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ON THE DIFFERENTIAL DIAGNOSIS OF MULTIPLE PERSONALITY IN THE FORENSIC CONTEXT 1,2

MARTIN T. ORNE, DAVID F. DINGES, AND EMILY CAROTA ORNE 3, 4

The Institute of Pennsylvania Hospital and University of Pennsylvania, Philadelphia

Abstract: The problems of diagnosing multiple personality disorder in a forensic context are discussed, and illustrated by the case of *State v. Kenneth Bianchi* (1979), a defendant who was both charged with first degree murder and suspected of having the disorder. Because of the secondary gain (e.g., avoiding the death penalty) associated with the diagnosis of multiplicity in such a case, hypotheses had to be developed to permit an informed differential diagnosis between multiple personality and malingering. If a true multiple personality disorder existed, then (a) the structure and content of the various personalities should have been consistent over time, (b) the boundaries between different personalities should have been stable and not readily altered by social cues, (c) the response to hypnosis should have been similar to that of other deeply hypnotized subjects, and (d) those who had known him over a period of years should have been able to provide examples of sudden, inexplicable changes in behavior and identity, and evidence to corroborate his claimed intermittent amnesiac. None of these proved to be the case. Rather, the content, boundaries, and number of personalities changed in response to cues about how to make the condition more believable, and his response to hypnosis appeared to reflect conscious role playing. Further, the life history indicated a persistent pattern of conning and deliberate deception. It is concluded that Mr. Bianchi was simulating a multiple personality and the diagnosis of Antisocial Personality Disorder with Sexual Sadism was made. Differential diagnoses and the clinical aspects that appeared to account for his behavior are discussed.

Multiple personality is a fascinating phenomenon where more than one "person" appears to inhabit the same physical body. Diagnostic criteria of multiple personality are described in DSM-III (American Psychiatric Association, 1980) as follows:

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4Reprint requests should be addressed to Martin T. Orne, M.D., Ph.D., Unit for Experimental Psychiatry, 111 North 49th Street, Philadelphia, PA 19139.

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The essential feature is the existence within the individual of two or more distinct personalities, each of which is dominant at a particular time. Each personality is a fully integrated and complex unit with unique memories, behavior patterns, and social relationships that determine the nature of the individual's acts when that personality is dominant [p. 257].

Typically, the predominant personality is not aware of the other personalities; consequently, reports of unaccounted for gaps in memory (amnesic periods) are characteristic of such patients.

Though the syndrome has been recognized for over a century (see reviews by Ellenberger, 1970; Sutcliffe & Jones, 1962; Taylor & Martin, 1944), during the past decade an increasing number of case studies have appeared in the literature describing personal histories and symptoms that frequently accompany the disorder (e.g., Allison & Schwarz, 1980; Bliss, 1980; Braun, 1984; Coons, 1980; Greaves, 1980; Gruenewald, 1971; Kluft, 1982). Once considered extremely rare, a review of the literature shows that at least two to three times as many cases of multiple personality have been reported in the last 10-15 years than in the entire 100-150 years prior to 1970.⁵

There has been controversy, however, particularly since the well-known cases reported by Prince (1906), over the role of the therapist in the development of the syndrome (e.g., Ellenberger, 1970; Harriman, 1942; McDougall, 1926; Sutcliffe & Jones, 1962); the discovery or exploration of the alter personalities typically occurs in a hypnotic interaction between patient and therapist. Though it is now widely believed that hypnosis as such does not create alter personalities, it is also argued that implicit and explicit suggestions in the hypnotic context can shape the expression of ego fragments such that the therapist's interest in what may be considered nascent "selves" serves to reify the fragments into personalities -- which

⁵Taylor and Martin (1944) published an exhaustive review of reported cases of multiple personality where the case description met criteria similar to the current criteria provided in DSM-III. For the period from 1811 to 1944 they noted a total of 76 cases, and estimated that there might be twice as many worldwide. Greaves (1980) could find only 14 cases of multiple personality during the 25-year period from 1944 to 1969. Thus, the range of total number of reported cases of the disorder for the 150 years prior to 1970 is 90-165. Greaves (1980) reviewed the literature on reported cases from 1970 to 1980, finding a total of 50. Bliss (1980) reported 14 cases not covered by Greaves, that same year, and has informally indicated that he has seen roughly 40 additional cases. Kluft (1982) reported on 70 cases, but stated that these were among 130 cases of multiple personality "interviewed in the last 10 years [p. 233]." Braun (1984) reports having made the diagnosis of multiple personality 59 times, and Allison (1978) mentions that a Honolulu psychiatrist has seen 50 cases of the disorder, and a Phoenix psychiatrist 30 cases. Thus, since 1970 (and primarily from 1970 to 1980) over 370 cases of multiplicity have been claimed. If one includes informal assertions (such as newspaper articles), a minimum of another 100 cases would have to be included.

The total therefore goes from between 90 and 165 cases in the 150 years prior to 1970, to between at least 370 and 450 cases after 1970. Braun (1980) states that "500 cases, conservatively, have been seen in the past eight years [p. 210]." Nevertheless, it is not at all clear whether the disorder has become more prevalent, whether criteria for diagnosing it have changed, whether there has been a shift in tendency to uncover the disorder, whether a very small proportion of therapists are contributing a disproportionately large percentage of current cases, or whether some combination of these factors accounts for the dramatic increase in claimed cases.

may evolve their own histories, temperaments, and motivations (see Gruenewald, 1977, 1978). This may help explain why some therapists see a high incidence of multiple personality among their patients, while other therapists who are familiar with the syndrome -- even those who use hypnosis -- view it as a relatively rare entity, as does DSM-III.

Though it remains controversial as to how much of the recent dramatic increase in the incidence of diagnosed multiple personality is due to iatrogenic factors, there is little doubt that once the syndrome is developed -- iatrogenically or not -- it can be subjectively real to the patient. What makes the syndrome so compelling to the observer is that the behavior of the individual changes dramatically in accordance with the professed temperament and motivations of the personality elicited.

Frequently, personalities will be opposites; if one is standoffish or prudish, another will be sexy and seductive, or if the main personality is ambivalent or passive, one of the alter personalities will be hostile and aggressive. So striking are the behavioral differences between personalities that the assertion is often made that one would need to have the dramatic skills of Sarah Bernhardt or Sir Laurence Olivier, along with a detailed knowledge of psychiatry, to effectively simulate such radically different persons. Moreover, it is often claimed that the differences among the various selves are reflected in behavior on psychological tests (e.g., projective tests, personality inventories, mood checklists), which are then used as evidence to buttress the view that these personalities are "real" and different. For these reasons, it has been argued that the successful malingering of a multiple personality disorder is unlikely, if not impossible.

PSYCHIATRIC DIAGNOSIS IN THE FORENSIC CONTEXT

In a forensic situation, with a defendant accused of murder, facing imprisonment or even the death penalty, it is essential to recognize that the individual would benefit greatly if he is able to convince the examining clinician that he suffers from a major disorder, which would relieve him of responsibility for the actions of which he is accused. Indeed, from the defendant's point of view such behavior is adaptive. In discussing this issue and the role of the psychiatrist in the forensic setting, Rappoport (1982) comments:

In addition, the forensic psychiatrist must be aware that the patient is consulting the physician not in a therapeutic sense but for help in dealing with a third party. There is a great likelihood that the patient will not be as truthful as he or she would be in other circumstances. . . . the psychiatrist must shift attitude completely; not only may he or she not believe everything the patient says but he or she must suspect malingering as opposed to denial, suppression, or distorted perception. He or she must therefore obtain information from any source that will help. In criminal cases such sources as police reports, confessions, and interviews with witnesses, victims, and relatives are most useful. . . . In forensic work the psychiatrist may look rather foolish if the patient or the patient's attorney has distorted the facts and he or she has not been keen enough to suspect this and attempt to determine the truth [p. 333].

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It is for these reasons that DSM-III (p. 331) emphasizes that purposive exaggeration of symptoms as well as outright malingering must be considered as an alternative diagnosis in any context that involves clear secondary gain.

The importance of making a specific differential diagnosis between any mental disorder and malingering in the forensic context is no less an issue with multiple personality disorder -- in fact, this point is specifically emphasized in the discussion of multiple personality in DSM-III (p. 259). The defendant's symptom reports simply cannot be taken at face value without independent verification, nor can it be assumed that the defendant's primary interest is necessarily to obtain relief from private suffering caused by the disorder. Therefore, the diagnostic problem in a forensic situation is quite different from that normally encountered in therapy. Only after malingering has been successfully excluded can we begin to apply usual diagnostic criteria. In evaluating the possibility of multiple personality disorder in a clinical context, the problem of malingering is rarely relevant to treatment; indeed, it has been argued that a false positive

diagnosis is the more conservative diagnostic error (e. g., Greaves, 1980). This position cannot be justified in the forensic context.

The focus of this paper is not whether multiple personality is a common or rare form of pathology, or whether an individual who suffers from the disorder really does demonstrate autonomous selves. Rather, the issue under consideration is whether it is possible for a motivated individual to successfully fake multiplicity (i.e., without experiencing feelings of being a totally different individual at different times as a consequence of amnesic barriers between at least the main personality and the alter personalities). Specifically, a number of clinical hypotheses were set forth in an effort to differentiate behavior characteristic of malingering as an adaptive response to the demands of the forensic situation, from that of a spontaneously evolved, long-standing multiple personality. Formulating such hypotheses required us to think through in advance the kinds of situations where the response is likely to be different for an individual who is malingering versus one who has a multiple personality.

THE CASE OF KENNETH BIANCHI

The case of *State v. Bianchi* (1979) serves to illustrate particularly well the problems of diagnosing multiple personality in a defendant charged with first-degree murder and facing the death penalty. What makes this case especially informative is the fact that a large amount of clinical and forensic information is available as a result of many hours of videotape recording of the interviews by six different clinicians, in addition to extensive life history material gathered by both the police and the defense, as well as information about Mr. Bianchi's behavior subsequent to his incarceration.

By court order all videotape and interview materials were made available to all experts. Dr. John G. Watkins (called by the defense), Dr. Ralph B. Allison (an amicus curiae), and Dr. Martin T. Orne (called by the

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prosecution) each had experience with multiple personality and used hypnosis in the evaluation of the defendant. 6,7 Since both Dr. Watkins and Dr. Allison examined Kenneth Bianchi prior to the first author's interviews with him, and they each described their approaches to the case earlier in this issue (Allison, 1984; J. G. Watkins, 1984a), we will seek to discuss only what the first author of the present paper tried to do, his reasons for doing it, the findings, and the outcome. 8

Forensic Aspects

Ten murders occurred over a 4-month period in 1977-1978 and were given wide publicity as a result of the brutality and sadistic quality of the killings, involving young, attractive females who were raped and strangled. Because some victims were conspicuously displayed nude on hillsides in the Los Angeles area, the killer was called the Hillside Strangler. The female population of Los Angeles was terrorized for months, and despite intensive police effort, the perpetrator(s) was not apprehended at the time.

Eleven months later, however, on January 11, 1979, a similar murder of two young women took place in Bellingham, Washington. In this instance, circumstances led to the rapid apprehension and arrest on January 12 of a 27-year-old, 5-ft. 10.5-in., 193-lb., Caucasian male, Mr. Kenneth Bianchi, a supervisor for a private security company. Despite evidence against him, Mr. Bianchi insisted that he was innocent, and initially denied knowing either victim. When counsel was appointed to him, he maintained that he was totally ignorant of what had happened, and insisted that he had not committed the crimes. But the evidence made it clear that Bianchi was guilty of the Bellingham murders -- physical evidence linked him to the crime scene and the young women were known to have been in his company near the time of the crime (though he had instructed them to keep their association with him a secret).

6 Transcripts of the videotape interactions of the three experts (Drs. Allison, Orne, & Watkins) who used hypnosis were prepared by the defense, and are available from the National Auxiliary Publications Service (NAPS). For the 168-page transcript of the videotape interaction with the senior author, order Document No. 04179 from NAPS c/o Microfiche Publications, P. O. Box 3513, Grand Central Station, New York, NY 10163. Remit in advance in U.S. funds only, \$52.15 for photocopies or \$4.00 for microfiche, and make checks payable to Microfiche Publications - NAPS. Outside the United States and Canada, add postage of \$19.30 for photocopies, and \$1.50 for microfiche postage. For the transcript of the videotape interaction with Dr. Allison, order Document No. 04181 (see Allison, 1984, p. 103, footnote 3). For the transcript of the videotape interaction with Dr. Watkins, order Document No. 04180 (see J. G. Watkins, 1984a, p. 68, footnote 3).

7 The three experts who did not employ hypnosis in their evaluation and whose views are thus not presented here, were as follows: Dr. Donald T. Lunde (called by the defense), Dr. Charles M. Moffett (an *amicus curiae*), and Dr. Saul J. Faerstein (called by the prosecution); in addition, Dr. Ronald Markman served as a consultant to the Los Angeles Public Defender's Office but his diagnosis has remained privileged (Personal communication, 1984).

8 While we are familiar with the videotapes, reports to the Court, and testimony of the five colleagues involved in this case, at Dr. Watkins's request, his manuscript and this paper were not exchanged prior to acceptance.

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Because Mr. Bianchi had a driver's license with a Los Angeles address, the Bellingham police contacted law enforcement authorities in Los Angeles the day after Mr. Bianchi's arrest. A number of pieces of circumstantial evidence suggested his possible involvement in the Hillside Strangler murders, and two detectives from Los Angeles arrived to examine the Bellingham crime scene evidence and victims on the following day. They returned to Los Angeles with a handprint which was identified immediately by the fingerprint expert assigned to the Hillside Strangler case as that of the individual for whom they were searching. This information was released to the Los Angeles newspapers, and published by them. Within 7 days of his arrest, the Bellingham Herald (1979) published a story that Mr. Bianchi was also a "prime suspect" in the Los Angeles murders. Mr. Bianchi made headlines daily, and when he was formally charged on January 29 for the Bellingham murders, it had already been publicized that he was the prime suspect in the Los Angeles Hillside Strangler case. Further, within 10 days of his arrest, his (as yet unnamed by Bianchi) alleged accomplice in the Los Angeles murders was under surveillance from the Los Angeles police. Throughout this time Mr. Bianchi had access to both newspaper and television reports, and his awareness of his alleged implication in the Hillside Stranglings was acknowledged by his lawyer (Trial trans., *People v. Buono*, 1983, p. 37,192-37,196;37, 934).⁹

Shortly after the two Bellingham murders, Mr. Bianchi provided a series of alibis for his whereabouts at the time of the murders; these included attending a Sheriff's Reserve meeting, working elsewhere, and driving around. None of the alibis could be confirmed, and other evidence and witnesses placed him in the vicinity of the location where the bodies were found. During the following 6 weeks, up to February 27, Kenneth Bianchi attempted to devise a number of additional alibis that could not be easily refuted (Trial trans., *People v. Buono*, 1983, p. 36,990-36,997). These included claiming that he was with another individual (who had since died) at the time of the murders, though the police proved that this could not have happened. He also attempted to use his mother and a woman friend to create alibis for him. These latter two alibis were the most elaborate.

In the first of these, Mr. Bianchi involved his mother by writing to her requesting that she type a letter (while wearing rubber gloves to avoid fingerprints) to the Seattle Times. This letter was to be an anonymous confession to the Bellingham murders. She was to fly to Seattle (from Rochester, New York) and mail the letter without leaving fingerprints on

9For corroboration of key elements of the chronology of the Forensic Aspects section, we have cited the defense attorney's testimony rather than that of the defendant. More than any other person, the defense attorney, Mr. Dean Brett, compiled material on Mr. Bianchi, saw him on a regular basis, and had records of his behaviors and reactions during incarceration. In this instance, Mr. Bianchi's plea bargain agreement to testify in Los Angeles against his alleged accomplice (Mr. Angelo Buono) waived his client/lawyer privilege and made it possible for his attorney to be subpoenaed to testify in *People v. Buono* (1983).

