes)? Are the theories just stories we tell ourselves to help us live in a world that we don't really understand? These are but a small number of the questions one can raise.

Part 2. Hypnosis and Dissociative Identity Disorder (previously called Multiple Personality Disorder - the old name is better and I will often use it.)

Modern conceptions of hypnosis can be traced directly to the work of Franz Anton Mesmer, a Viennese physician working in Paris just prior to the French Revolution. Within 30 years of Mesmer's work, most of the basic hypnotic phenomena from amnesia to pain control to hallucinations had been reported (see Ellenberger 1970). James Braid, a Scottish surgeon, coined the term hypnosis in the 1840s. Nowadays, hypnosis refers to the acceptance of a social role, usually involving deep relaxation, and engagement in fantasy. During hypnosis a lowering of

critical judgment permits a wide range of behavioral, cognitive, and affective responses to suggestion (see, for example, Orne 1970).

During the last two hundred years, a variety of exaggerated and mistaken claims have been made for hypnosis. Claims have ranged from enhanced psychic abilities to past life regression to revived memories of very early childhood incest (< 2 years old) and abduction by aliens. In the past, such claims have resulted in periods of scientific disrepute for hypnosis. Nevertheless, during the 20th century fine scientists (e.g., Hull, Hilgard, Orne, Barber, Sarbin and their students) and eminent clinicians (e.g., Erickson, Fromm, H. Spiegel) have been drawn to study hypnosis (see Sheehan & Perry 1976). As well as elucidating the domain of hypnosis, their careful investigations have increased understanding throughout psychological research of the potential pitfalls that appear in experimentation with human research participants (see Orne 1959, 1970).

An observer, watching a demonstration of hypnosis with a highly hypnotizable research participant, sees a series of simple verbal suggestions that result in relatively spectacular alterations of behavior, thought, emotion, and perception. Asked to re-experience the distant past s/he seems to become childlike, entirely captured by the delusion that it is many years earlier. Asked to hallucinate the absence of an obstacle between where the participant sits and some other place, the highly hypnotizable participant claims to see nothing in the intervening space. But when asked to walk to that place (and thus, through the obstacle whose absence is being hallucinated), the participant walks around the obstacle without seeming to notice doing so. Asked to look back and see that there is nothing there, there is easy agreement with no seeming sense that walking around the obstacle has just contradicted this statement. Asked to forget all that has happened until a pencil is tapped twice, the participant will later "awaken" with amnesia that is (almost always) temporary and reversible.

Thus, in response to brief verbal suggestions, the highly hypnotizable individual seems to see, hear, feel, smell, and taste in apparent contradiction to the stimuli actually present (see Orne & Hammer 1974). Memory, the sense of volition, mood, and even awareness of self may be altered. With appropriate suggestions, such effects may be extended into the posthypnotic period. Similar experiences, suggested to those with less hypnotic ability, have far fewer effects but may still allow a sense of events, such as motor movement, to occur without the usual sense of volition.

How can we explain these effects? Psychological science has spent a good deal of time and effort attempting to explain the effects of hypnosis in both laboratory and clinical settings. When a phenomenon is reasonably spectacular and is not easily explained (and attempts to "explain it away" have obvious limits) it tends to attract increasingly good researchers until a good deal of the phenomenon has been explored and understood through concepts that fit with a broader range of psychological issues. By the 1990s, we had learned a good deal about hypnosis. As part of that search, hypnosis researchers had contributed to methodological issues such as the limits and ecological validity of experimentation in Psychology. Hypnosis is robust and it presents problems that are the right size to be studied carefully in research laboratories. Moreover, while hypnosis will fool you, the ways it fools us are instructive. They teach us a great deal about how people respond to psychological experimentation in general. These "artifacts," as much or more

than the spectacular hypnotic phenomena they partially explain, are important aspects of this class.

