

Woman, Divided: Gender, Family, and Multiple Personalities in Media

Katherine J. Lehman

In the opening scenes of Showtime's *United States of Tara* (2009–2011), a weary woman faces the camera and drolly narrates her dilemma. Tara (Toni Collette) explains that she is an artist who works on elaborate murals for wealthy clients. She handles her workload and caters to difficult customers, but she can't seem to "micromanage" her teenage daughter's sexual proclivities. At this confession she breaks down, closes her eyes and takes a deep breath. When she reopens them, she has become a different person: no longer the defeated mother, but the brazen teenager "T," who trots off to befriend Tara's daughter. Over the course of the pilot episode, Tara vacillates wildly from one personality to the next, her mental illness playing out not in a therapist's office but in familiar settings like family dinners, ballet recitals, and bowling alleys.

United States of Tara, created by edgy screenwriter Diablo Cody (author of *Juno*) and produced by Steven Spielberg, is just one of the latest popular media portrayals of women with Dissociative Identity Disorder, or DID, commonly known as multiple personality disorder. Several aspects set this series apart from the typical depiction of mental illness. It is significant that the series begins with Tara telling her own story, rather than a psychologist or a male authority narrating the events. Tara appears first as an artist, then as a mother: her mental illness becomes one aspect of her character rather than defining it. And, as the opening monologue and domestic setting suggest, Tara does not struggle in isolation,

but talks with her husband and teenage children about her transitions and treatment.

Although *United States of Tara*'s creators emphasize that the story is a dark comedy, not a documentary, they claim to have consulted DID patients and experts in developing the series ("Diablo Cody"). *Tara* has the potential to foster empathy for mentally ill people and awareness of the long-term effects of childhood abuse, but it may also reinforce popular misconceptions about multiple personalities at time when the diagnosis itself is controversial. Despite its contemporary sensibilities, the series clearly draws from classic media narratives about DID. Tara's initial triad of personalities and domestic setting make the series a contemporary counterpart to the 1957 film *The Three Faces of Eve*, featuring a meek housewife and mother who harbors three personalities (*The Three Faces of Eve*). A character in *Tara*'s pilot episode reads the 1973 novel *Sybil*, the landmark case of a deeply fragmented young woman that spurred greater diagnoses and treatment of DID (Schreiber; Nathan). Tara resembles *Sybil*: her personalities gradually multiply beyond the initial three, and she identifies childhood sexual abuse and parental neglect as the sources of her trauma.

These popular media depictions of DID, spanning multiple decades, tell much about evolving understandings of mental illness and the treatment of a rare disorder. However, these films and TV programs also serve as a commentary on women's changing roles. For example, *Eve*'s rebellious alter ego enables her to escape an unhappy marriage

Katherine J. Lehman is Associate Professor of Communications at Albright College in Reading, PA. She is the author of *Those Girls: Single Women in Sixties and Seventies Popular Culture* (University Press of Kansas, 2011).

and reflects many women's growing discontent with domesticity in the late 1950s and early 1960s. Tara's creators claim her multiple personalities symbolize the varied roles that modern mothers are expected to assume, from fierce protector to domestic goddess ("Diablo Cody"). Although *Sybil* lacks such direct symbolism, the story of a deeply fragmented young woman was popular at the height of second-wave feminism, when sweeping changes in women's roles caused many viewers to question their own identities (Szalavitz). Furthermore, as both *Sybil* and *Tara* assume male alter egos, they undermine the assumed stability of conventional gender roles. Popular media depictions of DID function as symbolic narratives that speak to women's broader concerns about independence, family and femininity.

Gender, Skepticism, and Dissociation

It is not a coincidence that the most memorable DID cases involve women: Female patients account for 90 percent of reported multiple personality cases, and researchers note that women tend to display far more distinct personalities than males, averaging fifteen separate identities (Showalter 162). Psychologists and cultural critics have identified several factors that account for the higher incidence of multiple personalities among women. First, people displaying symptoms of dissociation were historically characterized as hysterics, a label more often applied to women than men. Girls are statistically more likely than boys to suffer childhood sexual abuse, and multiple personalities serve as a means to express "inadmissible emotions" such as rage. Furthermore, women are "socialized to accept therapeutic suggestion," and thus may be more likely than men to embrace the DID label (Showalter 163). The greater number of personalities among female DID patients "seems related to the increasing numbers and complexity of social roles women are expected to fill," according to author Ian Hacking (qtd. in Showalter 163).