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the envelope and without telling anyone. His mother notified his lawyer of this request, and did not carry it out (Trial trans., *People v. Buono*, 1983, p. 36,869). To construct the second alibi, shortly after his arrest in Bellingham, during a 4-week period Mr. Bianchi wrote extensive letters to, and had numerous conversations with, a woman friend -- repeatedly suggesting how helpful it would be if someone had seen him or been with him on January 11 between 8:10 p.m. and 9:50 p.m., which was the time of the murders. Eventually, this young woman did claim that she was with Mr. Bianchi at that time, and he offered this as his alibi. However, his attorney recognized, and the woman later admitted, that this was not true (Trial trans., *People v. Buono*, 1983, p. 36,947-36,969).

Though the Bellingham police continued to uncover evidence against him, Mr. Bianchi continued to assert (throughout the 2 months following his arrest) that he was innocent, that he was driving around on the night of January 11, that the police were attempting to frame him, and that he was now, and had been in the past, psychologically healthy. This last point was contradicted by a psychiatric work-up at the DePaul Clinic in Rochester, New York, when Kenneth Bianchi was 11 years old, which his lawyer had obtained. This confusing picture prompted the defense counsel to ask Dr. Donald T. Lunde from Stanford University to confidentially examine Mr. Bianchi. The defense counsel reported that following this examination, Dr. Lunde informed him that Mr. Bianchi was a "pathological liar," that he had a "shell" of psychological defenses, and suggested that either narcosynthesis or hypnosis should be used to "break through the shell" [Trial trans., *People v. Buono*, 1983, p. 36,882-36,885]. The day after Dr. Lunde's evaluation of Mr. Bianchi, the defense attorney provided Bianchi with a copy of the DePaul Clinic report, and 2 days later, actually read the report aloud to Bianchi, in an effort "to suggest to him the viability or possible viability of a not guilty by reason of insanity defense [Trial trans., *People v. Buono*, 1983, p. 37,254]."

Within a day of having the DePaul Clinic report read to him, Mr. Bianchi requested to see another psychologist, and it was arranged for Mr. John Johnson, a psychiatric social worker, to spend time with him. (There were no transcripts, video- or audiotapes, or even clinical notes made available concerning the details of any of these interactions, which occurred before and between the examinations carried out by the six clinical experts.) At the suggestion of Mr. Johnson, Dr. Watkins was contacted (Trial trans., *People v. Buono*, 1983, p. 36,889). The defense counsel, Mr. Dean Brett, subsequently testified that he had read Dr. Watkins's work on ego state analysis, and that prior to Dr. Watkins seeing Mr. Bianchi, Mr. Brett discussed with Dr. Watkins the possibility that there might be another "part" of Mr. Bianchi (Trial trans., *People v. Buono*, 1983, p. 36,921-36,922).

After an initial interview with Kenneth Bianchi, Dr. Watkins induced hypnosis. Directly after induction, Dr. Watkins requested to speak to another "part"; this was followed by the appearance of "Steve," who took credit for the two Bellingham killings (and also implicated himself in the

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Hillside Strangler killings) but insisted that he had done no wrong because killing women was the appropriate thing to do.

Under hypnosis, "Steve" explained the specifics of the murders he had committed and was able to provide a myriad of details to which only the guilty party would have been privy. However, after hypnosis Kenneth Bianchi continued to assert his innocence and lack of knowledge of the events that took place and disclaimed knowledge of "Steve." Dr. Watkins diagnosed Mr. Bianchi as a multiple personality, and 1 week later, the defense entered a plea of not guilty by reason of insanity.

Clinical Aspects

During all of the psychiatric interviews (excepting those times that a belligerent "Steve" spoke), Kenneth Bianchi was pleasant, cooperative, and ready to assist in the task of clarifying the possible reasons for his difficulties. While somewhat ingratiating, he displayed considerable charm, a good sense of humor, a good vocabulary, and rather than appearing street-wise, he presented a veneer of sophistication. He appeared to actively take part in the psychiatric interviews, was generally willing to consider various conjectures raised by the clinicians, and he had a certain ingenuous quality that invited explanation and engendered positive feelings. Mr. Bianchi was both physically and mentally attractive, and when not specifically stressed, he had an urbane manner that made it difficult to imagine that he could have been involved in the crimes with which he was charged. Though he would occasionally complain (about the news reports of his case or about the jail food), or express concern (about his infant son) or dysphoria (during the time he was in solitary confinement), superficially his appearance and interpersonal style during the clinical evaluations (as can be seen on the videotapes) was that of a sincere, young man who was apparently emotionally stable, and in control of himself.

It is not possible to review here the literally thousands of pages of material that were made available concerning Mr. Bianchi. Relevant facts may be summarized as follows. Kenneth Bianchi was raised by adoptive parents from 3 months of age. He had a history of being troubled as a child, with persistent partial urinary incontinence during the daytime, and had a horseshoe kidney with complications. Up until age 11 his adoptive mother took him to numerous urologists in an unsuccessful effort to find an organic basis for his urinary incontinence -- which disappeared when his mother went to work. It is likely that he was severely disciplined and perhaps abused during his childhood by his mother toward whom he was intensely ambivalent. According to an investigative report, his mother stated that he was a habitual liar from an early age.

He had a full-scale IQ of 116 on the WAIS (Wechsler, 1955), when tested in Bellingham. However, his school grades were often considered to be below his estimated ability. He finished high school and took some courses at a junior college; overall his scholastic record ranged from indifferent to poor. The only area in which he showed promise was in the arts, which he did not pursue.

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Mr. Bianchi had a good deal of other medical attention as a child. There are reports of a tendency to lose his balance and fall easily, which resulted in a broken nose on two occasions. He was reported to have hurt himself in other instances from falls. At 5.5 years of age a physician made the diagnosis of petit mal seizure based upon history and a tendency for his eyes to roll backwards. No record of childhood EEG studies was available, though adult studies (obtained after arrest) were negative. At age 11 Kenneth Bianchi was seen by a psychiatrist at the DePaul Clinic, referred by his school because of absenteeism, tics, enuresis, asthma, and many behavior problems. Psychotherapy was recommended but this suggestion was not acceptable to his mother. (This is the report that Mr. Brett, the defense attorney, made available and read to Kenneth Bianchi before Dr. Watkins's sessions with him.)

Though there were only partial school records available concerning attendance and behavior, there are reports by teachers in high school indicating that he was often absent when exams were to be given, and some teachers felt that he was unsuitable for the school. He was apparently not well liked by many of his teachers and not particularly popular with his peers. While there was no record of overt violent behavior, other than the killing of a cat and a dog (neither of which was independently confirmed), there was

considerable rebellion at home during his early high school years, perhaps related to the death of his adoptive father when Kenneth Bianchi was 13.

In his adult life Mr. Bianchi was unable to sustain any consistent career aspirations except a wish to be a police officer, which was not supported by a willingness to persist at a junior college program in police science. He repeatedly applied to police departments without success, but was able to obtain employment as a security guard. He had at least 12 different jobs during the 9-year period following high school.

He grew up in Rochester, New York, and at age 19 married a high school girl friend, but the marriage lasted less than 8 months, ending in annulment. He had been quite active sexually (bordering on promiscuity) since age 16, and continued this pattern, forming no other permanent relationships. At age 26 he began to live with a young woman in a common-law relationship.

His history of lying persisted throughout this period, and by his own admission he stole a variety of merchandise, while working as a security guard to prevent shoplifting in a number of stores in Rochester. At the age of 24 he moved to Los Angeles, where he was involved in a number of illegal and antisocial activities including stealing, selling of drugs, the use of stolen credit cards, the pimping of juvenile prostitutes, attempted blackmail, and misrepresenting himself as a movie agent and as a California Highway Patrolman. He frequently defaulted on debts, resulting in repossessions of property. He was a compulsive liar, used aliases, and borrowed money from friends and acquaintances with no apparent inten-

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tion of repayment.

It is particularly noteworthy that during the last year that he was in Los Angeles, he set himself up as a psychologist.¹⁰ After discussing theories and treatments with a legitimate psychologist, Mr. Bianchi persuaded this doctor to allow him the use of his office and answering service. It appears that his common-law wife actually believed that he had become a psychologist, and she reports that on one occasion he took her to his office and administered "inkblot tests." In addition, he carried out an elaborate and shrewd scheme to obtain false diplomas by the placing of a classified ad in the Los Angeles Times, offering a position to a recently graduated psychologist -- requiring that applicants send resumes and transcripts to Dr. R. Johnson, at Mr. Bianchi's then current address. Using the hundreds of applications he received, he obtained the information necessary to secure transcripts and blank diplomas to which he forged his name.

The closest that Mr. Bianchi came to establishing an ongoing relationship was with his common-law wife, though during this time he continued to have casual sexual encounters with other women. While he and his common-law wife maintained an unstable relationship for nearly 2 years with frequent prolonged separations (cohabiting only 8 of 25 months), he seemed to express affection toward their child who was born approximately 1 year after they met. During her pregnancy his common-law wife learned about his frequent absenteeism from work, and confronted him with her concern, whereupon Mr. Bianchi invented an elaborate story about his having cancer and requiring regular treatment. He maintained and embellished this story over a period of time, going so far as to have his common-law wife accompany him to the hospital and wait in the car while he went in for "treatment." Even though he was in fact healthy and his common-law wife was in the late months of pregnancy and worried about the stability of his job and their future, he responded to her worries by telling her that he had only a short time to live.

Curiously, it was during the time that Kenneth Bianchi used his purported cancer treatments as an excuse for time missed from work that the Hillside Strangler murders were being committed.

¹⁰When Kenneth Bianchi was taken into custody, police searched his apartment and found that 14 of the

27 books on the premises concerned psychology, including a book entitled Handbook of Hypnotic Techniques, by Garland H. Fross, D.D.S. (1966). Most of the psychology books found were contemporary textbooks dealing with therapy and assessment, rather than lay books. For example, these included: Dictionary of Behavioral Science (1973), Handbook of General Psychology (1973), Dialogues for Therapists (1976), Diagnostic Psychological Testing (1968), Annual Review of Behavior Therapy: Theory and Practice (1976), Psychoanalysis and Behavior Therapy (1977), Modern Clinical Psychology (1976), and A Harry Stack Sullivan Case Seminar: Treatment of a Young Male Schizophrenic (1976). Despite this somewhat impressive collection of clinical texts, Mr. Bianchi insisted that he never read the books, that they were obtained through a mail-order book club that automatically sent them each month, that he could not understand the jargon, that he had no knowledge or interest in psychology, and that he had never taken a psychology course in college.

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Emergence of an Alter Personality

The failure of his various alibis to be substantiated, his vague story of driving around when the Bellingham murders were taking place, and his denial of a documented psychiatric history, led his defense attorney to suspect that there might be "another part" of Kenneth Bianchi, and he arranged for Dr. Watkins to hypnotize Mr. Bianchi on March 21, 1979.

Prior to the induction of hypnosis, Ken indicated that he did not really know very much about hypnosis, saying, "I've read a few things about it, but it was very minor, just in a small pamphlet once." In establishing rapport, Dr. Watkins then went on to explain what hypnosis was and was not, making it clear that it could help people "remember things about themselves better. . . . memories which are normally kind of pushed out of their minds . . . to recall things, and experience themselves a little bit more, look at sides of themselves." During this, Bianchi inquired as to "How far back can you go with hypnosis?" He was told that some "people go back to the first year of life. . . .," but that "I [Dr. Watkins] don't know enough about you to know what you're capable of doing. . . . You see probably, Ken, what happens is that everything that happens to us is recorded somewhere in our brain. . . . But hypnosis is a way of getting back, and maybe gaining some access to those things." At this point Ken acknowledged a desire to "know what I'm all about." As the discussion of using hypnosis to help him remember continued, Dr. Watkins indicated that no matter what was eventually remembered in hypnosis, Ken could "forget the whole thing if you want to, that's up to you."

Following the establishment of rapport, a 28-minute hypnotic induction took place, and Mr. Bianchi went into what appeared to be deep hypnosis. At this point, the following exchange occurred between Dr. Watkins and Kenneth Bianchi:

W: And now while you're relaxed Ken 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 Ken, but I think that perhaps there might be another part of Ken that I haven't talked to, 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 that 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 as the part of Ken 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 Ken'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 to Ken unless you and Ken 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"?

B: Yes.

W: Part, are you the same thing as Ken, or are you different in any way? Talk a little louder so I can hear you. Huh?

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B: I'm not him.

W: You're not him. Who are you? Do you have a name?

B: I'm not Ken.

W: You're not Ken. Okay. Who are you? Tell me about yourself.

B: I don't know.

W: Do you have a name I can call you by?

B: Steve.

W: Huh?

B: You can call me Steve.

W: I can call you Steve, okay. Steve, just stay where you are, make yourself comfortable in the chair and I'd like to talk to you. You're not Ken. Tell me about yourself, Steve. What do you do?

"Steve" was quick to say that, "I hate Ken. . . . I hate a lot of people. . . . I hate my mother." When asked who Ken was, he replied, "That's the other person. . . . Who tries to do good." "Steve" went on to claim that, "I make him lie. . . . I like starting arguments . . . making him lose his temper. . . . I fixed him good." At this point, just a few minutes after this apparent alter personality emerged, Bianchi (as "Steve") began implicating himself in the Hillside Strangler murders along with his adoptive cousin Angelo Buono. Somewhat later in the same session he discussed killing the two Bellingham women.

Near the end of this hypnotic session, Dr. Watkins called the "Ken" personality back, and asked him, "Do you know anything about Steve?" to which Ken replied, "Who's Steve?" When asked if he wanted to find out things about himself, Ken said, "I don't know. Not a whole lot. Not all at once." Dr. Watkins then sought to help therapeutically by saying the following:

W: Okay. Let me tell you something Ken; during the coming days and weeks, at your own speed, and in your own way, you will find out about Steve, who he is, what he has done, and what has happened. And you will find it out in such a way that you can become stronger and stronger and stronger with each passing day. Do you understand that?

B: Yes.

W: You will become stronger and stronger, and Steve will become weaker and weaker and weaker, and you will find out more and more, through thoughts, memories, dreams and so forth, who Steve is, what he has done to you and what it's all about, until you fully understand. Do you understand that?

B: Yes.

W: But, as you do this, you are going to get stronger and stronger and you will be stronger than Steve. You will have more energy -- more of the energy of your whole body is going to flow into Ken, give him strength and courage and memory, until pretty soon, there is just Ken. Do you understand that?

B: Okay.

While undoubtedly intended to help Mr. Bianchi, Dr. Watkins's treatment of the symptoms manifested by Kenneth Bianchi during this first hypnotic session also served to confuse the forensic picture by legitimizing the disappearance of amnesic barriers, as Ken came to "find out" about Steve.

Thus, this initial hypnotic session with Dr. Watkins was the first time in the Bianchi case that the "Steve" alter personality emerged, identified himself, and confessed to knowledge of, and involvement in, the murders.

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It would, of course, not be the last time, as "Steve" appeared when summoned the next day by Dr. Watkins, and again over the subsequent 2 months, for Dr. Allison and the first author. However, the character of "Steve" and the way in which he interacted changed dramatically over time.

The "Steve" that emerged for Dr. Watkins this first time, and confessed to the murders, displayed pleasure in "fixing" Ken, and showed no remorse for the rape/stranglings. His behavior at this time, however, was not threatening, he spoke in a low voice, frequently laughed mockingly, did not curse, was relatively polite, made no demands, and was motorically passive; he sat in the chair, his head resting back and rolling from side to side as "Steve" talked. The next day when the second hypnosis session took place with Dr. Watkins, "Steve" began to change; he was more animated, laughed somewhat less, was more hostile, and used some profanity. However, by the time Dr. Watkins interviewed him a month later (a few days after Dr. Allison had interviewed Bianchi), "Steve" had changed dramatically; he was aggressive, threatening, insulting, no longer laughed, was very active and demanding, talked loudly, was extremely crude and obsessively profane, chain smoked, and appeared as a caricature of a macho man. This was the "Steve" that Dr. Allison saw, and who emerged in subsequent sessions when "Steve" was called forth in hypnosis. This evolution of the character of "Steve" from the first session to later sessions is incompatible with the pre-existence of a distinct, well-integrated alter personality.