Participation in hypnosis

The focus of the class will be the science, not the experience of hypnosis. However, there is no way to fully understand it without yourself experiencing some of it. Thus, this course has an experiential component and comes with an informed consent. We will be doing hypnosis with widely used hypnosis scales (the experience of which has been shown to be less stressful than a day of college classes). The scales suggest things like feeling a force moving your hands together and finding them moving together, seemingly by themselves. You might also be asked to find your arm too heavy to lift or to see two colors on a screen when three are really present. Response to these suggestions has no implications for your life or about you in any way. Further, none of the items has anything personal about it and all have been used with thousands of students in classroom settings without effects more serious than an occasional transient headache.² After going through the scales, we will discuss the experience of them, suggestion by suggestion. Please do your best to experience each of the suggestions fully, letting happen whatever is happening, even if it is not what you expect.

However, while I strongly encourage you to participate in these scales, it is a purely voluntary activity. Your participation or lack of participation will not effect your grade in any way. However, if you chose not to participate, please do not come to class on "hypnosis" day nor take part in nor observe the discussions of experience that follows.

You should also know that this course is not about teaching anyone how to hypnotize people anymore than it is meant to teach you how to do psychotherapy. The use of hypnosis by those not professionally trained to use it in highly limited ways in highly limited settings is potentially harmful.

Multiple Personality

In the view held by mental health professionals who routinely diagnose MPD, the disorder results when a child is overwhelmed by the horror of a traumatic situation, escapes by dissociating, but leaves a part of the self to deal with the horror. This part then becomes autonomous, an alter, and the original self becomes amnesic for the traumatic events. The alter reemerges in later instances where the child has to cope with similar traumas. If new traumas occur with which neither the original self nor its alter can cope, yet another alter will be created (Kluft, 1991, Putnam, 1989).

Prior to 1970, an MPD diagnosis did not necessarily imply a severe and disabling condition. If one examines classic cases, such as Morton Prince's case of Miss Beauchamp, multiple personalities included only two or three alters. Further, these alters were not seriously harmful. For example, Miss Beauchamp's Devil alter, Sally, is

² On the other hand, anyone with a history of psychiatric hospitalization should discuss participating with Dr. Karlin.

described as a mischievous imp, not an immoral devil. Prince also notes “For although the characters of the personalities widely differ, the variations are along the lines of mood, temperament, and tastes. Each personality is incapable of doing evil to others” (Prince, 1908, 1957, cited in Orne & Bates, 1992). Prince’s other cases were similar with all the alters being relatively beneficent, although one might be morose and the other flamboyant.

This milder version of MPD was still seen as recently as the 1950s. Thigpen and Cleckley’s (1957) *The Three Faces of Eve* portrayed a patient whose disorder was traceable to her parents’ well meaning demand that she kiss her dead grandmother goodbye, hardly a case of incestuous abuse. Similarly, Eve’s alter, Eve Black, was flamboyant and sexually provocative, but overall was no more evil than Miss Beauchamp’s alter, Sally.

It was not until *Sybil* was published in 1973), that we began to see the numerous multilayered numerous alters that are common today. For the first time we also had a media disseminated view of MPD that included a truly dangerous and destructive alter whose “birth” was occasioned by incestuous and sadistic anal and vaginal rape. *Sybil* was widely disseminated when it was made into a movie. Unfortunately, the person portrayed in *Sybil* seems to have become the prototype for MPD since its publication and subsequent television presentation (Ganaway, 1995).

At present, multiple personality disorder is a severe and malignant syndrome. Orne and Bates (1992) note that since Bliss (1984) reported that 21% of MPD patients had self-mutilating alters, the proportion of such patients has been increasing. Coons, Bowman, and Milstein reported a 34% rate in 1988, while Coons and Milstein (1990) reported that 48% of the patients in their sample had self-mutilating alters. It has also become increasingly rare to find patients with just two or three personalities. Over 10 alters has become modal and over 100 have been discovered in several patients.

How do we understand this disorder, which is tied inextricably with hypnosis. Nick Spanos' book, *Multiple identities and false memories*, looks at MPD/DID as a socially created construction, adopted by patients in need of drama and encouraged by "credulous" psychotherapists who see sexual trauma and devastating resulting problems at every turn. If you chose this as your term paper topic, you must argue that Spanos has not explained MPD/DID but rather explained it away. Rather, it is a product of children dealing with severe trauma, usually sexual in nature.