Many psychologists and cultural critics have raised doubts about the disorder's prevalence and treatment protocol. Literary critic Elaine Showalter notes that conceptions of "double consciousness" and "alternating personalities" have long existed but that multiple personalities were considered very rare, with fewer than fifty cases reported in the psychological literature between 1922 and 1972 (160). The media attention given to *Sybil*'s case in the 1970s and successful lobbying by psychologists such as Cornelia Wilbur to have Multiple Personality Disorder formally recognized in the DSM by 1980 led to increased diagnoses. (Multiple Personality Disorder was later termed Dissociative Identity Disorder in 1994.) Between 1985 and 1995, some 40,000 new cases emerged, and the prototypical patient resembled *Sybil*: a white woman in her thirties with an average of sixteen personalities (Acocella 4–6).

Of course, media coverage was not the only reason for the dramatic rise in dissociation cases. Growing awareness of childhood sexual abuse and new theories about the repression and recovery of traumatic memory gave credence to multiple personality diagnoses (Showalter 160). Feminist advocacy for abuse victims may also have spurred interest in the disorder: Gloria Steinem herself brought attention to multiple personality cases, even developing a documentary urging sympathy for women with the disorder in the early 1990s (Acocella 51). However, feminist advocacy for DID victims may have the unintended consequence of transforming political concerns into personal, therapeutic struggles. As Acocella argues, DID "involves the gravest possible social problems: the oppression of women, the mistreatment of children. ... And by translating those problems into purely personal matters, it has defused them as topics of public concern" (139).

While social factors and media influences may contribute to greater numbers of people seeking treatment, skeptics also criticize the manipulative tactics of individual psychologists. Acocella's book opens with a case study of a woman damaged by therapy, as she accepted her therapist's theories that she had repressed memories of

Satanic ritual abuse. Her personalities emerged and multiplied through treatment, leaving her more fragmented and unhappy than when she started (1–2, 7–10). Even the landmark Sybil case has been called into question: journalist Debbie Nathan's 2011 book *Sybil Exposed* uses archival sources to argue that Sybil's case was greatly exaggerated and fabricated for profit. According to Nathan, Sybil's personalities and memories of extreme abuse were coaxed out of her during periods of hypnosis, often under the influence of mind-altering drugs. Nathan suggests therapist Cornelia Wilbur forced personalities on her famous patient and pathologized symptoms that were the result of a physical ailment (Nathan). Other critics question why Wilbur's case study was never published and scrutinized by her peers before it became a best-selling novel (Acocella 57). Also, while the miniseries and novel depict Sybil as healed and whole after years of treatment, Nathan contends she remained emotionally and financially dependent on her doctor. For some scholars and critics, DID is a false diagnosis foisted on women by an overzealous psychological establishment, a throwback to days when women were routinely diagnosed with hysteria (Showalter 163).

Advocates for DID claim the disorder is actually underreported, and that as many as one percent of the U.S. population, or two million people, may fit the criteria. Psychiatrists such as Marlene Steinberg urge acceptance of Sybil's case at face value: to discredit the story, she argues, is to practice "pseudoscience and hearsay" and to unjustly besmirch the reputation of a doctor who is no longer alive to defend herself (Steinberg and Schnall 27). Steinberg and others emphasize that dissociation is a continuum extending beyond the most extreme multiple-personality cases. Confusion about identity and momentary detachment from one's surroundings are common symptoms that place many people on the spectrum (30–31).

Even as many doubt the veracity of stories like Sybil's, these media narratives influence modern perceptions of DID's causes, symptoms, and treatment. Like Sybil, patients reporting multiple

personalities are thought to have experienced trauma and survived by imagining the abuse happening to someone else. Their alternate selves develop and multiply, often remaining the same age as when they first appeared and preserving memories and knowledge patients do not consciously possess (Acocella 7). Steinberg explains the typical therapeutic treatment:

The work of therapy is primarily a process of education. First the person learns how to identify her (or his) hidden or disconnected parts, acknowledge them, and feel comfortable when they come out; then she learns how to help the split-off parts communicate with each other and work together as a team; and finally, by incorporating what she has learned from each of the parts into her own sense of self, she makes their separate existence no longer necessary. (27)

As patients identify their "hidden parts" and come to terms with traumatic experiences, they may experience greater pain and confusion. A common assumption in treatment is that "the patient has to get worse in order to get better" (Acocella 12).