"Steve" also insisted to Dr. Watkins during the second interview that in terms of his last name, "I don't know what I am. . . . I don't know. I just like first names." A month later, Dr. Allison asked Ken during hypnosis, while regressed to age 9, what "Steve's" last name was, to which Ken replied, "Walker." The next day, in the wake state, Bianchi reported that he had a dream where "Steve" was asked by Ken what his last name was, and he replied "Walker." In addition, Dr. Allison elicited, by way of finger signals in hypnosis, that "Steve" claimed to have first emerged at age 9. Unfortunately, Dr. Allison also gave suggestions directed toward fusing the personalities, thereby confounding the forensic picture even further.

The Court's Charge and the Diagnostic Problem

A week after Dr. Watkins's first two hypnotic sessions with Bianchi, and "Steve's" admission to the murders, Mr. Bianchi pleaded not guilty by reason of insanity on March 29, 1979, and the defense requested that the Court concern itself with Bianchi's sanity, and responsibility for the crimes. The Court therefore charged six clinical experts with determining the state of the defendant's mind at the time of the crime, and at the time of the examination in order to establish whether Mr. Bianchi could stand trial and assist in his own defense, and whether he was sane under the

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laws of the State of Washington (M'Naghten Rule). 11 If the psychiatric experts -- particularly those familiar with multiple personality and hypnosis -- were to concur on the diagnosis of multiplicity, the insanity defense might prevail, and Mr. Bianchi could thereby avoid the death penalty and perhaps even prolonged imprisonment; instead, he would spend time in a psychiatric treatment center and look forward to being released once the personalities had been fused.¹² Thus, the secondary gain for being diagnosed as a multiple personality was potentially a matter of life or death.

Mr. Bianchi was examined by the first author after Drs. Watkins, Moffett, and Allison had interviewed him. The videotapes of these interviews provided an opportunity to compare his behavior with different clinical evaluators, as it evolved over time. The pattern of interactions suggested the need to be particularly attentive to Mr. Bianchi's response to social cues. Perhaps even more important was the massive amount of life history material uncovered by the police and the defense, which in large part was not available to the earlier evaluators before their initial interviews, but which revealed a persistent pattern of carefully thought out deception

¹¹Under Washington state law, the M'Naghten Rule for insanity is phrased as follows: To establish the defense of insanity, it must be shown that: (1) at the time of the commission of the offense, as a result of mental disease or defect, the mind of the actor was affected to such an extent that: (a) he was unable to perceive the nature and quality of the act with which he is charged; or (b) he was unable to tell right from wrong with reference to the particular act charged. (2) the defense of insanity must be established by a preponderance of the evidence.

¹²It has been argued by Dr. Watkins, that Bianchi "would also be stupid, if he were going to simulate insanity, to try to simulate multiple personality, because multiple personality per se is not insanity [Trial trans., *People v. Buono*, 1983, p. 2,549-2,550]." It is true that multiple personality disorder is not a form of psychosis. However, a consensus by the experts about the diagnosis of multiple personality disorder would likely have prevented the criminal proceedings, and Mr. Bianchi would have been dealt with less by the penal system and more within the framework of the mental health system. Further, the three experts who diagnosed Mr. Bianchi as dissociative reaction or multiple personality also reported to the Court that he was insane. It is particularly noteworthy that the use of multiple personality as an insanity defense had been successful in another case (*State v. Milligan*, 1978). The similarity between the Bianchi case and the Milligan case was pointed out in the context of an interview with Dr. Watkins by *Time* magazine (1979). In that article it was reported, "A judge found Milligan not guilty by reason of insanity, and he was committed to a mental hospital [p. 26]." In February, 1984, Milligan was granted release from the mental health center where he had been institutionalized (*Post*, 1984).

Not only was the multiple personality defense the basis of a plea of not guilty by reason of insanity in the Milligan case, but this fact received nationwide attention during the period immediately prior to the January, 1979 Bellingham murders. A full-page article on the multiple personalities of the defendant, Milligan, appeared in *Time* magazine (1978), prior to his trial, and another full-page article was published in *Newsweek* (1978), the week after the Court accepted Milligan's not guilty by reason of insanity plea. While there is no way of knowing whether Mr. Bianchi read these articles on the Milligan case, or had knowledge of them from other sources, prior to his not guilty by reason of insanity plea, it is interesting that Bianchi placed the emergence of the initial alter personality at age 9, which was the age that the *Newsweek* (1978) article had reported Milligan's "personality shattered [p. 106]."

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that did not seem to fit the history of individuals with multiple personality. Because the sum total of the available data might well indicate purposive deception in the psychiatric interviews, it seemed especially

important to provide a number of opportunities for Mr. Bianchi to demonstrate that he had genuine amnesic barriers, that he was hypnotized, and that the diagnosis of multiple personality was appropriate. Therefore, clinical criteria had to be developed that could be used to explore Bianchi's apparent symptoms and reports. This process, however, was seriously confounded by the fact that Kenneth Bianchi had access to many records in the case as part of his participation in his defense. He admitted to various experts that he had read the medical and psychiatric reports from his childhood; that he had read many of the police reports on evidence and interviews with various individuals such as his wife; and that the credentials of the examining clinicians preceded them.¹³

Moreover, as Ken, he often complained about what he read in the newspapers concerning his case, and indicated that he was "told" what various people had said about him to lawyers and investigators. The assessment of multiple personality versus the possibility of malingering was made more difficult by the fact that he had reported having seen the film "Three Faces of Eve" ¹⁴ some years earlier and the likelihood that he had seen the film "Sybil" ¹⁵ in his cell shortly before the sessions with Dr. Watkins, since these films illustrate the central role of amnesic barriers and the emergence of sudden shifts in behavior as typical of multiplicity.

Despite these problems, there was a large body of clinical data to evaluate, and an effort was made to determine the extent to which his behavior reflected a multiple personality disorder, rather than a response to demand characteristics within the situation (see Orne, 1962). One of these criteria concerned whether Kenneth Bianchi was hypnotized.

The Question of Hypnosis

Because the alter personality "Steve" was brought out during hypnosis, and because the ability to enter deep hypnosis has traditionally been

¹³During his early interviews with Dr. Watkins and again in his later interviews with Dr. Faerstein and the first author, Mr. Bianchi indicated that he had knowledge of the report on the psychiatric examination of him at the DePaul Clinic at age 11. Similarly, he indicated to Dr. Moffett and Dr. Faerstein that he had read the police reports, saying to Dr. Faerstein, "I've read police reports and everything else. Uh, you know, I've got all kinds of reports." Finally, he indicated to Dr. Watkins that, "Ah, yes, your credentials preceded you [March 21, 1979, p. 7]," and the attorney indicated to the first author that he (Mr. Brett) had enjoyed reading an article the first author wrote on hypnosis and simulation, though he subsequently testified that he had not shown it to, or discussed it with, Mr. Bianchi.

¹⁴This film shows the original personality, Eve White, troubled by severe headaches as a presenting complaint. It makes clear that these headaches are a symptom of an alternate personality attempting to emerge. Though headaches played an insignificant role in Mr. Bianchi's prior history, it is noteworthy that headaches assumed a prominent role following Dr. Watkins's uncovering of "Steve."

¹⁵The Bellingham jailer, Mr. Kovacks, reported that the television was on in Mr. Bianchi's cell while the film "Sybil" was being shown, a week before he saw Dr. Watkins.

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reported to be associated with multiple personality (Bliss, 1980; Sutcliffe & Jones, 1962), determining whether Mr. Bianchi was deeply hypnotized would also help clarify the likelihood of his being a multiple personality. If it could be shown that Kenneth Bianchi was deeply hypnotized when the alter personality emerged, it would not prove that he was a multiple, but it would be consistent with that diagnosis. Conversely, evidence that hypnosis was being simulated would not prove that the symptoms of multiple personality were also simulated, but it would lend support to such a view.¹⁶ Regardless of the relationship

between hypnotizability and multiple personality, if simulation of deep hypnosis were observed, this would call into question the overall reliability of the individual.

In normal clinical practice the simulation of hypnosis is hardly ever encountered, since psychotherapists avoid problems of this kind by making certain that they do not lend themselves to satisfying secondary gains of the patient by means of their therapeutic interventions. Consequently, there is little motivation for the private patient seeking help to purposively deceive the therapist. In the usual clinical context, therefore, there is neither the need nor the opportunity to assess whether a patient is simulating hypnosis.

Nevertheless, contrary to popular assumptions, it is possible for untrained naive subjects to simulate deep hypnosis and fool even very experienced hypnotists,¹⁷ by behaving in ways that they think a hypnotist wants (Orne, 1959, 1972). The variability of hypnotic behavior is sufficiently great that without having had the opportunity of comparing many hypnotized and simulating subjects (while blind to their actual status) with subsequent feedback concerning their actual status, it is simply not possible to reliably diagnose whether an individual is in fact hypnotized.

Over a period of years, however, in the context of resolving a number of basic research issues, criteria were developed for discriminating simulators from deeply hypnotized subjects (see Orne, 1977). Certain responses were rarely if ever seen in simulators, while other behaviors were rarely seen among deeply hypnotized individuals. Though there remains overlap between behaviors of hypnotized and simulating individuals, it has become possible to make reasonable probabilistic differentiation in

¹⁶It should be noted that this proposed use of hypnosis in evaluating a case of suspected multiple personality where secondary gain exists, is different from that suggested in DSM-III, where it is stated that malingering of multiple personality may be resolved by using hypnosis (or amytal interview). The implication in this latter case is that hypnosis can be used as a quasi lie detector; whatever the individual says in hypnosis is considered to be true. Such a claim has no basis in fact. Individuals can lie when deeply hypnotized as well as when simulating hypnosis (or for that matter, when under the influence of amytal). The strategy proposed here is not to attempt to use hypnosis as a lie detector, but rather, to assess the likelihood that an individual with a presumed diagnosis of multiple personality might be faking hypnosis.

¹⁷For example, in 1960, Dr. Milton H. Erickson participated in our studies of simulation and hypnosis. He sought to identify simulators using whatever procedures he saw fit. He was unable to discriminate between simulators and deeply hypnotized subjects, despite his vast experience with many thousands of subjects and undisputed mastery of the field.

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the laboratory setting. Evaluating the presence of hypnosis in a single individual in any context, however, is, in the final analysis, a diagnosis.

As in most clinical differential diagnoses, it is unwise to base one's judgment on any single behavior -- truly pathognomic symptoms or signs are rare in psychiatry. Rather, one studies specific situations and looks for patterns of behavior which permit inference about the underlying processes one seeks to diagnose. While some of these situations are structured to elicit behaviors of diagnostic significance, it would be inappropriate to conceive of such situations merely as "test items" which can be "passed" by giving "correct" responses. Instead, it is essential for a trained observer to evaluate the quality of the responses as they occur within the totality of the interaction and to make inferences about the cognitive processes that they reflect.

The Context in Which Hypnosis was Induced

The first author was introduced to Mr. Bianchi as an expert for the prosecution, a circumstance which

might well imply an adversary relationship. Indeed, in two other cases of defendants charged with murder, the first author found that there was considerable resistance to the induction of hypnosis. Therefore, in this case, care was taken to avoid any confrontation and to both establish and maintain good rapport with Mr. Bianchi. This was apparently successful because when hypnosis was induced the response was that of a highly hypnotizable individual capable of entering hypnosis rapidly and apparently experiencing the most profound hypnotic phenomena. In addition, comments in Mr. Bianchi's diary, remarks made by Mr. Johnson, and testimony of Mr. Brett (Trial trans., *People v. Buono*, 1983, p. 36,913) all indicated that Mr. Bianchi felt that there was a positive relationship throughout the sessions with the first author. From the standpoint of Mr. Bianchi's behavior during the hypnotic sessions, there was no possibility that he was an individual of average hypnotizability; his behavior was such that he was either a hypnotic virtuoso or someone who was simulating deep hypnosis. His response to hypnosis in these sessions was consistent with what had been observed in the videotapes of the hypnotic sessions of Dr. Watkins and Dr. Allison. In a true sense, this diagnostic problem provided a real-life analog of the laboratory model which compares individuals who are either highly hypnotizable or simulating deep hypnosis.

In evaluating Kenneth Bianchi, the objective was to identify a group of behaviors that are typical of hypnosis, or to discern patterns of behavior characteristic of an attempt to simulate. The first step was to examine Mr. Bianchi's response to specific situations that have been useful to trained observers in distinguishing the deeply hypnotized individual's behavior from that of an individual simulating deep hypnosis.

Double hallucination. This procedure designed to elucidate the thought processes of a deeply hypnotized individual involves presenting the subject with a perceptual conundrum. After it has been suggested that the

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subject hallucinate a person -- in this case, Mr. Brett -- and he has talked to the hallucination for some time, he is asked where the person is and he obviously points to the hallucination. He is then instructed to turn toward an area (that had previously been outside his field of vision) where the actual person is sitting, and is asked, "Who is this?" If this is done in a manner that does not cue the subject as to what is desired, most simulators will indicate that they do not know who is sitting there, or that there is no one there, or that it is someone other than the person actually sitting there. In a laboratory situation, when no longer in the simulating role, the subject will upon inquiry explain that he was supposed to be hypnotized and hallucinate the person sitting in front of him, so he could not admit that he could see the other (real) person since the same person can be in only one place at a time.

In contrast, the deeply hypnotized individual does not appear to be bound by this logical stricture, but instead, shows what is called trance logic. That is, when faced with the perceptual conundrum, the hypnotized individual will correctly report the presence of the individual actually sitting there, though he may be puzzled by it when acknowledging that there are two of them (and may do a double-take), but he does not appear distressed or verbally excited; in short, this situation tends to elicit what is clinically referred to as *la belle indifference*.

The response of Kenneth Bianchi to the double hallucination of his attorney was superficially consistent with that of a hypnotized individual; he looked back and forth, admitted to two Dean Bretts being present, and inquired as to how there could be two of them. On the other hand, the manner in which the acknowledgment of both a real and a hallucinated Mr. Brett was conveyed was inconsistent with the style of a hypnotized individual. Mr. Bianchi spontaneously went to considerable effort to explain his response (without any request for elucidation). When asked, "Who is this?" (pointing to the real Mr. Brett), instead of what would be the usual slightly puzzled response, "Dean Brett," he replied in an agitated, insistent way with a question: "If Dean Brett is here and Dean Brett is here, how can he be in two places? Dean, Dean! How can Dean Brett be in two places? . . . How can Dean Brett be in two places?" After correctly

responding to a request to indicate which one is the real Dean Brett, he was asked, "How do you know?" to which he replied, "Cause he's not there anymore. How can I see him in two places?"

We have never seen a deeply hypnotized subject volunteer his reaction to the double hallucination in this fashion. One does not generally observe a hypnotized person addressing the conundrum by answering with a question; particularly a question that highlights the simulator's logic problem ("How can I see him in two places?"). The repeated question almost seemed designed to assure the hypnotist that the experience was bona fide. In our view, this reaction is incompatible with that of a deeply hypnotized subject.

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Single hallucination. One kind of behavior often seen in deeply hypnotized individuals is the mixing of percept and hallucination. Thus, the subject who is asked to see (hallucinate) someone in a chair across from him may spontaneously report seeing the individual and seeing an outline of the chair (the percept) through the hallucinated person. Note that this is not suggested nor is the subject asked whether he sees the chair through the hallucination, since such an inquiry would clearly indicate that a positive response may be expected. Among deeply hypnotized subjects, only about one-third will spontaneously describe some kind of transparency or other unusual feature of their hallucination, reflecting a mixing of the true percept with hallucination. However, this kind of response has not been observed occurring spontaneously in subjects simulating hypnosis.

When a suggested hallucination was induced, Mr. Bianchi did not evidence any mixing of percept and hallucination, despite being asked to, "describe Dean to me in some detail. . . . Describe him more. Describe every detail. . . . Is there anything unusual about him at all?" Since two-thirds of hypnotized subjects also fail to indicate transparency or mixing of percept and hallucination, a negative response has no diagnostic value (whereas a spontaneous transparency response from Mr. Bianchi would have been support for concluding that he was hypnotized). However, there are more subtle features of Mr. Bianchi's behavior -- when he interacted with his hallucination and the examiner -- that are worthy of comment.