Exams

There will be two essay exams covering the two books and related readings. See the class schedule for exam dates.

Synopses and presentations

There will be a lot of reading from scholarly texts and journals as well as from the two assigned books. Students are expected to read and write a brief synopsis of each class' readings. Synopses are due at the beginning of class.

This is a seminar and your participation is expected and required. So, I would ask you to make two copies of everything, then hand in one copy of the synopsis and/or opinion to me at the beginning of class and keep a copy to help you participate in class discussion of the issue. Synopses will be simply checked off, not graded

All students are expected to participate in the discussions after class presentations. Nonparticipation will be noted and count against your grade. On the other hand, if you were not the presenter and yet you find yourself hogging the discussion, quiet down. Being shy is a bad idea in this context as is being overly aggressive.

Each student will present a ten to fifteen minute lecture on the day's reading at least once during the semester. We will discuss the how and when of these presentations in class.

Feedback and pacing: Some of the reading may be tough going. At the beginning of each week, we will take a written anonymous vote on how fast we are going: too slow, too fast, or just about right. If one third or more of the class thinks we are going too fast, we will slow down. If we are to slow down, we will take another vote about whether to go on with the most recent assignment more slowly or go back over earlier work. Again, if more than 1/3 of the class wants to go back, we will do so. I would much rather slow things down and cover a topic or two less than have a significant number of students be overwhelmed by the material!

Brief writing assignments: For each article and chapter you read, you are to write a 1/3 - 1/2 page synopsis, outlining its main points. Assignment and due dates for the synopses are shown below.

Final Grades: The course is graded A, B+, B, C, D and F. It is graded as a graduate course would be, with C, essentially, representing a failing grade. There will be about 30 students in this class. I would be very happy to be able to give 25 As, 5 B+ grades. Of course, I am willing to give 10 Bs and 20 grades of C or lower. Grades will reflect the quality of your synopses, class participation and your presentation as well as the quality of your term paper. Synopses, class participation and your presentation will count for about 50% of your grade. The major paper will count for about 50% of your grade. In each case, outstanding performance, either good or bad, in any area may count for more than 50%. Again, participating or not participating in the group hypnotic induction and discussion of that experience will have no impact on your grade.

TENTATIVE COURSE SCHEDULE - 830:452:01 F11

<u>Date</u>	<u>Activity and assignment</u>
9/1	First class Course outline and watch Gloria part 1: Rogers Assigned: 1. Go to Sakai course website, get course syllabus/schedule 2. Get books. 3. Write 0.3-0.5 page synopsisizing what you saw in the Gloria/Rogers interaction 4. Read Goffman chapter on Sakai.

Note: All brief writing assignments should be handed in at the beginning of class at which they are due. Keep a copy for yourself to aid you in class discussions. Synopses and opinions should be double spaced, 12 point Times New Roman font, with standard 1 to 1.5 inch margins. Synopses should be 0.3 to 0.5 pages for each chapter, article or film.

9/ 6	Activity: Watch Gloria part 2, Perls and part 3, Ellis (We will get as far as we can to enable the discussion at the next class.) Due: Gloria/Rogers synopsis Assigned: 1. Read Goffman chapter on Sakai. Write synopsis. 2. Write synopsis of Gloria/Perls interaction. 3. Read Woolfolk material from "Cure of souls" on Sakai. Write synopsis
9/8	No Class (University scheduling makes 9/8 a "Wednesday".)
9/13	Activity: Watch rest of films Brief Lecture: To understand the abnormal, study the normal. Due: 1. Goffman synopsis 2. Gloria/Perls synopsis Assigned: 1. Write synopsis of Gloria/Ellis interaction 2. Write opinion about why Gloria chooses Perls and why Ellis came in last.
9/15	Activity: 1. Discussion of films: Why Perls is 1st and Ellis last? 2. Brief lecture: The social scrim Due: 1. Gloria/Ellis synopsis 2. Opinion about why Perls 1st, Ellis 3rd Assigned: 1. Read Woolfolk chapters from "Cure of souls" on Sakai. Write synopsis 2. Read <u>Wampold</u> Ch. 1-2. Write synopsis of each

