Supplemental Materials

**The Three Faces of Eve and Dissociative Identity Disorder**

As well-known as Cleckley is to academic psychologists and psychiatrists for *The Mask of Sanity*, he may be even better known to laypersons for his co-authored book *The Three Faces of Eve* (Thigpen & Cleckley, 1957), which has sold over 3 million copies and been translated into over 20 languages. According to the *Google Scholar* database, it has also been cited over 400 times. As initially reported in a peer-reviewed article (Thigpen & Cleckley, 1954), Thigpen and Cleckley presented a sensational account of a case of multiple personality disorder (now termed dissociative identity disorder; American Psychiatric Association, 2013), a condition that was then assumed to be exceedingly rare. *The Three Faces of Eve* was soon made into a successful motion picture. Along with the later case of *Sybil* (Schreiber, 1973), which similarly began as a book and was adapted into a widely viewed film, *The Three Faces of Eve* remains one of the two best known cases of DID.[[1]](#footnote-1)

 Eve, who in 1977 revealed herself to be Chris Costner Sizemore (1927-2016), was a 25-year old telephone operator in Augusta. After experiencing unrelenting headaches and periodic memory lapses that lacked any obvious organic explanation, she was referred to Thigpen. Thigpen, who was Eve’s primary therapist, relying on Cleckley as a close consultant, treated her over a 14-month period and interviewed her for over 100 hours, meticulously collecting data on her behavior, along with data from psychometric (e.g., intelligence measures, Rorschach Inkblot Test) and psychophysiological (electroencephalogram) tests. In treating Eve, they made liberal use of hypnosis and other techniques (e.g., repeated prompting of alter personalities) that would be regarded by many contemporary scholars as unduly suggestive and as boosting the risk of false memories (Lynn, Lock, Myers, & Payne, 1997).

 Eve entered therapy with Thigpen as a seemingly demure, reserved, and sexually inhibited individual (Rolls, 2015); Thigpen and Cleckley later called this personality “Eve White.” Eve White’s clinical presentation seemed to be strikingly at variance with several noteworthy facts of her clinical history, especially her repeated lying, temper outbursts, purchases of expensive clothing that she could not afford, and flirtatiousness with men at nightclubs – behaviors largely reminiscent of psychopathy. Not long into treatment, Thigpen received a mysterious letter from Eve White, which ended with a paragraph that contained immature content and child-like handwriting. Soon, during a therapy session with Thigpen, an “alter” personality emerged. This personality, which Thigpen and Cleckley dubbed “Eve Black,” was seductive, carefree, and impish. Eve Black took responsibility for Eve’s antisocial behaviors. Her mannerisms and voice differed from those of Eve White, and Thigpen and Cleckley (1954) reported that she displayed different patterns of responses on psychological and physiological testing, and even different allergies (with only Eve Black experiencing an allergy to nylon). Furthermore, Eve Black claimed to be aware of Eve White, whereas Eve White claimed to possess no knowledge of Eve Black. Thigpen and Cleckley concluded that Eve’s DID stemmed from several traumatic events in childhood, including witnessing a man’s body being mutilated by a lumber mill saw.

Later, over the course of treatment, a third personality, “Jane,” eventually emerged. According to Thigpen and Cleckley, Jane was a self-confident, well-adjusted individual who reflected the healthy integration of the two extreme “Eve” personalities. As her treatment drew to a close, Eve, it seemed, had been cured or was at least well on the way to recovery.