In hypnosis it had been suggested that he would be able to see his attorney, Mr. Brett, in the chair in front of him, and then talk with him for a while. At this point Mr. Bianchi manifested a response that we have never observed with any hypnotized individual who is interacting with a hallucination: namely, Mr. Bianchi spontaneously leaned forward, shook hands with the hallucination, and sat back again. Characteristically, hypnotized subjects do not volunteer a physical interaction (e.g., handshake) with their hallucination, unless it is specifically suggested.

What followed was a conversation on the part of Mr. Bianchi with the hallucinated Mr. Brett; more information was volunteered and asked for than is typically seen with hypnotized individuals. Most striking, however, is what Mr. Bianchi said when it was suggested to him that he again see the hallucinated Mr. Brett:

B: Oh, Dean. Boy, did you give me a start! So what's going on? What we gonna talk about, the three of us?

The first author then said, "Well, I want you to describe Dean to me in some detail. What does his. . . . Is he shaven?" to which Mr. Bianchi replied:

B: Oh, no! His beard. God, you can see him. You must be able to see him?!

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On the surface such responses may appear to merely reflect the compelling quality of the hallucination, by

making it seem impossible that the hypnotist should not also be sharing in the hallucination; the "three of us" refers to Ken, the hallucinated Mr. Brett, and the hypnotist. However, we have never seen a hypnotized individual respond to the request to talk with the hallucination by implicitly demanding that the hypnotist participate in a three-way conversation. Similarly, we have never observed a deeply hypnotized subject who, in response to the suggestion that he describe his hallucination, instructs the hypnotist that "you must be able to see him."

Typically, the hypnotized subject describes the hallucinated person without involving the hypnotist in the hallucination (even though the hypnotist is behaving as if he also sees the hallucination), just as a non-hypnotized subject would describe an actual person or object, if asked to do so in a psychiatric interview. In other words, whether hallucinated in hypnosis or actually seen while not hypnotized, the subject describes what he sees when requested to do so. The deeply hypnotized subject interacting with a hallucination has no need to persuade the hypnotist of the reality of his experience. Only if the subject does not actually see the hallucinated event -- but nevertheless desires to convince the interviewer that he does see the hallucination -- would he be expected to refocus attention away from his response and emphasize what the hypnotist ought to see. With this behavior the subject reveals what is foremost in his own mind. Therefore, we interpret Mr. Bianchi's behavior in this situation as not that of a deeply hypnotized individual, but rather that of someone trying to convince the hypnotist that his hallucination is real.

Suggested anesthesia. This procedure was first described in print by a lay hypnotist, Mr. Harry Arons (1967); it consists of drawing an imaginary circle on the back of the hypnotized subject's hand. Anesthesia is induced by suggesting to the subject that the skin inside the circle will have no feeling whatsoever; once the subject's response indicates that he is experiencing localized anesthesia within the circle, he is instructed to close his eyes (if they are not already closed). The subject is then told that when he is touched in a place where he can feel it, he should say "Yes," and when he is touched in a place where he cannot feel it, he should say "No."

Hearing or reading these instructions, a paradox seems obvious. If for the deeply hypnotized subject there is no feeling inside the circle, why would anyone say "No" when touched there? This is precisely the conundrum facing a simulator. Thus, he/she responds to various touches outside the circle, saying "Yes" each time, but tends to remain logical by saying nothing when touched inside the circle. Deeply hypnotized subjects, on the other hand, typically are not bothered by the logical incongruity inherent in following the instructions, and therefore tend to respond "No" when touched in the anesthetized area. (If the anesthesia is not complete,

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as is characteristic of only moderately hypnotizable subjects, touching inside the circle elicits an appropriate "Yes" response - interestingly, individuals feigning deep hypnosis do not say "Yes" when touched inside the circle.)¹⁸

The anesthesia procedure was carried out twice with Mr. Bianchi because the videotape camera was partially blocked on the initial trial. At that time, Mr. Bianchi responded by saying "Yes" . . . "No" . . . "Yes" Yes." The suggestion for anesthesia was then reiterated "Okay. Now you can feel absolutely nothing inside of this circle." This was followed by a series of "Yes" responses interspersed with pauses. Some hours later this procedure was repeated and the camera filmed the stimuli being applied inside and outside of the imaginary circle. During this administration, Mr. Bianchi responded "Yes" when touched outside of the circle and failed to give a response when touched inside of the circle.

At the time the procedure was first conducted, the response Mr. Bianchi gave was taken by the first author to be indicative of simulation. However, on examining the audio portion of the videotape of the first administration, there is an initial "No" response, and the second absence of response when touched inside the circle (indicated by a delay between "Yes" responses) cannot be documented visually. For these

reasons, as well as the possibility of inadvertent bias, we feel little weight should be placed on the results of this procedure as a means of distinguishing between simulation and deep hypnosis in this case.

Source amnesia. Another procedure that has some utility in identifying deeply hypnotized subjects concerns the loss of the origin or source of knowledge originally learned under hypnosis, even though the acquired information is recalled after the termination of hypnosis. The phenomenon is called source amnesia (Evans & Thorn, 1966; Thorn, 1960), and it has been found to occur in approximately one-third of all deeply hypnotized subjects, but not at all among subjects simulating hypnosis (Evans, 1979; Peters, 1973). Like the hallucination transparency, therefore, a positive response to the source amnesia procedure provides support for inferring that a subject was hypnotized, but a negative response does not indicate simulation.

18At the time of this evaluation, there were no published studies using this procedure. Subsequently, Eiblmayr (1981) reported a study, using a variation of the real/simulator model where "the simulating group were told to feign anesthesia within the circle" and using a modification of the circle procedure. In an attempt to employ psychophysical controls, the nature of the paradox inherent in the instructions to the subject seems to have been minimized. Further, it is unclear in the report whether the hypnotized subjects actually indicated that they experienced complete anesthesia, particularly since a group of only moderate hypnotizability was included. Despite these possible limitations, the data show that 7 out of 10 simulators, as opposed to only 2 out of 10 deeply hypnotized subjects, showed an absence of response when touched inside the circle. The data from moderately hypnotizable subjects (who tended to say "Yes" when touched inside the circle -- indicating incomplete anesthesia) cannot be considered as relevant to the present case, since Mr. Bianchi was either highly hypnotizable or simulating deep hypnosis.

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The procedure consists of asking the subject, during a hypnotic interaction, a number of simple questions to which he knows the answers, such as "What is the capital of New York?" and then asking a question(s) to which he is not likely to know the answer(s), such as, "The amethyst is a blue or purple gemstone. What color does it turn when heated?" When the subject indicates not knowing the answer to the difficult question, he is given in hypnosis the correct answer (in this case, "yellow"). Later in the hypnotic interaction the subject is given suggestions of amnesia, that when he wakes up he will remember nothing of the events that occurred in the session. After hypnosis is terminated, the individual is asked what occurred in hypnosis, and at this time both simulators and most deeply hypnotized subjects will indicate that they cannot remember what transpired. Following this, the difficult question(s) asked (and answered) in hypnosis is again posed, embedded in easy questions.

Some subjects who have genuinely been hypnotized experience source amnesia as evidenced by the fact that they will give the correct answers to both the easy questions and the difficult question; they will not, however, remember where they acquired the answer to the difficult question, and if pressed, will give a rationale such as, "I must have learned it in my geology course at college." Thus, source amnesia is characterized by the subject's forgetting the source of the information but not the content. Simulating subjects never show source amnesia (Evans, 1979; Peters, 1973), since they would be careful not to admit to knowledge acquired in hypnosis after having reported that they had amnesia for the events that occurred during hypnosis.

A brief version of the source amnesia procedure was carried out with Mr. Bianchi. Three easy questions were asked (e.g., capital of a state), and only one very difficult question (the amethyst . . .); however, in hypnosis Bianchi had to be told the answer to not only the difficult question, but also to one of the relatively easy questions (i.e., the capital of Arkansas).¹⁹ Immediately after bringing him out of hypnosis (having suggested amnesia prior to this), the four questions were administered. Mr. Bianchi correctly answered the easy questions, but he did not know the answer to the difficult target question that was the

criterion for source amnesia, a finding that does not discriminate between hypnosis and simulation.

Clinical Aspects of the Amnesia Behavior

A substantial number of Mr. Bianchi's hypnotic behaviors and responses during the interviews with him seem best understood as exaggerated

19The difficult or target items for source amnesia were selected by Evans and Thorn (1966) so as to be virtually certain that subjects would not have known the information before being told the answers in hypnosis. If easier items were used as targets, one could not distinguish between source amnesia and either momentary blocking in hypnosis or reminiscence effects in the wake state. Though in hypnosis Mr. Bianchi did not know the answer to an easy question (capital of Arkansas) but did recall the answer in the wake state, such a relatively easy item cannot serve as a criterion for source amnesia.

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demonstrations of his apparent desire to authenticate his hypnotic experience. We have already noted his spontaneously shaking hands with the hallucination, his insistence that the hypnotist must be able to see the hallucinated Mr. Brett, and his pointed questioning spelling out four times the conundrum of the double hallucination. An additional illustration of this kind of overacting, uncharacteristic of deeply hypnotized subjects, is worth noting, because it relates directly to the major symptom of multiple personality, amnesia.

During the first author's initial meeting with "Steve" (the confessed killer "personality"), which occurred on May 27, 1979, in a hypnotic interaction "Steve" aggressively insisted that he could not talk unless he had a cigarette, and consequently, some filter cigarettes were obtained for him. Consistent with his exaggerated macho style, he tore off the filter tips and smoked a half-dozen of the cigarettes during the interview, leaving a small pile of the torn off filters in front of him. When the interview with "Steve" was concluded, Ken was asked to return. Mr. Bianchi suddenly became his urbane self, looked at the hypnotist, looked at the desk in front of him, and then expressed utter surprise at the presence of the pile of filter tips, asking in an amazed voice what they were doing there and who could possibly have put them there.

We have rarely observed this kind of response in a person who has been repeatedly hypnotized. It was as if Kenneth Bianchi were using the opportunity to illustrate how strong his amnesia was for the behavior of "Steve Walker"; instead of saying that he could not remember what had just transpired, he was vividly demonstrating by his behavior that he had no awareness of what had occurred.

What is especially troubling about the cigarette tips incident is that Mr. Bianchi had previously demonstrated similar behavior separately with both Dr. Allison and Dr. Watkins. Already with Dr. Allison, almost 6 weeks earlier on April 18, 1979, he expressed surprise (as Ken) at finding his cigarettes missing and the tips in front of him. Two days later with Dr. Watkins, he expressed surprise (as Ken) over similar events. This dialogue is particularly revealing:

B: What's my rosary doing here?

W: Huh?

B: What's my rosary doing on the table?

W: Didn't you put it on the table?

B: No. I remember I hid it in my pocket.

W: Yeah. I thought you put it on the table. No?

B: No.

W: No. Okay. Well what do you think happened?

B: Steve again?

W: Yeah.

Mr. Bianchi had clearly had similar episodes of apparent surprise at finding that he did not remember moving objects around in hypnosis, as "Steve." Assuming bona fide amnesia (as he expressed), Ken should have known after this happened repeatedly that "Steve" was doing it, especially

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since he frequently inquired about it. Indeed, he indicates an awareness to Dr. Watkins that "Steve" had moved his rosary when he explains the phenomenon as "Steve again." Why then would he have shown such naive amazement when (for the third time or more) the Ken personality returned and found cigarette tips? This is especially striking since by this time he admitted to having learned a great deal about "Steve," who had emerged more than 2 months previously. The reenactment of this demonstration for each clinician who hypnotized him not only casts serious doubt on whether he was hypnotized, but calls into question the profound amnesia he displayed as part of his multiple personality.

The Question of Multiple Personality

Clinical psychiatry and psychology lack the benefit of the kind of feedback that the Clinico-Pathological Conference provides for general medicine -- feedback about the cause of death and a determination of the clues that were available prior to death which could have led to the correct diagnosis. Such feedback hones the diagnostic skills of medical practitioners, and provides a criterion for assessing what can be learned from consensual validation and the clinical course over time. While the latter two criteria for determining diagnostic accuracy are basic to the clinical practice of psychiatry, in a forensic setting it is not generally possible to evaluate the defendant's clinical course over time. Nor is consensual validation particularly feasible in the context of the adversary system. Thus, a different approach is needed to help distinguish whether the defendant is suffering from a major psychiatric disorder or whether he is malingering.

Besides developing procedures to evaluate whether Kenneth Bianchi was deeply hypnotized, we endeavored to find criteria that would directly permit some discrimination of the alternatives of malingering versus experiencing the multiple personality symptoms. These discriminators centered on the number and the nature of the personalities that Mr. Bianchi displayed, as well as on the amount of external corroboration for the multiplicity symptoms that Bianchi appeared to have. In addition, other information purporting to confirm or disconfirm the suspected diagnosis of multiplicity was examined.

More so than with the procedures for simulation of hypnosis, the hypotheses directed at evaluating the authenticity of multiple personality involved comparing Mr. Bianchi's responses during the first author's interviews with him to his responses during the other psychiatric interviews as well as to data gathered by the forensic teams investigating the case. Not only was corroboration of multiplicity symptoms sought, but an effort was made to determine if the symptoms and personalities expressed by Kenneth Bianchi could be modified by a casual comment designed to unobtrusively alter the demand characteristics (see Orne, 1973). To the extent that the personality boundaries, which had previously been clearly documented by other experts, could be changed simply by redefining for Mr. Bianchi behavior characteristic of a multiple personality, malingering must be considered.

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Thus, the stability of the presumably rigid boundaries between personalities and corroboration of multiple personality symptoms were the core criteria of these procedures. As with the hypnosis evaluation, no attempt was made to confront Kenneth Bianchi over the authenticity of his responses during the first author's interviews, nor was he challenged concerning any doubts that the interviewer may have had relating to any aspect of his behavior or symptoms. Quite the contrary, throughout the interview any positive attributes, such as his bright normal intelligence, were emphasized to facilitate rapport.²⁰

The Number of Personalities

This case presented a unique situation where two clinicians, intimately familiar with multiple personality and hypnosis (Drs. Watkins and Allison), had worked with the defendant over a 2-month period and only one alter personality ("Steve") had emerged. Further, while Mr. Bianchi was hypnotized, Dr. Allison had explicitly tried to elicit additional personalities without success. Under these circumstances, it became reasonable to assume that Kenneth Bianchi had only two distinct, autonomous personalities, and an attempt by another clinician to bring forth yet a third personality under hypnosis would not be successful. It should not matter whether this clinician had previously communicated the expectation in the wake state that there ought to be a third personality.

On the other hand, if Mr. Bianchi was malingering, then a communication that made it clear that the clinician believed that "real" multiples always have at least three personalities should cause him to produce an additional alter personality, when given the opportunity to do so during a subsequent hypnotic interview. In other words, under these circumstances the production of the additional personality would be an instrumental act to convince the interviewer of the authenticity of his disorder.

Accordingly, Mr. Bianchi was asked during the initial interview with the first author to explain what he had learned about himself since talking with the clinicians. The relevant comment made prior to hypnosis was provided during the following apparently casual interaction:

B: So one thing led to another and I was seeing all these experts and I went through a couple of sessions of hypnosis, and uh, I was told that there was a possibility that I had what's called a multiple personality. Which means that, that there are two separate distinct personalities within the same body, I guess.

O: That's pretty rare for there to be two, actually, that's one of the things I'm curious about.

B: Yeah, um, they mentioned only the two. I don't know, I, you know, I really don't know that much, much about the field. It's just as new to me as it is to, you know, a lot of other people. . . .

When subsequently hypnotized in this same session, Mr. Bianchi appeared as though he were in deep trance and eventually, on request,

²⁰This emphasis of positive attributes of Mr. Bianchi to maintain rapport was similar to the approach taken by Dr. Watkins during interactions with "Steve"; for example, at one point Dr. Watkins said to Mr. Bianchi, "You're going so damned fast. I'm not that smart. Okay. I'm not as bright as you are so let's cool it and slow it down a bit [March 21, 1979, p. 43, Line 10, dialogue on videotape but omitted from transcript]."