From Housewife to Hussy: *The Three Faces of Eve*

That mantra is certainly true of Eve White (Joanne Woodward), the heroine at the center of a 1957 film. In the course of treatment her wild side emerges and she loses the trust of her husband and custody of her daughter. Yet Eve surfaces on the other side as a whole person, one whose integrated selves enable her to function fully in the socially sanctioned roles of wife and mother. Eve's highly public case may have shaped how personalities manifest in other DID cases: just as she has a good side and an ill-behaved one, many women manifest a rebellious alter ego (Acocella 3). The narrative revolves around Eve's suitability as wife and mother, stigmatizing the rebellious "single girl" personality that emerges. Yet it also offers a somewhat progressive message for its time, as Eve only finds wholeness when she escapes her unhappy marriage and finds a new partner.

The Three Faces of Eve is framed as an authentic case study, as journalist Alistair Cooke both introduces the narrative and interjects commentary at key points. The story “needed no help from the imagination of a fiction writer,” he claims, as it was taken directly from the clinical record of a woman with “one personality more than Dr. Jekyll.” He introduces *Eve* as “a true story about a sweet, rather baffled young housewife” who scared her husband by “behaving very unlike herself.” *The Three Faces of Eve* was first published in psychological journals and as a novel endorsed by the past president of the APA (Thigpen and Cleckley vii–ix). On a literal level, *Eve* works as a psychological case study, as three personalities battle for mastery of the same person. However, the story clearly doubles as a rumination on female identity, as the title character’s personalities complicate psychologists’ efforts to unlock the “one stable and complete woman” inside. Additionally, the portrayal of Eve as being in an unhappy marriage to an abusive and inflexible man resonates with the experiences of many white middle-class women in the late 1950s who felt unfulfilled and trapped in their domestic roles, and who reportedly suffered from anxiety and depression (Friedan).

The story opens with Eve White, a meek housewife in a prim white dress, seeking treatment for frequent bad headaches and amnesia “spells.” Before her therapist Dr. Luther can suggest hysteria, she quickly explains her symptoms are “not like fainting spells.” However, she talks openly about her young daughter and her history of miscarriages, raising the possibility that her reproductive woes are connected to her memory loss.

What appears to be garden-variety amnesia soon surfaces as a more sinister problem. Eve’s husband, Ralph, returns home from work to find a slew of new clothes on the bed—a \$200 shopping spree Eve claims not to remember. He angrily commands her to take the clothing back, enacting a familiar 1950s power dynamic between a wage-earning husband and his spendthrift wife. But Eve soon turns from reckless spending to outright violence, as Ralph must restrain her from strangling their young daughter, Bonnie.

Dragged again to the psychologist, Eve insists she didn’t hurt her daughter but she admits to hearing voices, specifically a woman’s voice urging her to leave her husband. In the course of the conversation she transforms into the self-named Eve Black, whom the narrator calls a “rollicking and irresponsible playgirl.” Saucy music plays as actress Joan Woodward relaxes her rigid posture. Eve Black smiles broadly, leans back, tosses off her hat, lets down her hair, and peels off her pantyhose. “You’re kinda cute,” she tells the bemused and startled doctor. “You like to go dancing with me?” She switches on the radio, swiveling her hips in time with jazz tunes. Lighting up a cigarette, she admits to frequenting nightclubs. The name *Black* emphasizes the a night-and-day contrast of her personality with Eve White’s, but also evokes racial stereotypes, as Eve Black is associated with loose morals and jazz clubs. Eve’s case established the precedent of asymmetrical amnesia, “with the ‘good’ personality remaining ignorant of the activities of the ‘bad’ one while the latter knew all about her prim counterpart and enjoyed making her life hell” (Acocella 3).

In contrast to the unhappily married Mrs. White, Eve Black is decidedly a single woman. “I’ve never been married,” she says brassily. “I ain’t got no husband. If I was gonna have one it wouldn’t be a leadbottom like Ralph White.” She tells Dr. Luther that *she* is the voice inside Eve’s head, yelling at her to “leave the [husband] and take the kid.” Eve Black’s brash behavior aside, she might just have a point. Throughout the film, Ralph’s behavior is far from honorable: He expresses the urge to slap his wife after the shopping spree and threatens to kill her after she harms their daughter. Later he doubts her diagnosis, accusing her of fooling him. Dr. Luther acknowledges the problem, asking Mrs. White if her marriage is a happy one. “No sir,” she answers somberly. “I haven’t been able to make him happy.”