 Thigpen and Cleckley’s book generated an international sensation. The film based on the book premiered in the same year as the book’s release; Thigpen and Cleckley, who consulted on the screenplay, received writing credits for the film. It starred Georgia native Joanne Woodward as Eve (Cleckley had hoped that Eve would instead be portrayed by Vivien Leigh, who had played Scarlett in *Gone with the Wind*, in part owing to her facial resemblance to Sizemore; Smith, 2016a), along with Lee J. Cobb as Thigpen. In a supporting role, now-obscure actor Edwin Jerome portrayed Cleckley, who was referred to as “Dr. Francis Day” in the film. Much to Cleckley’s delight, Woodward received an Academy Award as best actress for her portrayal of Eve. At the 1957 film premiere in Augusta, the honored guests, including Cleckley, arrived in Edsels, which were then experiencing a (notoriously short-lived) bout of popularity. Prior to the showing of the film, Cleckley and Thigpen were feted at a dinner, where they received plaques from 20th century Fox president Spyros Skouras, honoring them for their “outstanding contribution to the motion picture industry and the world at large” (Watwood, 2017).

 Still, the story of *The Three Faces of Eve* hardly ended there. For one thing, Sizemore’s case was later to generate ethical and scientific controversy. In a book entitled *I’m Eve*, Sizemore (Sizemore & Pittillo, 1977) insisted that she had not been cured by Thigpen and Cleckley, and that she in fact had harbored over 20 personalities. She also claimed later, however, to have been cured by a subsequent therapist following more than two decades of treatment (Sizemore, 1989). Sizemore also expressed resentment toward Thigpen in particular for exploiting her illness for personal and professional gain and for taking advantage of her vulnerabilities, and for allowing her to unwittingly sign away the rights for the film to 20th Century Fox (see also Ross, 2012). She successfully sued 20th Century Fox to regain the rights to her life story.

 Published in the year of his death, Cleckley, along with Thigpen, authored a brief communication raising questions regarding the growing overdiagnosis of DID, which was then beginning to reach epidemic proportions (Thigpen & Cleckley, 1984). They observed that over the course of their lengthy clinical careers, they had witnessed a total of one unambiguous case of DID (namely, Eve) and expressed concerns that a new generation of clinicians purported to be detecting this condition in dozens of their patients. Anticipating the concerns of later critics of the DID diagnosis (Lilienfeld et al., 1998; Merskey, 1995; Spanos, 1994), they argued that genuine DID was exceedingly rare, and that many patients feigned or exaggerated dissociative symptoms to procure attention or avert responsibility for illegal actions. With respect to the latter, they described with dismay the then-recent case of Billy Milligan, an Ohio man acquitted of violent crimes on the basis of a DID defense (Keyes, 1981). While acknowledging that most if not all people act differently on different occasions in response to environmental circumstances, Thigpen and Cleckley “urge[d] that the diagnosis of multiple personality disorder be reserved for those very few persons who are truly fragmented in the most extreme manner” (p. 66). Nevertheless, their caveats have been neglected by many scholars who contend that DID is widespread, and perhaps more prevalent than schizophrenia (e.g., Ross, 1991).

**The Caricature of Love and Homosexuality**

 According to his close friend and colleague Thigpen (1985), Cleckley regarded his third book, *The Caricature of Love: A Discussion of Social, Psychiatric, and Literary Manifestations of Pathologic Sexuality* (Cleckley, 1957), as his most important accomplishment. Further, in a letter to Hare dated October 11, 1990, Emily Cleckley (then Cleckley’s widow) wrote, “The Caricature of Love...was Hervey’s favorite book.” In this regard, *The Caricature of Love* was almost certainly Cleckley’s greatest failure, as it seems to have left little lasting impact on psychology or psychiatry. In sharp contrast to his other two books, it has apparently been all but ignored by later scholars; *Google Scholar* lists a mere 16 citations, one of them from Cleckley himself. In a recent comprehensive overview of the causes of homosexuality (Bailey et al., 2016), Cleckley’s book went unmentioned.