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"Steve" emerged. After "Steve" was sent away, the possible presence of another personality was explored

and resulted in an apparently spontaneous regression to a 9-year-old boy who said his name was Ken, and who was crying and afraid of being hit -- an ego fragment that appeared to relate to some earlier discussions with Drs. Watkins and Allison. The first author then asked to talk to that "part" that was neither Ken nor "Steve," in the same way the earlier interviewers sought additional personalities. At this time a new "personality" emerged, and responded that it needed more "time" before coming out. It said its name was "Billy," and he agreed to come out during the next session, which would be after dinner.

When Mr. Bianchi was hypnotized after dinner, "Billy" emerged with little difficulty. He was neither the aggressive, brutal, crude "Steve Walker" nor the urbane Kenneth Bianchi, but rather, an enthusiastic, pleasant hustler. His specialty was getting what he wanted or getting out of difficult situations by lying. He took responsibility for various cons (which previously were ascribed to "Steve") such as the psychologist scam. Whereas Kenneth Bianchi was ingratiating but somewhat aloof, "Billy" was not only cooperative, but extremely eager to offer superficial insights into both "Steve" and "Ken," in an almost collegial manner, yet throughout he maintained the demeanor of a hail-fellow-well-met.

It had been predicted that if Mr. Bianchi was feigning multiple personality, a third "personality" would emerge in response to the social cue given in the wake state, and thus the appearance of "Billy" further brings into question the validity of Mr. Bianchi's behavior. Not only would it have been unlikely for a true multiple personality to come forth as "Billy" after having failed to produce another personality for either Dr. Watkins or Dr. Allison, but also the manner in which "Billy" came forth fits this hypothesis. Thus, in our view, his unwillingness to talk before dinner can be understood if one considers that the idea of having an additional personality was brought up during the first interview that day, and he did not have the opportunity to think about what this personality should be like. The dinner break provided over 2 hours in which he could think about and put together the role of "Billy." It seems reasonable to assume that it was the casual comment which caused Mr. Bianchi to create an additional "personality."²¹

²¹It has been questioned whether "Billy" emerged for the first time as a result of the "casual comment" or rather was originally observed by Dr. Watkins. The latter does not appear to be the case. When first speaking with "Steve," Dr. Watkins inquired as to whether he had another name to which "Steve" replied, "Oh, Bill ... Yeah, I've always liked Bill." Later, "Steve" responded to a question about who his childhood friends were, saying "Bill Peterson." These two are the only mention of the name "Bill" in Dr. Watkins's interviews. Similarly, during a hypnotic age regression to age 9, Ken mentioned to Dr. Allison that, "Billy Thompson" was his best friend as a child. Thus, at no time did any "Billy" personality emerge as an identifiable third personality prior to the communication that it was rare to have only two personalities -- though additional personalities had been explicitly looked for previously by Dr. Allison. It is not surprising that if Mr. Bianchi was pushed to provide a third personality in response to the interviewer's expectations, that he would name it "Billy," as this was the name he used to describe a childhood friend, and he was keenly aware of all the attention and interest that the other experts had shown over his childhood -- though "Billy" maintained that his name came from someone calling Bianchi that name by mistake.

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As Dr. Allison's later interviews with Mr. Bianchi confirmed, "Billy" was as eligible as "Steve" to be accepted as an example of an alter personality. Our concern was not, however, to document whether phenomena closely resembling alter personalities could be produced by hypnotic suggestions (as had been already shown by Kampman, 1976); instead, the concern was with establishing whether an additional autonomous personality had existed prior to Mr. Bianchi's arrest. Since Dr. Allison had already probed for such a pre-existent personality, without success, and the major difference between his approach and that of the first author was only the addition of a hint in the wake state, it is extremely unlikely that "Billy" in fact represented a pre-existent alter personality.

Rather, the additional apparent alter personality, "Billy," was created by the simple expedient of implying

that another such personality ought to exist. If such a hint had failed to produce an additional "personality," it would have lent support to there being firm barriers between the personalities -- outside of Mr. Bianchi's conscious control -- consistent with the diagnosis of dual personality. However, if a casual comment can parlay two personalities into three, then it seems likely that Kenneth Bianchi had far greater control over the management of his ego boundaries than he admitted to, or than would be expected in a patient with a multiple personality disorder.

Changes in Personality Boundaries

In describing the emergence of "Steve" earlier, it was noted that this "personality" changed considerably over a period of 2 months, becoming remarkably more aggressive and profane, which would be unusual for a fully developed alter personality that allegedly pre-existed for 19 years. Another way to evaluate the extent to which Mr. Bianchi was responding to demand characteristics in the situation (rather than portraying the reality of his condition), was to hint that Ken's personality would be more plausible if he acknowledged one or another flaw of his character. Thus, the first author indicated to Mr. Bianchi, outside of hypnosis, that he would be more credible if he (Ken) actually had some faults; as it was, he presented himself as a "plaster saint," particularly in claiming never to have taken advantage of any opportunity to steal or to have sexual encounters with the prostitutes working for "Steve."

During the interview with Dr. Faerstein, only 4 days later, Mr. Bianchi allowed that, as Ken, he had some involvement with these women, that he had stolen from the very stores which had hired him as a security guard, and he acknowledged recollections of the psychology scam. These reallocations of responsibility, which occurred with Dr. Faerstein and later with Dr. Allison, cannot be convincingly explained from the perspective of a multiple personality diagnosis. Had there been rigid barriers between the personalities, the basic "Ken" personality should have re-

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mained unchanged in Dr. Faerstein's interview. As it was, the boundaries of the three "personalities" were altered by straightforward social cues provided outside of hypnosis

On the other hand, the quasi-therapeutic interventions that had occurred earlier with Drs. Watkins and Allison permit an alternative explanation to be offered; that is, the fusion process had been initiated, resulting in leakage across the previously impermeable amnesic barriers. Unfortunately, in the course of these quasi-therapeutic interactions, Mr. Bianchi was not only told that he was suffering from a multiple personality, but he was also instructed concerning the symptoms involved, that he would become more and more aware of things done by his personalities, and that this awareness would come to him over a period of time. Thus, Kenneth Bianchi was given carte blanche to "remember" whatever he wanted to, whenever he wanted to. Once the differential diagnosis between malingering and multiple personality has been resolved, providing such detailed information to a defendant about diagnosis, symptoms, and the expected clinical course may be appropriate as a therapeutic maneuver; but if in a forensic context, therapy is initiated prematurely, differential diagnosis becomes far more difficult.

In this case however, "Billy" was created during the session with the first author, long after these therapeutic interventions. While changes in the barriers between "Steve" and "Ken" could perhaps be explained on the basis of a therapeutic intervention, these interventions cannot be invoked to explain either the appearance of "Billy," or the reallocation of responsibility to "Ken" for different activities following "Billy's" emergence.

External Corroboration

The most fundamental criterion for diagnosing multiple personality in any situation involving secondary gain, is the independent corroboration of the pre-existence of distinct, autonomous personalities with specific "behavior patterns and social relationships [DSM-III, p. 257]." Additional symptoms typically

considered characteristic of the disorder are discussed in DSM-III as well as by various writers (see Coons, 1980), and include amnesia, dramatic behavior changes, erratic interpersonal relationships, auditory hallucinations, hysterical physical symptoms, and childhood trauma. Since the disorder is considered to develop quite early in life, typically between the ages of 4 and 8, symptoms usually can be documented from adolescence on through adulthood. In classic cases, parents, spouses, relatives, friends, co-workers, and neighbors may be found who can verify at least some of these symptoms, especially profound shifts in behavior and amnesia for recent personal actions.

Certainly, Kenneth Bianchi ultimately displayed to those experts who used hypnosis what appeared to be three very different personalities.

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Given the extreme differences between "Ken" and "Steve," corroboration of the pre-existence of these two personalities should have been relatively easy. Despite the expenditure of massive amounts of time, effort, and resources by both the police and defense to corroborate Mr. Bianchi's statements concerning his earlier symptoms, no corroboration of pre-existing alter personalities was found.

Though Mr. Bianchi's mother confirmed his difficult childhood and he likely suffered from her discipline and his father's death, none of the people who knew him, including his mother, ever reported that he displayed erratic behavior changes. Most disturbing of all is the fact that his wife, friends, and co-workers could recall no instances where he suddenly went from pleasant "Ken" to raging "Steve." Though he is reported to have been occasionally angry, this reaction was not accompanied by insisting that he be called by another name, by outrageous profanity, or by behavior that was totally uncharacteristic of him.

Similarly, while after the initial psychiatric interviews Mr. Bianchi reported that he had experienced blank episodes earlier in his life, no one was found who could verify such episodes. He never reported auditory hallucinations. He claimed to have headaches while incarcerated, but at other times, he denied having headaches prior to being incarcerated. (It had been explained to him very early in the clinical evaluations that headaches were due to another "part" of him trying to get out.)

The lack of corroborating evidence for the key symptoms of multiple personality is particularly disturbing in this case, given the extraordinary amount of effort expended at researching Mr. Bianchi's past. It is unlikely that the past of any other individual suspected of being a multiple personality has ever been so thoroughly investigated. The headaches as symptoms are at best equivocal, and only an extremely small proportion of children who suffer serious physical abuse or psychological trauma develop a multiple personality.

Another point that has received much attention concerns Mr. Bianchi's sculpture (during adolescence) of a head with two faces—one side with a normal appearance and the other with a monstrous look. It is difficult to assess the psychological significance of such an isolated projective creation, but it is noteworthy that Mr. Bianchi himself stated to Dr. Lunde in his interview that the two heads were an "accident" in that Bianchi had difficulty forming the back of the head and it therefore became a joint project wherein another student sculpted the "ape's" face (transcript of July 12, 1979, interview, Tape 1, Side 1, p. 8). In a letter dated July 12, 1979, to the experts, Mr. Brett, the defense attorney, also indicated that the sculpture was "done as a class project by Ken Bianchi and Tom Thornton in Jim Wickham's sculpture class in 1968 . . . [p. 2]."

Somewhat more substantial data in support of multiplicity derives from Kenneth Bianchi's psychological evaluation at age 11 at the De Paul Clinic.

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This workup reflected the psychological impact of his mother's controlling and demanding behavior, in particular as it related to his inability to express masculine feelings and strivings, except in his wish to be a policeman. Following Mr. Bianchi's arrest, the defense counsel wrote to the psychologist who had evaluated Kenneth 16 years earlier; the psychologist replied, concluding retrospectively:

It does not take great psychological acumen to see the possibility that the hostile, aggressive side of himself could have further retreated into the background only to be expressed in ways that would be so subtle, devious or indirect so as not to be recognized by his own conscious awareness. There are, of course, several ways of such expression but, to reiterate, multiple personality is among them.²²

Thus, what little corroborative evidence can be located is at best consistent with the diagnosis of multiple personality, but fails to validate any of the crucial symptoms and can hardly be taken as evidence for it. Given the amount of data that was collected about Mr. Bianchi and the inevitable distortions in retrospective recollections, it is in fact surprising that more meaningful evidence in support of the diagnosis was not found.

On the other hand, a considerable amount of data inconsistent with a diagnosis of multiplicity has already been noted. Some additional points deserve mention. The nature of the crimes committed -- ranging from the seemingly minor phony psychologist scheme to the Bellingham murders themselves -- displayed a calculation and planning spaced out over days, weeks, or months. It is difficult to see how Kenneth Bianchi could have undergone the alleged personality shifts required to so often vacillate between the good and evil "personalities," in order to execute these schemes, and yet no one noticed the personality shifts, and he told no one of the amnesias that he later alleged.

One of the more interesting pieces of police work involved the search for "Steve Walker." After Mr. Bianchi displayed the "Steve" personality, the police set out to determine whether anyone had ever known Bianchi as "Steve Walker." In their search they discovered that there was indeed a real Steve Walker, and that Kenneth Bianchi knew a good deal about this individual. In order to obtain additional forged diplomas, Mr. Bianchi placed a classified advertisement for a psychologist on May 4, 1978. Thomas Steven Walker, M.A., was one of the many applicants who forwarded his college and graduate school transcripts in response to the ad -- his scholastic records were particularly outstanding. Mr. Bianchi then wrote to the relevant institutions as "Steve Walker," requesting new diplomas, enclosing the appropriate fee, and asking that they "forward the fully completed diplomas EXCEPT for my name . . . I have at an additional expense retained a calligrapher that will print my name in a fancy script of my choice." He indicated that they should be sent to "Thomas Steven

²²Letter dated June 8, 1979, from Robert M. Dowling, Ph. D., p. 2, to the defense attorney.

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Walker, c/o Mrs. K. Bianchi." After obtaining the blank diplomas, he had a calligrapher affix "Kenneth A. Bianchi" to them.

This not only shows the planning that is involved in the kind of scams perpetrated by Mr. Bianchi, but clearly establishes that he knew of the real Steve Walker, and used his name. It is difficult to explain how "Steve Walker" could have been the alter ego that supposedly emerged during his childhood. If one assumes that by some bizarre coincidence an alter ego with the name of "Steve Walker" did exist independently of the psychologist Steve Walker, then one would expect that when Mr. Bianchi became aware of his alter personality that he would have shared the coincidence with the psychiatrists who evaluated him.

Finally, one needs to consider an analog to clinical follow-up, that is, what happened after Mr. Bianchi pleaded guilty (following the submission of the psychiatrists' reports) and the secondary gain for

malingering a multiple personality was no longer as obvious. While Mr. Bianchi assiduously kept a diary of his emerging "insights" throughout the clinical evaluations -- knowing that it was regularly distributed to the examining clinicians -- he no longer maintained the diary after he pleaded guilty. He also developed a new story as to the killings in Bellingham, blaming them on another individual (named Greg) who is known to have lived in the area but who had been killed in an accident since the murders. The police definitively proved that Greg was not involved and that Bianchi knew of Greg's death. The most dramatic incident following Mr. Bianchi's guilty plea involved a young woman who had become interested in him, visited him frequently in prison, and then attempted a murder in the style of the Hillside Strangler. When apprehended, she admitted that this had been discussed with Mr. Bianchi and was an attempt to show that the killer was still at large. Shortly after learning of the woman's apprehension, Bianchi is reported to have become "catatonic." This time, however, there was no interest shown in his "mental illness," and the symptoms disappeared as quickly as they had come.

Clearly, even after Mr. Bianchi had pleaded guilty in order to avoid the death penalty, he continued his schemes to avoid responsibility for the crimes by a variety of means different from feigning multiple personality, but equally instrumental in terms of achieving the desired goal of raising doubts about his guilt. 23

23Because Mr. Bianchi continues to provide different versions of what actually took place when the crimes were committed (as well as whether he was involved or even knew about them), it does not follow that he is necessarily a multiple personality. Individuals with antisocial personality disorders are chronic liars, and a prediction could easily have been made that he would continue to lie, distort, and misreport his involvement, even after pleading guilty. In his present situation it can be argued that there is nothing to lose by telling the truth, yet there is little to gain either. This erratic behavior may in part also be contributed to by a tendency toward paranoid ideation; in any case, however, he continues his pattern of blaming others for his difficulties.

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Psychological Tests

Clinical investigations of suspected cases of multiple personality have more recently included psychological tests such as the Minnesota Multiphasic Personality Inventory (MMPI) of Dahlstrom and Welsh (1960), the California Personality Inventory (CPI) of Gough (1964), and the Rorschach (1942), in an effort to document clear differences among personalities (e. g., Brandsma & Ludwig, 1974; Larmore, Ludwig, & Cain, 1977; Miller, 1984; E. E. Wagner & Heise, 1974). This same approach was taken with Kenneth Bianchi; though the MMPI was administered only to Ken, the CPI was first administered to Ken and later to all three personalities (Ken, "Steve," and "Billy"), while a Rorschach record was obtained from Ken and "Steve."