Luther’s colleague is highly skeptical of the multiple personality diagnosis, but upon meeting Eve Black even he has to admit “that dreary little woman” has made a radical transformation. Conveniently, Eve White re-emerges as soon as her name is uttered.

Eve is admitted to a psych ward for two weeks, where her darker side flirts with the orderlies. She then stays behind in Georgia for treatment while her husband moves to a new city for work and her daughter moves in with her grandparents: isolation is a condition of her treatment. By day she lives alone in a boarding house; by night she emerges as Eve Black in a sheer black cocktail dress, going to clubs and singing sultry numbers with the flair of Marilyn Monroe. However, this “party girl” is more talk than action: She flirts with men but refuses to go home with a leering soldier, who twists her arm until she passes out. “You hurt me; I don’t like to get hurt,” she says, pitifully, showing the vulnerable side of the brassy single girl.

The portrayal of Eve Black is consistent with representations of single women in the late 1950s and early 1960s. Numerous popular psychology studies suggested that women were assuming an air of sexual experience to mask their virginal status, and that their bravado often served as a cover for insecurity and sexual frigidity (Sprague; Morse). Even sexual libertines such as Helen Gurley Brown suggested that single women could practice the “tease” as a source of sexual power rather than engaging in sexual activity (Brown 5). The fact that Eve Black suffers violence at the hand of her suitors emphasizes the dangers of being an openly sexual woman and places the blame for assault on women’s provocative behavior. However, she stops short of sleeping with her dates, conveniently preserving the purity of our heroine.

Eve’s husband returns and takes her back to Florida with him. Although clearly attracted to her sexy alter ego, he is angered by her club-going ways, and violently strikes her before filing for divorce. Eve is newly freed from her unhappy marriage, but her psychologist frets over her status. “Neither Eve Black nor Mrs. White is a satisfactory solution,” he tells his colleague. “Neither of them is really qualified to fill the role of wife, mother or even a responsible human being.” Enter Jane, a more balanced personality. Assertive without being abrasive, attractive without being provocative,

she emerges as a caring mother and even attracts a gentle man who wants to marry her.

Through subsequent treatment, Eve uncovers the source of her trauma: As a child she had been forced to kiss her deceased grandmother at a funeral viewing. Although the act had caused her personality split, she seemed to harbor no anger at her mother who forced the kiss. “It was the way people thought in those days,” she shrugs. (The novel version identified multiple and more violent traumas, including Eve having witnessed an accident and a dismemberment). One by one, Mrs. White and Eve Black bid farewell to the doctor and essentially die, leaving Eve (who acts a lot like Jane) in charge of her own life.

The story that begins with a clinical male voice-over ends with a warm female one: Eve, writing her doctor in 1955, announces she has lived two years without a personality shift, and finally feels comfortable taking her daughter home for good. The nuclear family is recreated as Bonnie, Eve, and fiancé Earl “all [go] home together.”

Although the film ends on a happy note, the real-life story wasn’t quite so simple. Chris Sizemore, the woman on whom Eve was based, went public with her story in the late 1980s. She claimed she eventually developed twenty-two personalities and that it took two decades, much suffering and multiple suicide attempts before she became the “healthy, whole woman” depicted in the film. Sizemore battled for the right to tell her own story upon learning she had signed away the rights to Twentieth Century Fox while in her altered mental state (Van Biema and Grant). An author and speaker in her own right, Sizemore emerged as a patient exploited for profit, whose story became greatly simplified in its retelling.

Motherless Child: *Sybil*’s Message and Enduring Influence

Similar questions surround the fictionalized portrayal of Shirley Ardell Mason, the woman known to the world as *Sybil*. The original book,

which told the “extraordinary story” of a woman with sixteen multiple personalities, was developed by author Flora Rheta Schreiber in cooperation with Sybil’s psychoanalyst. The Emmy award-winning *Sybil* miniseries aired on CBS in 1976, and a new made-for-TV movie was created in 2007. As mentioned earlier, journalist Debbie Nathan and psychologist Robert Rieber, among others, have questioned both the truthfulness of the account and the claim that Sybil was “integrated” and cured. Wilbur treated Mason for eleven years—not the seemingly brief time period depicted in the miniseries—and Mason remained an anxious recluse until her death in 1998 (Nathan; Rieber). Despite these discrepancies, her story continues to inspire and fascinate audiences, and the 2007 film directly engages skepticism about the case.