 In *The Caricature of Love*, Cleckley railed against what he viewed as the profligate sexuality rampant in contemporary Western culture, and the often blithe acceptance of disordered sexual practices, including pederasty. Much of the book was devoted to a diatribe against homosexuality and what Cleckley perceived as its pernicious influence on society. For example, in one chapter he attacked Hollywood portrayals of homosexuality as normalizing this sexual orientation. Elsewhere, he criticized famed American psychologist Albert Ellis for implying that homosexuality is psychologically and statistically normal (Cleckley, 1957, p. 7). Although acknowledging that the question of whether homosexuality is an illness is in part a matter of values that lie beyond the scope of science (p. 13), his opinion in this regard was unequivocal: “It is my strong conviction that their [male homosexuals] psychiatric disorder or personality handicap is genuine and that it is not a trivial matter” (p. 23). Contemporary critics might contend that selection bias tainted Cleckley’s conclusions given that most of the gay individuals with whom he interacted were presumably patients drawn from his practice.

Unquestionably, much of *The Caricature of Love* would be regarded as homophobic by modern-day standards. In fairness to Cleckley, homosexuality was regarded as a mental disorder by American psychiatry when *The Caricature of Love* was published, and it is easy to fall prey to the historical trap of presentism (Stocking, 1965), when evaluating his assertions. At the same time, *The Caricature of Love* embraces an unusually strident stance against the ethics of homosexual behavior and in favor of the position that such behavior is psychopathological. Needless to say, the psychological science that has emerged over the past 60 years has not been kind to Cleckley’s view that homosexuality is inherently pathological (e.g., Bailey et al., 2016).

**Cleckley as Critic of Psychoanalysis**

In several writings, both sole-authored and jointly authored with Thigpen, Cleckley raised serious questions regarding the scientific status of Freudian theory and psychoanalysis as a treatment method. Cleckley was analytically trained and made use of Freud’s techniques in his early clinical practice, but became disenchanted with them (Alvarez, 1968). In his writings, he gave credit to Freud for “his genuinely sincere efforts [that] have stimulated a search for means of psychotherapy as well as man’s attempt to understand himself as his fellows” (Cleckley, 1962, p. 112), but he believed that Freud had led psychiatry astray in many ways. Indeed, he wondered aloud whether Freud’s contributions might ultimately be relegated to the same pseudoscientific dustbin occupied by Gall’s writings on phrenology (Cleckley & Thigpen, 1955). In the aforementioned *The Caricature of Love* (1957), Cleckley laid a large share of the blame for the acceptance of what he regarded as contemporary society’s unduly libertine sexual practices at the feet of Freud. He believed that Freud had helped to normalize aberrant sexuality by implying, *inter alia*, that even infants experience sexual drives and that the libido (sex drive) is capable of remarkably diverse behavioral expression.

 In an article entitled “The Dynamics of Illusion,*”* Cleckley and Thipgen (1955) decried the proliferation of jargon in psychoanalytic writing, and the propensity of Freudian scholars to concoct supremely confident but fanciful explanations for human behavior in the absence of objective data: “Man’s innate quest for an explanation of the unknown often tempts him to devise by invention what he cannot discover in evidence” (p. 340). Later, in an article entitled “*Freudian Psychodynamics – Science or Mirage?”,* Thigpen and Cleckley (1961) aimed their quivers at what they regarded as the insufficiently rigorous inferential methods of psychoanalysis. For example, they contended that one could invoke the products of free association to justify virtually any hypothesis after the fact: “It is hard for us to deny that virtually anything might emerge in almost any patient if we continue long enough with such a procedure as so-called free association” (p. 100). Anticipating the arguments of later critics of Freud (e.g., Grunbaum, 1985), they observed that operant conditioning of verbal statements can occur outside of awareness, and that psychoanalysts may unintentionally shape patients toward confirming their hypotheses. Perhaps ironically, Cleckley appears not to have connected this insight to his and Thigpen’s treatment of Chris Sizemore, which involved the use of repeated prompting of her alters, a technique regarded by many scholars today as unduly suggestive (Lilienfeld et al., 1998; Spanos, 1994).