At first glance, psychological testing may appear to be a simple and elegant way to authenticate the different, autonomous personalities of a suspected case of multiple personality. However, the evaluation and interpretation of these tests in such situations is considerably more complex. Psychological tests were designed to be given to an individual in order to permit inference about that unique individual's psychological and emotional makeup. Thus, when an expert evaluator is given a series of psychological test protocols to score blind, he would expect that each protocol was from a different individual. Unless the evaluator is involved in a special experiment, or told otherwise, it is reasonable for the expert to score and interpret each protocol as being from a separate person.

On the other hand, when the purpose of the psychological tests is to determine whether an individual who is a presumed multiple has separate, autonomous, and distinct personalities, the manner in which the protocols are presented to the evaluator creates a conundrum. The usual control for bias -- to keep the evaluator blind -- would tend to result in a description of two different personalities. Conversely, to inform

the evaluator that two test records were produced by the same body would tend to result in the protocols being interpreted as coming from one personality. In the absence of extensive research there is no satisfactory resolution to this dilemma. The problems of applying psychological tests to the diagnosis of multiple personality are well illustrated in the case of Kenneth Bianchi, where tests were used to both support and refute claims of multiplicity.

The administration and initial scoring of the Rorschach records were conducted by Dr. Watkins, who then had two experts also each score the records blind (marked only as "K" and "S"), without any mention that they might be from a multiple personality. The blind evaluators interpreted the records as coming from two distinct individuals; this was submitted as proof of Mr. Bianchi's multiple personality.

Rather than infer multiplicity because the expert treated the protocols as coming from two different individuals, we chose to share with the

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evaluator that the problem was to determine whether the Rorschach records reflected different personalities that are essentially autonomous, or whether they did not. Recognizing the unavailability of some form of bias, we treated this issue as a clinical problem, where an independent expert, experienced in blind analysis of Rorschach records, was asked to make a differential diagnosis based solely upon the psychological test protocols.

Accordingly, the Rorschach records (obtained by Dr. Watkins) were independently submitted to Dr. Margaret Singer (who is well known for the systematic analysis of blind Rorschach tests; see Singer & Wynne, 1965), with the clinical question of whether or not the records indicated separate personalities. In her evaluation of Record 1 ("Steve"), Dr. Singer 24 observed:

With only a casual glance at how seemingly different the surface content and the quality of the way he treats the examiner, a reader might think this record comes from a second person. However, close inspection reveals that the thought, attention and associative properties that one sees at a formal level are almost identical. The underlying formal thought properties are so similar as to be striking. It is granted that the content is vastly different from that given in Test #2 (Ken), and the man treats the tester politely on that test, but here acts the role of the irritable, rude, uncooperative person who wants out of the situation and merely cuts off participating.

In summarizing her observations, Dr. Singer wrote:

I regard these two records to be simply reflections of one man, who is a sociopathic personality. On Test 2 he was cooperative, on the #1 he said aloud a number of sexual contents. Over the years I have tested many sociopaths and this is one of their predictable ways of handling others. They are expert at "reading" what shocks other persons, namely saying shocking sexual or body function acts aloud. . . . There is no real cognitive slippage in these records even though some testers may get amazed at the sexual content; if they have tested enough similar persons in similar situations, they will no doubt see as one does here, the stark underlying similarities.²⁵

²⁴Letter dated June 20, 1979, from Margaret T. Singer, Ph.D., to the first author.

²⁵In a letter (dated July 14, 1981) offering help to the District Attorney of Los Angeles (a letter introduced on October 26, 1981, in Trial trans., *People v. Buono*, 1983), Dr. Watkins indicated that his Delta Index (J. G. Watkins & Stauffacher, 1952) of the Rorschach for "Steve" should have been scored 25% -- in the psychotic range -- rather than 0% as scored by Dr. Singer. This index is based upon Dr. David Rapaport's classic studies (Rapaport, Gill, & Schafer, 1946) where he enumerated various types of deviant verbalizations in an effort to specify aspects of schizophrenic thinking as they could be detected in the Rorschach. He emphasized the need to evaluate a deviant Rorschach response in the context of the

individual's overall interaction with the examiner. Thus, overt sexual responses are most commonly seen in psychotic records but they are then associated with a poor form response (F-), which is not the case here. If, as Dr. Singer points out, an individual uses street language, then the use of overt sexual content as well as the use of profane adjectives are likely to reflect a communicative style rather than cognitive slippage. Careful analysis shows that a number of responses that might superficially be interpreted as loss of distance are better understood as expressing an attempt to intimidate and shock the examiner. Fortunately, Dr. Watkins's codification of Dr. Rapaport's concept is generally quite useful, because one rarely encounters a nonpsychotic individual who goes out of his way to lard his speech with profane street language in the testing situation.

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More recently, Dr. Allison (1984) took a similar approach to the Rorschach interpretation, requesting Dr. Edwin Wagner to review the records -- Dr. Wagner has published the only paper (E. E. Wagner & Heise, 1974) on Rorschach tests with authenticated multiple personality cases. Dr. Wagner independently concluded that Bianchi's Rorschach records did not resemble those of the multiple personality cases he had seen, but rather were indicative of a sociopathic²⁶ or psychopathic person faking different profiles.²⁷

The same kinds of interpretive issues that arose with the Rorschach records also existed for the CPI, which was administered to all three "personalities." Dr. Harrison Gough was asked to evaluate the three CPI protocols from Ken, "Steve," and "Billy" to determine whether or not these were distinct, autonomous personalities. Consistent with Drs. Singer and Wagner, he²⁸ concluded:

the three personalities (Ken, Billy, and Steve) do not seem to be three distinct and different individuals, but rather roles or variations developed from a common core. . . . Are Ken, Billy, and Steve the different selves of a multiple personality? It is possible that they are, in particular the selves constituted by Ken and Steve. But against this must be mentioned the push toward fraudulence in the two profiles of Ken, and his tendency to persuade himself of the truth and legitimacy of whatever accrues to his own advantage. It would be tempting indeed for such a person, faced with his present difficulties, to fabricate two other selves and to try to shift all the blame and responsibility to one of them.

Finally, the MMPI was administered only to Ken by Mr. John Johnson. The protocol was evaluated blind by Dr. David E. Cummins who was

²⁶Though there is a remarkable agreement in the Rorschach analyses of Dr. Singer and Dr. Wagner, Dr. Wagner notes that, "For the record, I don't think Bianchi is a sociopath either, at least not the garden variety type [Letter from Dr. E. E. Wagner to Dr. Watkins, August 2, 1983, with permission from Dr. E. E. Wagner]." Rather, as he states in a recent manuscript: "It is our contention that Bianchi is really a special kind of sociopath, a paranoid with a psychopathic overlay which, for lack of a better term, could be referred to as a 'psychopathic paranoid' [E. E. Wagner & C. F. Wagner, Diagnosing multiple personality with the Rorschach: The case of the Hillside Strangler, manuscript in preparation, p. 15]." Dr. Wagner's position has not changed since his February 22, 1980 letter to Dr. Allison wherein he stated:

My considered opinion is that this is not a multiple personality. I am basically in agreement with Dr. Singer although I would hasten to add that this is not a typical psychopath. Ken is what I call (for lack of a better name) a paranoid with psychopathic overlay. . . . Such cases are quite dangerous and, as might be expected, tend to be diagnosed as psychopathic or paranoid [p. 1].

²⁷Notwithstanding claims to the contrary, both Drs. Singer and Wagner concur that it is possible even for uninformed individuals to successfully fake Rorschach protocols evaluated by experts -- especially if the experts have had little experience with the blind analysis of Rorschach records. In a recent study, for example, using as judges Fellows of the Society for Personality Assessment, protocols from Uninformed

Fakers "received as many Psychotic diagnoses as did the actual Psychotic protocols [Albert, Fox, & Kahn, 1980, p. 118]"; further, protocols from Informed Fakers (informed about the disorder to be faked, but given no information about the Rorschach test), were actually diagnosed psychotic far more frequently than the protocols from actual psychotics.

28Harrison G. Gough, Ph.D. (Confidential report on Kenneth Bianchi, July 31, 1979; People's exhibit No. 227, Trial trans., *People v. Buono*, October 19, 1981).

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selected by the defense, and who used a computer scoring of the protocol as one source for his evaluation. His²⁹ conclusions were:

Based solely upon the MMPI, I am inclined to suggest a diagnosis of psychopathic personality disorder, with a tentative secondary diagnosis of latent schizophrenia. Before being in any way comfortable with that diagnosis, however, I would require that the possibility of subclinical idiopathic seizure disorder be ruled out.

While it is clear that the psychological test data do not support a diagnosis of multiple personality, there is a lack of normative data documenting how effectively individuals malingering multiple personality could produce psychological test data that would support a diagnosis of the disorder.³⁰ Specifically, research is needed to determine how well clinicians can distinguish between test data derived from authenticated multiple personality cases, versus data from individuals role-playing or faking multiplicity, versus records from different individuals submitted as though they were obtained from a suspected multiple personality. Until such data are available, psychological tests cannot be taken as definitive evidence to document a diagnosis of multiple personality.

Differential Diagnosis

Is Kenneth Bianchi a Multiple Personality?

It has been generally agreed that the diagnosis of multiple personality demands the pre-existence of autonomous, separate identities, with different values, pasts, and social relationships (e.g., DSM-III). Though different authors focus on different aspects of the definition as central to the diagnosis of multiplicity -- some emphasizing the importance of amnesias and sudden unexplained behavior changes, and others focusing on child abuse, a history of headaches, hallucinations, hysterical reactions, and the emergence of other selves during crises -- they generally concur that multiplicity must have existed prior to contact with the therapist. Gruenewald (1971), for example, points out, "that to be judged an authentic case, the patient should have led two or more lives independently prior to his coming to psychiatric attention [p. 41]." Though these diagnostic

29MMPI Interpretive Report dated April 14, 1979, from David E. Cummins, Ph.D., p. 2.

30Problems of interpretation, bias, and malingering also apply to personality inventories such as the MMPI and the CPI, but in these cases the issues tend to polarize around validity indicators. The MMPI has been used to document multiple personality, largely due to a misunderstanding of the lie scale in the MMPI. Dr. Grant Dahlstrom (personal communication, January 20, 1983) points out that it is often assumed that if one obtained different personality patterns without an elevated lie scale, these could be taken at face value. However, the validity indicators are intended to indicate not only whether an otherwise normal individual is malingering a psychiatric disorder, but also whether the respondent is denying the presence of symptoms. On the other hand, when normal individuals role play a certain sort of

person in specific circumstances, the validity indicators do not necessarily detect the role playing. Further, little work has been done on individuals suffering from emotional or characterological problems, who are asked to avoid revealing those problems on one of a number of test administrations. Thus, a role-playing approach by a disturbed individual who is clearly motivated to portray two or more sides of himself could well go undetected on an otherwise reliable personality inventory. Consequently, when evaluating the possibility of multiple personality, reliance on validity indicators from such tests cannot be taken as definitive evidence of multiplicity.

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criteria have evolved in clinical settings, they are obviously of even greater importance in a forensic evaluation.

In the case of Kenneth Bianchi, as discussed earlier, there is a total absence of any independent evidence that would corroborate the preexistence of "Steve" or "Billy," despite extensive interviews with Mr. Bianchi's mother, wives, friends, co-workers, and former employers. The only time either "Steve" or "Billy" was seen was with the three clinicians who had used hypnosis.³¹ Neither the other clinicians, Mr. Bianchi's lawyer, his social worker, his priest, nor his jailers ever reported independently observing behavior characteristic of the alter personalities. Moreover, the evidence about the real Steve Walker from whom Mr. Bianchi at age 27 had arrogated to himself a Master's degree in Psychology, is difficult to reconcile with the information Bianchi provided during hypnosis that the alter personality, "Steve," had emerged at age 9. Further, the fact that "Steve's" essential characteristics changed considerably over several successive interviews would seem to belie the possibility that he was a pre-existing, fully formed alter personality. Similarly, the emergence of "Billy" following a hint by the first author that three personalities would make the diagnosis more credible, along with concomitant shifts in the boundaries of the personalities, appears inconsistent with the diagnostic criterion of multiple personalities each with pre-existent, well-defined boundaries outside of conscious control.

Thus, in our view, whatever Kenneth Bianchi's diagnosis might be, he does not meet the criteria required for an authenticated case of classic multiple personality.

Would a Less Stringent Criteria of Multiple Personality Be Useful in Describing Kenneth Bianchi?

Recently, it has been pointed out that "the symptomatology of multiple personalities lies on a continuum from mild and/or transient to severe and/or long lasting [Gruenewald, 1977, p. 385]," and that such a view is useful therapeutically. Dr. Watkins (1976) suggests that,

personality and behavioral functioning are organized into ego states separated by boundaries, the permeability of which lie on a continuum from easy accessibility between the respective contents of two states to complete impermeability -- such as appear to exist in the true multiple personality [p. 476].

He sought to apply this view to forensic issues by asking,

At what point is an individual in ego-state A to be held responsible for actions committed by ego-state B? It may well be that "the person" who pleads not guilty to a crime when unimpeachable testimony proved that "his body" committed the

³¹The traditional view that evidence for a pre-existent alter personality with an independent past and its own social relationships must be available to document a genuine multiple personality has recently been operationalized by Dr. Watkins to mean that "The distinguishing characteristic of the true multiple personality is that they manifest the multiple personality without being hypnotized [Trial trans., *People v. Buono*, 1983, p. 2,496]." While we agree that this is a necessary condition, it is not a sufficient one. Thus, the fact that "Steve" came out without formal hypnosis during Dr. Watkins's final session with Mr. Bianchi

(on April 20, 1979) cannot be taken as evidence that "Steve" had existed prior to Dr. Watkins's first session --particularly given the repeated elicitations of "Steve" by hypnosis in intervening clinical sessions.

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crime is not simply lying. The ego state testifying to the judge does not realistically and sincerely consider itself guilty of the act. It was not present when the crime was committed [p. 476].

More recently, Dr. Watkins (1984b, in press) explained that

Such "ego states" are found in good hypnotic subjects and may be created by many normal individuals for adaptation and defense. In these cases the dissociated entities do not emerge spontaneously as in multiple personalities but require hypnotic intervention for their activation [p. 4].

In the case of Kenneth Bianchi, however, Dr. Watkins made the diagnosis of multiple personality disorder because he felt that the alter personality "Steve" emerged outside of hypnosis, both while committing the murders, and on the last interview day with Dr. Watkins, in response to being told "Close your eyes, Ken" (April 20, 1979, Tape 73, Side A, p. 10). Though we do not concur with Dr. Watkins's diagnosis, it is worthwhile to consider the position that even if Kenneth Bianchi was not a classic case of multiple personality, could he not have been relatively close to this extreme on the continuum of dissociative states? That is, the "ego state of Ken" might not have been present at the time of the murders, though this would not have been obvious to outside observers since "Steve" was disguised as Ken -- and the undisguised "Steve" did not emerge without hypnotic intervention.

In his discussion of Kenneth Bianchi, Dr. Watkins explains on the basis of ego state theory that the reason why others had not seen "Steve" -- a somewhat unforgettable character -- is because he typically acted disguised as Ken. "Steve" not only could ostensibly affect Ken's thinking, but actually act as though he were Ken. In Dr. Watkins's words:

Steve said that even Mr. Buono thought that it was always Ken when he was there. So Steve, in a sense had a rather perfect disguise [Trial trans., *People v. Buono*, 1983, p. 2,611].

Thus, the reason that others might not have seen the sudden dramatic shifts in behavior is that "Ego states act like 'part-persons' or 'covert' multiple personalities [J. G. Watkins & H. H. Watkins, 1979, p. 218]." In essence, then, one would apply less stringent criteria to the diagnosis of multiple personality disorder -- criteria that do not require evidence of pre-existing, spontaneously emerging alter identities.

The application of these kinds of less stringent diagnostic criteria may be useful in a therapeutic context, but they raise serious practical problems in a forensic context. In the previous section we specified the data that caused us to reject the diagnosis of a classic multiple personality disorder in the case of Kenneth Bianchi. Once less stringent clinical criteria for the diagnosis are employed, however, the failure of others to have observed dramatic behavior shifts, bizarre behavior that is uncharacteristic of the person, or the spontaneous emergence of an identifiable alter personality, becomes irrelevant.