9/20	Activity:	1. Lecture: Meta-analysis & Wampold's statistics in Ch. 2 2. Discussion of Woolfolk and Wampold Ch. 1 & 2
	Due:	1. Woolfolk synopsis 2. Wampold synopses ch. 1 & 2
	Assigned:	Read Wampold, Ch. 3, 4 & 5. Write synopses
9/22	Activity:	Lecture: The severity of forms of psychopathology - stress , biology and social norms: anxiety disorders vs. paranoid schizophrenia vs slow schiz, promiscuity, and LGBT lifestyles in DSM III and DSM IV
	Due:	Nothing due in class.
	Assigned:	Read Wampold ch. 6 & 7. Write synopses. Prepare for presentation if its your turn
9/27	Activity:	First presentations: articles relevant to Wampold ch 3 -5 Brief lecture: The social scrim
	Due:	Wampold synopses 3, 4 & 5
	Assigned:	Read Wampold Ch. 8 & 9, write synopses
9/29	No Class - Rosh Hashanah	
10/4	Activity:	Presentations: Articles relevant to Wampold ch. 6 & 7 Discussion: Wampold 6 & 7
	Due:	Wampold synopses 6 & 7
	Assigned:	Prepare for presentation if its your turn
10/6	Activity:	Presentations: Articles relevant to Wampold ch. 8 & 9
	Due:	Wampold Ch. 8 & 9 synopses
	Assigned:	Read Ch. 1 of Barlow and Craske <i>Mastery of your anxiety and panic, 3rd Ed.</i> (MAP-3) on Sakai, write synopsis History articles by Gravitz and Spanos , write synopses
10/11	Activity:	Lecture: Deconstructing MAP-3
	Due:	MAP-3 synopsis Ch. 1, Gravitz and Spanos synopses
	Assigned:	Review for Wampold and Wampold related papers exam
10/13	Activity:	Demonstration: <i>Harvard Group Scale of Hypnotic Susceptibility: Form A</i> Discussion: Experiences during HGSHS:A
	Due:	Nothing due in class
	Assigned:	Review for exam 1
10/18	EXAM 1	
	Assigned:	Read Orne, Nebraska Symposium paper Read Spanos, Ch. 1 - 4 (pp. 1 - 54) write chapter synopses

10/20	Activity: Due: Assigned:	Lecture: What happens when phenomena are spectacular and are neither easily explained nor easily explained away. Discussion: Gravitz and Spanos Nothing due in class Piccione et al., write synopsis Karlin et al., 1980, write synopsis
10/25	Activity: Due: Assigned:	Lecture: Spanos' straw men Film Start Sybil Orne Nebraska Symp. and Spanos book Ch 1-4 synopses Nothing additional assigned
10/27	Activity: Due: Assigned:	Presentations: Articles relevant to Chapter 1-4 Lecture: Can Highs do things lows can not do? The problems inherent in that question (such as compliance). Piccione et al. & Karlin et al., 1980 synopses Spanos, Ch. 5-8, write synopses
11/1	Activity: Due: Assigned:	Lecture: Karlin et al. (1980) and McGlashin et al. Discussion of Nebraska Symposium paper Film: Rest of Sybil Nothing due in class Read Borawick 1 papers: Karlin & Orne and Schefflin Geraerts et al. paper, write synopses of all three papers
11/3	Activity: Due: Assigned:	Presentations of articles relevant to Chapters 5-8 Discussion: Child sexual abuse memories Spanos Ch. 5-8 synopses Spanos Ch. 9 - 12 write synopses
11/8	Activity: Due: Assigned:	Film: Three Faces of Eve Borawick 1 (K & O and Shefflin) and Geraerts synopses Half page abstract on what you are doing for term paper and why it is interesting
11/10	Activity : Due: Assigned:	Discussion of term paper in small groups in class & with RK Come prepared to discuss what you are doing and where you think you are going with it. Half page abstract of term paper Borawick 2 papers by K & O and Schefflin, write synopses