 Thigpen and Cleckley (1955) accused Freud of frequently confusing analogy with

scientific evidence. For example, they parodied Freud’s likening of the infant’s contentment following a meal to the adult’s contentment following orgasm. Cleckley (1955) had elsewhere offered up similar criticisms, quipping that “If a man inserts a fingertip in his ear to scratch, this act may constitute, not necessarily proof, but one item of evidence that he is anally fixated and wants to masturbate rectally” (p. 100).

Thigpen and Cleckley (1955) concluded their article with a caustic broadside against what they regarded as the pseudo-intellectualism of much of psychoanalysis:

 We freely admit that scientific knowledge and psychiatric experience cannot be counted

 on to admit the neophyte into those arcane circles of the true dynamic theorist who savors

 recondite (and unheard) melodies, subtle and entrancing conceptual fugues in postulated

 depths of the unconscious. To do this properly, one must be cool, man - real cool (p. 101).

**Cleckley as Skeptic**

Elsewhere, Cleckley burnished his credentials as a versatile skeptic on many matters psychological and psychiatric. Foreshadowing criticisms regarding the overhyping of claims in psychology and allied fields (e.g., Lilienfeld, 2012), Cleckley (1955) expressed concern that psychiatry was guilty of overpromising miraculous solutions to complex problems: “…our more ambitious spokesmen seem to be convincing the public that we not only have the means of preventing these maladies [neurosis and psychosis], but also of curing criminals and or curbing delinquency and crime” (p. 86). He also expressed serious doubts about whether psychiatry had “achieved a profound new and scientific understanding of the human personality” (p. 84).

 In other articles, Cleckley discussed the hazards of imprecise thinking and terminology. For example, he warned against the dangers of conceptualizing mental illnesses as disorders of “nerves” and speaking of them as “nervous diseases” (Cleckley, 1949, p. 3), conjecturing that such imprecision can mislead psychiatrists into prescribing interventions, such as “bed-rest and withdrawal from life” (p. 5), which, as he observed perceptively, are likely to be counter-therapeutic (see Ekers, Webster, Van Straten, Cuijpers, Richards, & Gilbody, 2014). He also reminded readers of the disastrous errors of early psychiatry, such as those of scholars who had asserted that “merely by running a finger over the brain at autopsy, [they] could ‘find’ the damaged spot that gave rise to hallucinations and delusions” (p. 4). Cleckley argued that although such mistakes were understandable in the light of the knowledge of the day, we should strive to purge psychiatry of superstitions that derive from imprecision in thinking and language.

**Cleckley as Generalist**

Cleckley’s writings on other psychological topics in are too extensive to be covered comprehensively, but a brief survey is apropos. Perhaps most notably, Cleckley authored numerous articles on electroconvulsive therapy (e.g., Cleckley, Hamilton, Woodbury, & Volpitto, 1942) and electronarcosis (an alternative to electroconvulsive therapy that involves administering current to the brain to stimulate sleep; Estes & Cleckley, 1951), as well as on convulsive treatments now recognized as physically dangerous and inadvisable, namely insulin coma therapy (Cleckley & Templeton, 1941) and metrazol shock therapy (Cleckley, Bowles, & Mettler, 1940; Geeslin & Cleckley, 1939). For the lattermost three treatments, Cleckley’s writings have not stood the test of time (e.g., Jones, 2000). Cleckley’s scholarship on electroconvulsive therapy focused largely on blood pressure changes in patients undergoing this treatment (Cleckley et al., 1942) and on the use of this intervention to treat addiction to morphine and other substances (Thigpen, Thigpen, & Cleckley, 1953), an application that has not subsequently received empirical support.