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The one externally verifiable criterion that remains is lapses of memory which should logically occur when "ego state Ken" is unaware of the actions carried out by "ego state Steve," and subsequently becomes aware that he (Ken) cannot recall what transpired in the immediate past. Thus, from this perspective it would be understandable why an observer might not be aware of a shift between "ego state Ken" and "ego state Steve" (since there would be no observable change in behavior), but there should be obvious confusion when "ego state Ken" returns and is unable to account for passages of time, where he is, or how

he got to be doing what he is doing. In other words, even with this loosening of criteria others ought to have observed the behavioral consequences of the amnesia, and Ken's ensuing puzzlement -- but they did not.

In the absence of such corroboration, the only evidence available to help assess the diagnosis of multiple personality with less stringent criteria is what occurs during the psychiatric interviews, and of these, only the ones conducted by the three experts who used hypnosis permit an evaluation of the alter "personalities" when they are not disguised and are clearly identified as themselves. The role of hypnosis thus becomes crucial, since the alter "personalities" were initially uncovered and explored with this technique. Hence, one of the very few possibilities of addressing the question of malingering is to evaluate the validity of the hypnotic state itself.

Though there is research on the simulation of hypnosis, the criteria that discriminate individuals simulating from those who are hypnotized do so on a probabilistic basis, and one must therefore deal with the problem of distinguishing between malingering and hypnosis in a single individual as a diagnosis. The first author's extensive experience in working with deeply hypnotized and simulating subjects (blind as to their status, but with subsequent feedback as to the accuracy of diagnosis), as well as his clinical experience with forensic evaluations including several capital cases where the possibility of malingering hypnosis had to be assessed, was used as the basis for his diagnosis that Kenneth Bianchi was faking hypnosis. If Mr. Bianchi did not experience hypnosis, it throws into doubt whatever else he reported about his private, non-verifiable experience, and strongly suggests that he was also malingering the amnesia and other symptoms of multiple personality.

While in our view there is adequate evidence in the case of Kenneth Bianchi to dismiss the diagnosis of multiple personality disorder (even with less stringent criteria), it is worth noting that as the criteria become less stringent, the possibility of ever falsifying the diagnosis becomes increasingly tenuous.

Does Kenneth Bianchi's Assertion That He Could Not Recall the Events of the Crimes Represent a True Amnesia?

Even if we reject the diagnosis of multiple personality, it may still be reasonable to assume that Kenneth Bianchi's purported amnesia was at

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least partially valid due to some degree of dissociation during and after the crimes. Thus, reports of amnesia after homicides are frequent -- ranging from 40% to 70% (cf. Bradford & Smith, 1979). Interestingly, this observation has been used not only to document the dissociation caused by the arousal concomitant with murder, but also to illustrate the profound unreliability of a defendant's verbal reports. These reflect the polarized positions that result from accepting the defendant's statements at face value as opposed to relying only on those assertions of the defendant that are verifiable. The problem, of course, stems from the fact that there is no way currently available to prove whether an individual is truly unable to recall, or whether he chooses to assert that he has no recollection while knowing full well the facts for which he denies knowledge.

From a legal point of view, the question whether an individual is actually able to remember is of crucial importance; not only does it determine whether the defendant can assist in his own defense, but also it may be closely related to the question of whether he knew right from wrong at the time of the crime -- in other words, whether he was responsible for his actions or sane, in a legal sense. The issue is no less important from a clinical perspective, particularly in relation to the spectrum of dissociative disorders.

While the legal point of view seeks to distinguish between these two positions, the clinician is more likely to conceive of amnesia on a continuum of dissociation, ranging from a total inability to remember at one extreme, through various degrees of partial amnesia, to the very few individuals who show no dynamically

determined memory loss on the other extreme. Many a murderer, particularly in the case of a heinous crime involving socially repugnant motives, would after having committed the crime fervently wish that it had not occurred, and experience the whole episode as ego alien to the point of working hard to keep his own participation in the matter out of consciousness. While the individual may not truly forget the crime, he may succeed in keeping it out of active awareness by continually working to suppress his recollection. Even the individual, who would have no difficulty in remembering the crime and asserts that he cannot recall because he has no way of justifying his behavior, may still find it easier to avoid thinking about what happened, so that it would not be in his immediate phenomenal awareness.

While these distinctions are interesting and at times clinically important, they are always difficult to make even if one is in a clinical context, where the patient is as eager to clarify the matter as the therapist. Often it is very difficult for us to tell just how unable we are to recall something, unless we actively attempt to do so, and then retrospectively judge the difficulty of recall that we originally experienced. In a forensic setting, where the defendant may have much to gain by maintaining his total inability to recollect, there is no way of reliably assessing the precise place on the continuum of ability-to-recollect where an individual might fall.

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However, partial dissociation and partial amnesia are so ubiquitous that from a legal perspective they have little relevance. Thus, in a forensic context what is relevant is a true inability to recollect rather than a wish -- no matter how fervent -- that the events in question had never happened. This means that we must concern ourselves with the evidence that would indicate a rigid amnesic barrier, and recognize that anything other than such a profound amnesia has little relevance in answering the questions put to us by the Court.

While one cannot prove definitively whether an individual has amnesia, one can form a diagnostic judgment (especially when a history of amnesic episodes is claimed) by relying not only upon the clinical interview, but also upon extensive information concerning the individual's reported recollections to a number of people over time, upon examination of the manner in which he reports his amnesia, and upon a detailed study of amnesia-like events in his life history. In the case of Kenneth Bianchi, no corroborating evidence has been found of any amnesic episodes prior to his arrest. After his arrest, over a period of 2 months, Kenneth Bianchi did not claim amnesia for his whereabouts or actions the night of the Bellingham murders, but rather attempted to construct a series of false alibis that were outlined earlier.

Most of these alibis were potentially quite plausible -- such as the assertion that he had been at the Sheriff's Reserve meeting -- and were abandoned only after it was clear that they were specifically negated by incontrovertible evidence. Other alibis -- such as the claim that he had been with Greg, an individual he knew had died -- were apparently created in the hope that they would be more difficult to discredit. Finally, the alibi which he sought to induce his mother to create for him, showed careful and concerted planning, a characteristic that was even more evident in his writing numerous letters to induce a female acquaintance to provide him an alibi for the specific time of the crime. It does not appear to us that these kinds of activities are consistent with the behavior of an individual who in his interviews with the doctors displays an intense concern with learning about himself, and who seems so sincere in his preoccupation with his intrapsychic problems that he expresses more concern about these matters than about his reality predicament!

The issue of amnesia was first raised by the defense attorney because Mr. Bianchi had denied a psychiatric history, but the attorney had obtained the DePaul Clinic report of his psychiatric examination at age 11. The evidence that Dr. Lunde -- who, in a confidential unrecorded interview, was the first to examine Mr. Bianchi -- used as an indication of amnesia concerned Mr. Bianchi's denial of a psychiatric history, his denial of feelings of hostility toward his mother, and the vagueness of his description of his activities the night of the Bellingham murders (see Trial trans., *People v. Buono*, 1983, p. 2,274-2,280).

Thus, as far as we were able to ascertain, Mr. Bianchi never spontaneously claimed a lack of

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memory for the time period when the murders were committed to the police, to his mother, or to his common-law wife, and only began to complain of this difficulty almost 2 months after his arrest after his lawyer had confronted him with the DePaul Clinic report and the fact that the evidence against him was overwhelming, in order to suggest to him the possible viability of an insanity defense.

Thus, while we feel that it is entirely likely that Kenneth Bianchi did try to put the crimes themselves out of mind, such as when Ken indicated to the first author that he did not wish to remember all that "Steve" knew about the crimes, examining all of the behavior relevant to lack of recall, we find it is not consistent with the diagnosis of psychogenic amnesia 32 -- that is, a true inability to recall rather than an unwillingness to do so.

Was Kenneth Bianchi Insane?

It is a widely held view that anyone who commits a series of heinous, apparently senseless murders must ipso facto be considered insane. The more bizarre a murder, the more likely will it be viewed as the work of a "madman."

Nevertheless, the courts require that the diagnosis of insanity be based upon very specific criteria, such as the ability to tell right from wrong. Thus, an individual who is a paranoid schizophrenic and believes that God is telling him to eliminate "impure and dangerous creatures of the devil," would most likely be considered not guilty (of a murder) by reason of insanity because his illness prevented him from understanding that it was wrong to kill. The reason that such an individual is considered to be deranged is because his motive is incomprehensible to someone who does not share the patient's paranoid system. In the case of Mr. Bianchi, there is no evidence of a thought disorder or psychosis; but the crimes do not seem to be based upon any rational motive, which may lead to the inference that the perpetrator must have been insane.

What could be considered a rational motive for murder? There is a group of mass murderers, who are rarely if ever considered insane -- at least by the criminal justice system -- because their motive is financial

32In his July 23, 1979 report to the Court, Dr. Lunde argued that Mr. Bianchi could not have been malingering amnesia or a dissociative reaction, pointing out, "Furthermore, one would have to assume that Bianchi began plotting his strategy for these crimes and his defense, at about age nine, since this is when the first documented symptoms of his mental disturbance occurred [p. 7]." Such a view should require that the personal history demonstrate clear evidence of amnesia and dissociation -- that is, these symptoms should have been noted by others years ahead of his apprehension for murder. Since no such corroboration was found, it is only Mr. Bianchi's unsupported statements (during the psychiatric evaluations after his arrest) about his childhood that form the basis of the clinical judgment concerning dissociative reactions and amnesias in childhood. There would have been little difficulty for Mr. Bianchi to pick up on the cues that were provided him and invent a personality split retrospectively, if he felt it was expedient to do so after other alibis had failed.

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gain. These are the professional or contract killers who may or may not have thought disorders, can be severely disturbed, and even psychotic, but who nevertheless are presumed to commit their crimes for

reasons that are considered rational, though deviant.

During the examination of Mr. Bianchi, it became clear that the motive for the murders was sexual gratification. This was documented by the physical evidence at the scene of the crimes, by the way that Bianchi, as "Steve," talked about the crimes, and was clarified further by Ken during his interviews with Dr. Faerstein and Dr. Allison. There is no doubt that Kenneth Bianchi is quite "sick" in the sense of having a perverted sexual need which allows him to obtain gratification from killing women, and one may reasonably assume that this is related to the profound ambivalence that characterizes his relationship with his mother. It is probably also not an accident that the Hillside Strangler murders began during his common-law wife's pregnancy and ceased with the birth of his son.

The Bellingham murders occurred during a period when his wife was nursing, and he had lost sexual interest, which he ascribed in a puzzled fashion to observing his wife nursing their child. That Kenneth Bianchi was at times capable of normal sexual relations was confirmed by his common-law wife.³³ However, when he learned that she was 2.5 months pregnant in August, 1977, Bianchi's frequency of sexual contact with her decreased dramatically from this time on through the birth of their son in February, 1978. It was during this period that the Hillside Strangler murders occurred, beginning in October, 1977, and ending on February 17, 1978, 6 days before the birth of his son. Following the birth, his wife moved to Bellingham, Washington, where Bianchi joined her 3 months later. While they resumed sexual relations at this time, the frequency decreased over 2 months, and virtually ceased again, except during a 10-day visit they took to Mr. Bianchi's mother in August, 1978, when Bianchi's interest in sex briefly returned to normal. By his wife's report, his interest in sexual relations with her ceased immediately upon their return from visiting his mother, and they never had intercourse thereafter (Interview on March 23, 1979, by attorney Dean Brett, p. 46). The Bellingham murders occurred in January, 1979.

The apparently satisfactory sexual relationship with his common-law wife, that had lasted for several months, became unsatisfactory for Kenneth Bianchi as soon as he became aware that she was pregnant, long before there was visible evidence of the pregnancy. The knowledge that she was a mother seemingly intensified the profound ambivalence that he

³³While his common-law wife reported that sexual relations occurred at times with a satisfactory frequency, she did not indicate whether Kenneth Bianchi enjoyed the relationship. However, a comment by his first wife indicates early problems in this area: "And after we did have sex I always think he looked at me as a little soiled, you know. I don't think he got any pleasure out of it at all. It was more of a once and awhile duty . . . [p. 102; Inv. Report No. 960-78, Public Defender, County of Los Angeles]."

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felt toward his own mother -- perhaps one of the areas where his true feelings really were unconscious. It seems likely that he continued to be unaware of his actual feelings, even as he would glibly discuss hating his mother with the psychiatrists; a discussion that would have been far more difficult and would have involved genuine affect if it had been based upon a true awareness of his feelings. In any case, the Hillside murders, which almost certainly were an expression of rage against his mother, occurred at a time when he had ceased to be physically attracted to his wife while she was in a role of a mother-to-be.

With the birth of his son, he sought to resume the relationship with his common-law wife, and had some sexual interest when he moved back in with her in Bellingham. However, he found that her nursing of the child sharply diminished her sexual attractiveness. Particularly striking is the fact that when they visited his mother, the ambivalent feelings were again focused on his mother, and his sexual attraction to his common-law wife reappeared dramatically -- only to disappear as suddenly as it appeared immediately upon their return to Bellingham. It is of interest that the common-law wife had positive feelings toward Kenneth Bianchi's mother, and described herself as being similar to her in many regards, most particularly in having a "take charge" manner (Interview on March 23, 1979, by attorney Dean Brett, pp. 48-52).

While these dynamic considerations may help explain aspects of the murders, they do not in our view indicate insanity. On the contrary, once we recognize the sexual motivation for the murders, it becomes clear that the acts represent criminal behavior to gratify a "sick" impulse. Unfortunately, the perverted nature of Mr. Bianchi's sexual needs resulted in murder. It may put the matter in perspective to consider that a sexual impulse that an individual seeks to gratify with an unwilling adult partner is rape -- similarly here the motive is understood by judge and jury, and therefore the act is not considered insane, but is viewed as deviant and criminal. It is in this sense that we view the murders as motivated by a comprehensible, albeit severely disturbed, sexual impulse. Yet gratifying any sexual impulse by force or in a manner that brings injury to others is clearly a criminal act.

One final aspect of the crimes themselves deserves comment. While Mr. Bianchi, as "Steve," flatly denied that there was anything wrong with the killing of women and asserted that such behavior was appropriate, he, even as "Steve," clearly recognized that an individual carrying out such behavior would be punished if caught. Further, he acknowledged that he had gone to great length to avoid being caught. While "Steve" spoke of wanting "Ken" to be held responsible for the crimes -- a seemingly bizarre and self-destructive view -- his behavior before and after the Bellingham murders does not fit such a claim.

Indeed, Kenneth Bianchi, under his own name and demeanor, clearly planned the January 11, 1979, murders days in advance; on January 8, he told one of the guards at the security agency (where Bianchi was a supervisor) that he would assume the patrol of the area including the house

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where the murders occurred and that the guard was not to check on this area on either Thursday or Friday (January 11 or 12); on January 9 he called one of the victims to arrange for her to watch the house for 2 hours (ostensibly while the burglar alarm was being repaired) in return for \$100, and instructed her that for security reasons she should discuss this with no one; he arranged that the daughter of the owner of the house where the murders were committed would not visit the evening of the killings, and phoned in advance to excuse himself from the Sheriff's Reserve meeting that night; on the eve of the murder he reported throwing his gun out of the window of his apartment to prevent his wife from seeing him take it that evening; he also prepared for the crimes by taking a yellow plastic bag (which he would later use to dispose of the evidence) and placing ace bandages, cord, a rubber glove, and condoms in it. All of these careful preparations before the crimes were matched by an equally systematic cleanup after the crimes. Mr. Bianchi left the crime scene neat and orderly, without any obvious evidence, as reported by the police on their initial visit. He had placed the bodies in one of the victim's cars; driven it to an isolated location; and disposed of the bandages, cords, and victims' belongings.