If *Sybil* is a fiction, why does the story maintain such a powerful grip on audiences? One could credit a luminous performance by Sally Field, who played the broken, bespectacled patient, and Joanne Woodward, who played her wise, nurturing doctor (with a nod to her earlier role in *The Three Faces of Eve*). Sybil’s sympathetic and shocking case also spoke to growing concerns about violence against women and children. Furthermore, journalist Nathan suggests that Sybil’s many faces resonated with women at time when feminism was creating new opportunities and upending traditional gender roles (Szalavitz). How were women to behave: coquettish, vulnerable or tough, like Sybil’s alter egos? Or should they escape the trappings of femininity altogether, as Sybil does by assuming male identities? Media scholar Susan Douglas argues that popular media of the late 1960s and 1970s actually encouraged fragmentation among female audiences, as women were urged to be simultaneously ambitious and self-effacing (Douglas 9). The same women who grew up watching Sally Field as feisty Gidget now saw this complex identity negotiation play out in a more dramatic register.

Like *Eve*, the *Sybil* miniseries is preoccupied with narratives of good and bad motherhood and tends to pathologize single women. Sybil is a graduate student living alone in New York City,

far from her small-town roots. She cautiously pursues romance—having a hysterical breakdown after she brings a date back to her apartment—and copes with extreme loneliness, even paying a cab driver to serve as a conversation partner when Dr. Wilbur leaves town. Although Sybil’s severe mental illness sets her apart, her status was similar to many young women who were seeking opportunities and independence outside marriage in the 1970s. Popular psychologists of the time warned that single women were prone to extreme loneliness, addiction and psychosis and were easy targets for violence; and several popular narratives of the late 1970s depicted unmarried urban women as desperate and suicidal (Lehman; Susann; Parent). For example, Sybil’s story roughly coincided with the novel and film *Looking for Mr. Goodbar*, based on a true story of a small-town woman whose urban exploits end in destructive promiscuity and murder (Rossner, *Looking for Mr. Goodbar*).

Sybil is saved not by own ingenuity, but by the compassion and concern of Dr. Wilbur, who meets her by chance when she seeks medical care for a self-inflicted wound. “Do you have a little girl of your own?” Sybil asks her in a baby voice—recognizable later as the voice of one of Sybil’s younger alter egos, but it underscores Wilbur’s role as surrogate mother. The film offers glimpses of Sybil’s troubled childhood through erratic confessions and flashbacks: Sybil’s late schizophrenic mother subjected her young daughter to bondage, ice-water enemas and penetration by buttonhooks, all the while berating her for her cowardice and stupidity. Dr. Wilbur displays the appropriate amount of horror: “What the hell did that monster do to you?” she cries, as Sybil reverts to a fetal position upon hearing a voice like her mother’s.

Wilbur steps up as Sybil’s parental figure, cradling her vulnerable child selves, applauding her triumphs, and confronting Sybil’s father and family doctor for failing to stop the abuse. Wilbur seems to find valuable qualities in each of Sybil’s personalities—a stark contrast to Dr. Luther in the earlier *Eve* narrative, who assumes a mocking and adversarial stance toward Eve Black. In the closing scene, Wilbur refers to Sybil’s treatment as a “long

motherhood,” and credits herself with empowering Sybil to become “mother to herself.” The centrality of motherhood is not unique to Sybil; literary critic Rosaria Champaigne notes a trend in which female DID victims “find wholeness only when they shift loyalty from the evil mother to the good one. . . . These mother-therapists are indeed better mothers than the sadistic mothers who precede them, but their cure comes with a price: entrapment, always, in some mother’s narrative” (qtd. in Showalter 163). This mother trope is significant because it places blame for child abuse on a woman’s failings, rather than the more common scenario of male abuse of children (163). Additionally, Wilbur’s pioneering professional work is subsumed into a more traditionally feminine role. Sybil herself assumes a maternal function in the film’s opening scenes, which place her in charge of a group of children at a field trip. Like Eve, whose momentary dissociation lead her to endanger her daughter, Sybil fails to watch the children when she is derailed by a painful flashback. By becoming “mother to herself,” Sybil presumably can become a suitable nurturer to others.

Sybil appears more mentally ill and confused than either Eve or Tara. By the time she enters Wilbur’s office, she is disoriented and frequently dissociating, only knowing that time has lapsed when she checks her watch. She also displays dangerous behavior such as sticking her hands through windows and threatening suicide. The personalities that emerge through treatment are not distractions from herself but necessary components of the whole woman: While “Peggy” holds onto anger about her mother’s abuse, “Vanessa” alone possesses musical talent. Wilbur’s proscribed treatment is not to supplant or kill off Sybil’s inadequate personalities—as in *Eve*—but rather to guide Sybil to embrace and integrate these aspects of herself. This is performed literally in an idyllic outdoor setting: Sybil meets and embraces each of her selves in an open field. In this narrative, DID treatment is life-saving, the result of a doctor’s willingness to truly listen to her patient. The story ends with Wilbur’s voice-over declaring Sybil cured: “She tells me she’s happy. I know she’s free.”

The miniseries does raise doubts about psychoanalysis, but voices them through an unreliable source: Sybil’s superstitious small-town father, who stood by as his wife mistreated Sybil. The simplified, stripped-down 2007 version follows the same general plotline but places much higher emphasis on critics’ skepticism and on the gendered aspects of the story. Dr. Wilbur, here played by Jessica Lange, is hailed as a pioneering female psychologist who dares to listen to her patient rather than write her off as a simple hysteric. Her commitment draws the derision and ridicule of her male colleagues who insist that multiple personalities don’t really exist. The film invites viewers to decide the case for themselves: They witness the excavation of Mason’s paintings at an estate sale after her death in 1998. Her artwork—the product of distinct personalities using the same hand—is presented as evidence of Sybil’s multiple selves. To doubt Sybil’s story, the film suggests, is to ignore the evidence right in front of our eyes, and to align with Wilbur’s sexist detractors.

“Learning to Love the Ride”: Tara’s Alternative Path

While Eve and Sybil are presented as desperate women in search of a diagnosis and dependent on experts for answers, *United States of Tara* introduces its heroine at a later stage of treatment. The fictional Tara Gregson has accepted a DID diagnosis, has opted to forego mind-numbing psychiatric drugs in favor of full experience, and frequently switches therapists. *Tara* builds on a legacy of media representation, and thus addresses audiences already familiar with multiple personalities. *Tara*’s comedic nature and lack of a corresponding case study frees the Showtime series to be more experimental. Extending over three seasons, the series is a journey of self-discovery rather than a simple search for a cure. As the opening theme song reassures us, “I know we’ll be just fine if we learn to love the ride.”

Just as *Sybil* spoke to women's collective identity crisis, *Tara* symbolizes a mother's internal conflicts. Cody explains the series' concept: "What are the different hats a mother needs to wear in her life? Sometimes she needs to be a man and have balls. Sometimes she has to be this docile caretaker. And sometimes she has to be sexual" ("Diablo Cody"). Accordingly, Tara transitions among "T," a sexualized teenager; Alice, an uptight housewife whose diction and culinary skills come straight from a 1950s sitcom; and Buck, a working-class man marked by his swagger and sneer. These alternate selves emerge at moments of stress and are often instrumental to the plot: T is able to get intimate details about daughter's sex life; Alice bakes cakes for a school fundraiser and mediates conflicts with the son's teacher; Buck uses his fists to take down the daughter's abusive boyfriend.

United States of Tara also uses these personalities to complicate nostalgia for simple gender roles. While Alice charms the family with her culinary skills, her moral rigidity renders her authoritarian and threatening. Buck emerges when a "real man" is needed—he is the aggressive counterpart to Tara's mild-mannered husband and gay son—but his sexism and homophobia often embarrass the family. Provocative T helps spice up the couple's sex life, but her behavior often lands Tara in sticky situations.

The Gregsons are a quirky but loving family who weather the storm of Tara's personalities together. Yet her mental illness strains her marriage and negatively affects her children. In her altered state, Tara tries to seduce her son's boyfriend, causing him to abuse Xanax and refuse to talk with her for weeks at a time. Daughter Kate, perhaps inspired by Tara's multiple selves, assumes a sexy superhero persona and dabbles in sex work. These plot twists suggest that the attention Tara gives to her own treatment comes at the expense of her children, and her seeming inability to parent effectively prompts her personality changes in the first place.