It was only because, contrary to Mr. Bianchi's explicit instructions, one of the victims had told her boyfriend about the lucrative and unusual arrangement that Kenneth Bianchi had recruited her for, that Bianchi became a suspect as soon as the girls were reported missing. It is by no means clear whether Mr. Bianchi would have been apprehended if the victims had followed his instructions to tell no one. All of this suggests that: (a) the crimes showed careful advance planning and premeditation; (b) Mr. Bianchi attempted to avoid being apprehended; and (c) the motive for these crimes was the acting out of a perverted sexual need. For these reasons and the fact that upon examination he showed no evidence of thought disorder or psychosis, we believe that Kenneth Bianchi was sane and knew what he was doing when he committed the Bellingham murders.

Diagnostic Summary

A careful review of the clinical data as well as the extensive biographical material that is available strongly urges a diagnosis of psychopathic or sociopathic personality, which in DSM-III is classified as Antisocial Personality Disorder, 301.70. Such a diagnosis requires at least 3 of 12 criteria being met prior to the age of 15. While there is some question whether Kenneth Bianchi's repeated absences from school were truancy, the history indicates that (a) he persistently lied from an early age; (b) his school grades

were consistently below his estimated intellectual ability; and (c) he chronically violated rules at home and in school. For example, a priest at a grade school that Kenneth Bianchi attended described how Kenneth was part of a small group of boys who were caught with an unusually dangerous array of weapons that they were planning to use on their peers, including a bat studded with nails (Inv. Report No. 960-78, Public De-

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fender, County of Los Angeles). In discussing the matter with Kenneth's mother, she insisted that Kenneth was a good boy,³⁴ and that the others must have made him do it, but a few days later called the priest to say that she had also found some evidence of his involvement with the weapons.

Further, the diagnosis of Antisocial Personality requires at least 4 of 9 manifestations of the disorder after age 18. Since the age of 18, Kenneth Bianchi displayed (a) an inability to sustain consistent work behavior reflected by at least 12 jobs in 9 years; (b) a failure to accept social norms with respect to lawful behavior, as evidenced by repeated thefts and pimping; (c) an inability to maintain an enduring attachment to a sexual partner -- his first marriage was annulled, he had many transient sexual encounters, and though he knew his common-law wife for over 2 years, he lived with her for less than 8 months but continued to have casual sexual relations with others during this time; (d) a failure to honor financial obligations demonstrated by repeatedly borrowing money that he did not repay, and failing to support his common-law wife; and (e) a disregard for the truth as reflected by repeated lying and the "conning" of others for personal profit.

Another basic manifestation of the disorder, required for diagnosis, is a pattern of continuous antisocial behavior in which the rights of others are violated. This is illustrated even in Mr. Bianchi's relationship with people close to him. For example, a relative employed him out of gratitude to Kenneth's mother (who had been good to him as a child). During the time that the 19-year-old Bianchi worked for his relative, whom he had gotten along with very well, he was repeatedly irresponsible in work duties, and systematically stole increasing amounts of money from the business. Throughout this period, he maintained a pleasant facade, denying any wrongdoing. Perhaps most indicative of the callousness of his behavior is the cancer scam, where in order to quiet his pregnant wife's inquiries into his absenteeism from work while living in Los Angeles, he faked having cancer and receiving treatments. He went so far as to forge medical reports to convince his wife of the seriousness of his condition. He eventually told her that his cancer was in remission, but she remained concerned and when he was arrested in Bellingham, she told the police about his cancer. Thus, he maintained for well over a year the cruel fiction that he had cancer to the wife for whom he presumably cared.

³⁴The absence of a police record is of interest in what otherwise is a clear example of an antisocial personality disorder. However, an examination of interviews with family and teachers reflects the mother's role in preventing the development of a police record. The weapon incident in grade school would normally have been brought to the attention of the police and recorded. Another example that was uncovered involved the police being called in when, in a fit of pique, Mr. Bianchi broke the apartment window of a girlfriend who had locked him out. His mother reported that she had managed to have the incident expunged from the police record, and complained that some evidence had survived in the files. It is also noteworthy that while living in the Los Angeles area, it is documented he engaged in a variety of felonious activities, yet he managed to avoid any police record prior to his arrest in Bellingham.

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Finally, the diagnosis of Antisocial Personality Disorder requires that the behavior cannot be due to either severe mental retardation, schizophrenia, or manic episodes. None of these conditions were present when

Mr. Bianchi was examined following his arrest.

Thus, despite his facade of being a husband, a good employee, and a responsible security officer, his wife repeatedly found it necessary to leave him, he stole from the very stores he was hired to protect from shoplifters, and he used his position with the security company to provide the setting and opportunity for the Bellingham murders. Throughout his adult life, Kenneth Bianchi maintained a pattern of antisocial behavior that has traditionally been described as psychopathy (see Cleckley, 1964). One of the characteristics of this condition, while not emphasized in DSM-III, seems nonetheless particularly germane for the understanding of this individual, that is, an inability to empathize with others.³⁵ The lack of empathy helps explain the callousness of such individuals because they are not constrained by feeling the discomfort and pain that they inflict upon those around them.

To document that Kenneth Bianchi is a psychopath does not, however, explain the murders he committed. In other words, if he had not committed the murders and was, for example, instead arrested for his participation in forcing underage minors into prostitution, he would still be appropriately classified as having an Antisocial Personality Disorder. In the sense of accounting for the murders, Antisocial Personality alone is not a sufficient diagnosis.

Earlier we discussed that Mr. Bianchi showed clear evidence of a Psychosexual Disorder, which would be classified by DSM-III as Sexual Sadism, 302.84. However, this disorder in and of itself rarely leads an individual to commit murder, even though he may find such a fantasy arousing. It is the combination of Antisocial Personality Disorder with Sexual Sadism that in our view creates the potential for Kenneth Bianchi to act out these impulses.³⁶ Thus, he not only has the perverted sexual impulse, but also the lack of empathy that removes many of the normal barriers that would prevent the acting out of such behavior. It is for reasons such as these that the earlier literature often spoke of the "true sexual psychopath" (McCary, 1967). This diagnosis would be expressed in DSM-III as an Antisocial Personality Disorder on Axis II (principal diagnosis), and as Sexual Sadism on Axis I.

Though the pattern of Kenneth Bianchi's psychopathic behavior goes back many years, the sexual psychopathy was manifested overtly for apparently only a relatively short period of his life. What were the factors

35 Murray, H. A., personal communication, November 28, 1950.

36The literature has described individuals who are remarkably similar to Kenneth Bianchi, as lust murderers (Reinhardt, 1957), as compulsive murderers (Revitch, 1965), as sadistic murderers (Brittain, 1970), and as sexual sadistic murderers (Lunde, 1979). In a recent clinical study of 13 such rapists and murderers, MacCullough, Snowden, Wood, and Mills (1983) emphasize that once apprehended this type of offender is often a model prisoner, but "given the opportunity he is likely to murder again and he knows it [p. 21]."

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that could have translated the impulse into overt action? We may speculate that the relationship with an older male with whom he carried out a number of illegal activities, most particularly the running of juvenile prostitutes in Los Angeles, and who shared a similar sexual perversion, may have played a crucial role in causing Mr. Bianchi to actually commit a series of sexually motivated murders. Further, given the profound ambivalence toward his mother, it also seems likely that the stress from living with his common-law wife during her pregnancy in Los Angeles (as she was becoming a mother) and his negative response to her mothering of the baby in Bellingham, essentially eliminated sexual relations with his common-law wife. However, his heightened ambivalence towards women was not expressed as overt aggressive behavior toward either his common-law wife or his mother; rather, it contributed to the

transformation of his perverted sexual impulses into acts of murder. Thus, we believe that while no single diagnosis is fully adequate to explain Kenneth Bianchi's behavior, the two combined aspects of the DSM-III diagnosis, along with situational factors, resulted in the multiple murders, though not in multiple personality.

IMPLICATIONS FOR DIAGNOSIS IN A FORENSIC SETTING

Though it is clear that Kenneth Bianchi has a severe personality disorder and is in many ways disturbed, it also is evident that he was almost successful in simulating multiple personality. The case of Kenneth Bianchi highlights in our view the distinction between forensic and clinical settings and underscores the limitations of clinical diagnostic procedures when applied in another context.

Rosenhan (1973) has demonstrated that it is a straightforward matter for motivated students to be diagnosed as psychotic by a psychiatric hospital staff and admitted to the hospital. Equally striking is his report concerning an outstanding university-based psychiatric service whose chief had argued that this could not occur in a service such as his. After Rosenhan (1973) obtained permission to introduce pseudo-patients to the service, and the staff diagnosed several newly admitted patients as malingerers for the first time in the history of the service, it turned out that in fact no pseudo-patients had been introduced during that period! These data emphasize the profound influence of the clinician's set upon diagnosis, both in terms of a false positive diagnosis of psychopathology, as well as a false positive diagnosis of malingering.

In a therapeutic setting, however, with no obvious secondary gain for appearing mentally disturbed, a patient who presents himself for admission to a psychiatric institution or even one who seeks outpatient treatment, must be assumed to be in need of help. Under these circumstances the therapist should not be concerned about whether the patient is malingering; in the clinical context, it is the therapist's responsibility to help the patient understand why he is doing what he is doing, and to cope with the stressors that have made it necessary for him to act in this fashion.

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While clinical skills are essential for making an appropriate diagnosis in any context, to the extent that these skills have been honed with a population of patients who seek help to alleviate their private anguish, they have only limited transfer to the problems encountered in a forensic setting. Here individuals may appropriately perceive that convincing the examining clinician that they are suffering from some particular form of mental disorder is the only route to freedom that is available to them. Under these circumstances the assumption that what the defendant says necessarily reflects his phenomenal experience, is no longer justified. Further, it is often difficult to determine in evaluating an individual in a forensic situation, whether there is a true therapeutic alliance in the sense of a troubled individual seeking help, as opposed to the defendant playing a role as an instrumental act. Recognizing the ease with which the clinician's set can bias him in either direction, there is a need to seek external corroboration, and it is desirable to include at least some procedures that elicit counterintuitive responses as part of the evaluative process.

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Über die Differentialdiagnose einer multiplen Persönlichkeit im forensischen Zusammenhang

Martin T. Orne, David F. Dinges und Emily Carota Orne

Abstrakt: Probleme des Diagnostizierens einer multiplen Persönlichkeitsstörung im forensischen Zusammenhang werden hier diskutiert und durch den Fall Staat wider Kenneth Bianchi (1979) illustriert. Dies war ein Fall, wo der Angeklagte des Mordes beschuldigt wurde sowie unter dem Verdacht stand, diese Störung zu haben. Um einen sekundären Gewinn, der mit einer Diagnose der Vielfachheit in solch einem Fall verbunden ist, zu erzielen (z. B. der Todesstrafe zu entrinnen), wurden Hypothesen entwickelt, die eine beherrschende Differentialdiagnose zwischen multipler Persönlichkeit und dem Vortauschen einer Krankheit erlauben. Wurde eine wahre, multiple Persönlichkeitsstörung existieren, dann hatten (a) Struktur und Wesen der verschiedenen Persönlichkeiten über längere Zeit hin beständig sein müssen, (b) die Grenzen zwischen den unterschiedlichen Persönlichkeiten widerstandsfähig sein müssen und nicht leicht durch gesellschaftliche Anspielungen verändert werden können, (c) die Reaktion auf Hypnose hatte der von andern, tief hypnotisierten Subjekten vergleichbar sein müssen und (d) Personen, die ihn über eine Periode von Jahren hin gekannt hatten, hatten in der Lage sein müssen, Beispiele von plötzlichen, unerklärlichen Veränderungen in Benehmen und Identität zu liefern wie auch Beweismaterial, das seine behauptete, intermittierende Amnesie bestätigte. Keiner dieser Faktoren bestätigte sich als angebracht. Vielmehr änderten sich das Wesen, die Grenzen und Anzahl der Persönlichkeiten als Reaktion auf Anspielungen, wie diese Kondition glaubhafter gemacht werden konnte, und seine Reaktion auf Hypnose schien ein bewußtes Rollenspiel zu reflektieren. Weiterhin deutete seine Lebensgeschichte ein beharrliches Modell des Schwindeln und absichtlichen Betrugens an. Es wurde daher beschlossen, daß Herr Bianchi eine multiple Persönlichkeit simulierte, und die Diagnose einer Antisozialen Persönlichkeitsstörung mit Sexuellem Sadismus wurde gestellt. Unterschiedliche Diagnosen und die klinischen Aspekte, die für sein Benehmen verantwortlich zu sein schienen, werden diskutiert.

Le diagnostic differentiel de personnalite multiple dans le contexte legal

Martin T. Orne, David F. Dinges, et Emily Carota Orne

Resume: Les problemes de diagnostic du trouble de personnalite multiple dans un contexte legal sont discutees et illustres par l'affaire l'Etat contre Kenneth Bianchi (1979), une cause impliquant un individu accuse de meutre au premier degre et soupconne de souffrir de ce desordre. A cause des gains secondaires (e.g. l'evitement de la peine de mort) associes au diagnostic de personnalite multiple dans un tel cas, il importe de formuler des hypotheses qui permettent d'etablir un diagnostic differentiel bien etaye de la personnalite multiple ou de simulation. L'existence d'un veritable probleme de personnalite multiple implique: (a) que la structure et le contenu des diverses personnalites soient consistants a travers le temps, (b) que les frontieres entre les diverses personnalites soient stables et non modifiees par des indices sociaux, (c) que la reponse a l'hypnose soit semblable a celle de d'autres sujets profondement hypnotises et, (d) que les personnes l'ayant connu durant plusieurs annees soient capables de presenter des exemples de changements soudains et inexplicables dans le comportement et l'identite, ainsi que de corroborer ses affirmations d'amnesies intermittentes: Rien n'a ete prouve en ce sens. Bien plus, le contenu, les frontieres et le nombre de personnalites changeaient selon les indices pouvant lui permettre de rendre sa condition plus plausible, et, sa reponse it l'hypnose refletait un jeu de role conscient. De plus, son histoire en est une de fraude et d'agression constantes. En conclusion, Monsieur Bianchi simulait une personnalite multiple et le diagnostic en est on de personnalite antisociale avec sadisme sexuel. La discussion porte sur les diagnostics differentiels et les aspects cliniques importants de son comportement.

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Diagnostico diferencial de la personalidad multiple dentro del contexto forense

Martin T. Orne, David F. Dinges y Emily Carota Orne

Resumen: Los problemas del diagnostico de la personalidad multiple dentro de un contexto forense son discutidos e ilustrados a partir del caso caratulado Estado de Washington contra Kenneth Bianchi (1979), el cual involucraba un acusado a quien se le incriminaba un asesinato en primer grado; ademas, se presumia que el mismo padecia el mencionado trastorno. Debido a la ganancia secundaria (evitar la pena de muerte) asociada al diagnostico de personalidad multiple, se desarrollaron ciertas hipotesis para permitir un diagnostico diferencial entre personalidad multiple y simulacion de enfermedad. Si verdaderamente existia personalidad multiple deberiamos encontrar que: (a) la estructura y el contenido de las varias personalidades debieran haber sido consistentes a traves del tiempo; (b) los limites entre las diferentes personalidades debieran haber sido estables y no facilmente alteradas por indicadores sociales; (c) la respuesta a la hipnosis debiera haber sido similar a aquellas de otros sujetos muy sugestionables y (d) aquellos que lo conocieron durante un cierto periodo de tiempo hubieran sido capaces de dar ejemplos de cambios subitos e inexplicables en su conducta e identidad, ademas de mostrar evidencias que corroboraran sus reclamos acerca de amnesias intermitentes. Ninguno de estos elementos pudo comprobarse. Mas aun el contenido, limites y numero de personalidades cambiaron en respuesta a indicadores acerca de como hacer esta perturbacion mas creible y su respuesta a la hipnosis parecio reflejar on juego de roles conciente. Ademas, la historia personal indico on patron persistente de conductas fraudulentas y decepciones deliberadas. Se concluyo que el senor Bianchi simulo una personalidad multiple y se hizo el diagnostico de Personalidad antisocial con componentes sadico-sexuales. Se discutieron el diagnostico diferencial y los aspectos clinicos que parecen dar cuenta de su conducta.

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