Tara declines psychiatric drugs, instead preferring to experience and learn from her varied

personalities. But she is not wholly in control, and more troubling personalities emerge: "Gimme" is more animal than human, a scowling figure who pursues crude methods of revenge. "Chicken" is a small child, the vulnerable side that emerges as Tara discovers the secrets of her childhood. Similar to *Sybil*, *United States of Tara* blames her disorder on sexual abuse by a stepbrother, an early memory recovered through flashbacks. Yet Tara's mother is not off the hook: She knew about the abuse but didn't stop it, eventually sending her young daughters away while the offending stepson stayed at home. She fails to disclose the information until Tara confronts her directly.

Even as the series draws from clinical understandings of DID, *Tara* takes an ambivalent stance toward psychology. Rejected by her regular therapist, Tara seeks help from a treatment center that specializes in integration. Much like Dr. Wilbur, the doctors encourage Tara's personalities to emerge and reveal the source of her trauma. However, a fellow patient admits she has been integrated before and it never "sticks," and Tara's husband (John Corbett) accuses the doctors of parading Tara's personalities without curing her. "You charge \$6,000 a day," he says crassly. "I can see this shit for free in my living room" ("Miracle").

Tara leaves the expensive treatment center more defeated than optimistic. Charged with finding a new psychiatrist, she reaches out to a famous New York City author who promotes a holistic view of dissociation as a spectrum. Max is pleased Tara has found a good therapist, until he realizes that her therapist is merely one of Tara's many personalities.

Tara encounters her share of skeptics: Her own sister accuses her of "acting," but ultimately accepts the DID diagnosis. In the third and final season, Tara is treated by a psychology professor (Eddie Izzard) who seeks to prove her disorder is a fabrication masking other problems. Yet when Tara assumes the personality of her sociopathic stepbrother and threatens to kill off the other alters one by one, the doubting psychologist concedes that DID must be real and admits that he is in over his head. In the series finale, Tara

dramatically kills off her inner abuser, but the rest of her personalities are still along for the ride.

Memories, Mothers, and the Search for Self

Despite the varying tone and time periods of these narratives, they share much in common. All three women rely to some extent on doctors who are either miracle workers or, in Tara's case, well-intentioned but ineffective. The tendency to close these narratives with integration scenes and announce a cure greatly simplifies women's real-life struggles with mental illness. Of course, complexity is hard to capture in a finite novel or film; *Tara* relies on ambiguity to keep the serial narrative going and thus comes closest to depicting patients' lengthy recovery.

All three stories address popular skepticism about DID, as therapists and family members accuse patients of fabricating the illness or of using alter egos as an excuse for bad behavior. However, concerns about patients' memory as potentially inaccurate or manipulated through therapy are rarely addressed. As these women seek answers from their past, audiences are encouraged to accept their memories at face value.

Whether patients or psychologists, women cannot evade their socially sanctioned roles, and strong messages about good and bad mothers come to the forefront of DID narratives. Young Bonnie tries on Eve Black's high-heeled shoes, evoking fears that the daughter will follow in her mother's footsteps. Eve sends her daughter away for her own good, and by the end of the movie the vivacious Eve Black dies off so her more stable, maternal self can live. Eve's illness is a matrilineal one, stemming from her mother's misguided gesture and the horror of kissing a deceased grandmother. The monstrous mother in *Sybil* is clearly responsible for her daughter's illness, and *Sybil* is healed only through a mother-daughter relationship with her therapist. Of the three, Tara is most defined by motherhood and tries her best at parenting, even though her own mother failed to

protect her. Tara's children are teenagers and thus more self-sufficient, but Tara and others repeatedly question whether her unmedicated illness and experimental treatment regimens are harming her kids. (For her part, Tara's sister initially refuses to let her see her newborn niece for fear her behavior is too erratic.) These narratives emphasize the importance of mothers, but reinforce the potentially harmful idea that mothers bear the blame for their children's mental illness.

Even as mothers are scrutinized, the independent woman is pathologized. Eve Black's refusal to take a husband is perceived as evidence of her unsuitability for everyday life; *Sybil*'s desperation is heightened by her lone apartment in the big city. The women's sexuality also serves as a perpetual source of concern: Eve's sexuality vacillates between repressed and blatant, a product of her illness rather than of a culture that promotes rigid sexual standards for women. The scene in which Eve Black is nearly assaulted by a soldier for refusing to go home with him underscores the dangers of leading men on. *Sybil*, too wounded and girlish to pursue a relationship, experiences sexuality primarily as a source of shame. Tara is most open about her sexuality—she and her husband have an active sex life, and he respects her boundaries. Yet her alter egos often complicate matters: T's openness makes her easy prey for assault, while the leering Buck engages in an affair without Tara's conscious knowledge.

The presence of middle-class white women in these narratives reflects the largely white case histories as well as the broader marginalization of minorities in media. The fact that the women are white perhaps makes them more relatable as "everyday" characters; their middle-class status and association with small towns and the rural South emphasize that such psychoses can and do surface everywhere. The 2010 film *Frankie and Alice* counters the racial homogeneity of DID narratives, telling the story of an African-American woman who assumes roles of different ages and races as response to trauma. Despite the star power of producer and lead actress Halle Berry, the film failed to gain acclaim and has yet to be released on video.

Even as critics question the very existence of Dissociative Identity Disorder, these fictional narratives continue to fascinate and trouble audiences. They hold particular resonance for female audiences who have personally experienced trauma and fragmentation, albeit on a less dramatic scale. These stories remind women to listen to their painful histories and to embrace the parts of themselves that have been lost or disowned. They speak to their multifaceted lives and efforts to negotiate limited and contradictory roles. And they remind everyone that the process of becoming whole is long, painful, and never quite complete.

Works Cited

- Acocella, Joan. *Creating Hysteria: Women and Multiple Personality Disorder*. San Francisco: Jossey-Base Publishers, 1999. Print.
- Bier, Susanne, dir. *Frankie & Alice*. Access Motion Pictures, 2010. Film.
- Brooks, Richard, dir. *Looking for Mr. Goodbar*. Paramount, 1977. VHS.
- Brown, Helen Gurley. *Sex and the Single Girl*. New York: Bernard Geis, 1962. Print.
- Cody, Diablo, Prod. *United States of Tara*. Showtime Networks, 2009. Television.
- "Diablo Cody Discusses Tara's Alters." Showtime Networks, 2008. Web. 24 April 2013.
- Douglas, Susan. *Where the Girls Are: Growing up Female with the Mass Media*. New York: Times Books, 1994. Print.
- Friedan, Betty. *The Feminine Mystique*. Twentieth Anniversary ed. New York: Laurel, 1983. Print.
- Gillispie, Craig Prod, dir. Diablo, Cody "Miracle." *United States of Tara: The First Season*. Showtime/Paramount, 2009. DVD.
- Johnson, Nunnally, dir. *The Three Faces of Eve*. Twentieth Century Fox, 1957. DVD.
- Lehman, Katherine J. *Those Girls: Single Women in Sixties and Seventies Popular Culture*. Lawrence: UP of Kansas, 2011. Print.
- Morse, Benjamin. *The Sexually Promiscuous Female*. Derby, CT: Monarch Books, 1963. Print.
- Nathan, Debbie. *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case*. New York: Free Press, 2011. Print.
- Parent, Gail. *Sheila Levine Is Dead and Living in New York*. New York: G.P. Putnam's Sons, 1972. Print.
- Petrie, Daniel, dir. *Sybil*. Warner Home Video, 1976. DVD.
- Rieber, Robert W. *The Bifurcation of the Self: The History and Theory of Dissociation and its Disorders*. New York: Springer, 2006. Print.
- Rosner, Judith. *Looking for Mr. Goodbar*. New York: Simon and Schuster, 1975. Print.
- Sargent, Joseph, dir. *Sybil*. Norman Stephens Productions, 2007. Web. 24 Apr. 2013.
- Schreiber, Flora Rheta. *Sybil: The True and Extraordinary Story of a Woman Possessing Sixteen Separate Personalities*. New York: Warner Books, 1973. Print.
- Showalter, Elaine. *Hystories: Hysterical Epidemics and Modern Culture*. New York: Columbia UP, 1997. Print.
- Steinberg, Marlene, and Maxine Schnall. *The Stranger in the Mirror: Dissociation: The Hidden Epidemic*. New York: Cliff Street Books, 2000. Print.
- Sprague, William Hanson. *Sex Behavior of the American Secretary*. New York: Chariot Books, 1960. Print.
- Szalavitz, Maia. "The Truth About 'Sybil': Q&A with Author Debbie Nathan." *Time*. 28 Dec. 2011. Web.
- Susann, Jacqueline. *Once Is Not Enough*. New York: Morrow, 1973. Print.
- Thigpen, Corbett, and Hervey Cleckley. *The Three Faces of Eve*. New York: McGraw-Hill, 1957. Print.
- Van Biema, David, and Meg Grant. "Three Faces of Eve Told Her Story." *People*. Web. 27 Mar. 1989.