 Cleckley also wrote extensively on the intersection between psychiatry and the law. For example, he expressed doubts regarding the extent to which psychiatrists can contribute meaningfully to insanity determinations, worrying that the legal system was forcing them to proffer judgments that lie outside the scope of their expertise (Cleckley, & Thigpen, 1955). In a co-authored article (Bromberg & Cleckley, 1952), he discussed the dilemma posed by the “battle of experts” (p. 729) that commonly arises during insanity hearings. He contended that much of the disagreement between psychiatrists in such cases stems less from their lack of consensus on the defendant’s mental state, and more from their subjective judgments of whether the defendant grasps the difference between right and wrong, as per the McNaughton insanity rule. Rather than attempting to adjudicate the answer to the latter contentious question, Cleckley proposed, psychiatric experts should aim to ascertain whether the defendant was “accountable” for his or her crimes – that is, whether the defendant’s personality “was impaired by mental disease to a degree rendering him unable to adjust to society’s rules” (p. 744). In this way, Cleckley maintained, psychiatrists can sidestep the fraught question of the defendant’s understanding of moral issues and instead focus on the ostensibly more objective question of whether he or she was sufficiently psychologically intact to be held accountable for the criminal act. Cleckley was hardly opposed to all expert testimony, however; as noted earlier, he believed that psychiatrists could offer helpful input in evaluating suspects’ levels of psychopathy.

 Cleckley’s writings extended to mental conditions other than psychopathy and DID. For example, he authored a brief piece on clinical depression that is still worth reading today for its rich clinical descriptions of this condition, including the psychotic features that sometimes accompany it (Cleckley, 1954). In his introduction to nationally syndicated medical columnist Dr. Walter C. Alvarez’s (1961) book of case studies, *Minds That Came Back*, Cleckley (1961) wrote of the intriguing possibility that certain symptoms of psychopathology, such as bipolar or schizoid features, may in some cases foster healthy psychological development. He conjectured that “the stress of these challenges to happy social adjustment and to sanity may sometimes act as a stimulus to growth, to positive reorganizations of the self, and to the expression of wisdom gained from insight acquired in these inner struggles…” (Cleckley, 1961, p. 13).[[2]](#footnote-2)

In addition, Cleckley authored or co-authored several articles on psychotherapy. In an early article, he contended that the acquisition of insight was the key task of successful psychotherapy (Cleckley, 1941). There, he contended that straightforward psychological solutions to obesity, obsessive-compulsive disorder, and other problems – especially those that focus on increasing patients’ awareness of their difficulties and their detrimental impact on others - are often more effective than those that rely on medication. Later, with Thigpen, he explored the similarities among psychotherapy, faith healing, and hypnosis in their ability to inculcate positive expectancies e (Thigpen & Cleckley, 1964). In addition, in an article on how to abbreviate the course of psychotherapy, Cleckley (1946) touched on the treatment of insomnia and “cardiac neurosis,” the latter of which would today be termed panic disorder. He underscored the importance of psychoeducation for these conditions, noting that it can be helpful to instruct patients with insomnia that remaining in bed while wide awake is countertherapeutic, and patients with panic disorder that their elevated pulse is the consequence of anxiety rather than of a heart condition. Both of these recommendations, it is worth noting, are consistent with data on empirically supported psychological interventions for insomnia (Spielman, Saskin, & Thorpy, 1987) and panic disorder (Craske & Barlow, 2006), respectively.

Finally, Cleckley contributed a number of articles to the discipline of neurology. He co-authored an article on muscular weakness in syphilis (Cleckley & Geeslin, 1941), and another on a newly discovered toe reflex (a variant of Hoffmann’s finger reflex) suggestive of pyramidal tract dysfunction (Allen & Cleckley, 1943). He and his collaborators also made significant discoveries pertaining to psychological and neurological symptoms stemming from nutritional deficiencies. In particular, in collaboration with his departmental colleague Virgil Sydenstricker, he was the first to describe niacin deficiency encephalopathy (Cleckley, Sydenstricker, & Geeslin, 1939; Sydenstricker, & Cleckley, 1941; see Meador, Loring, Nichols, Adam, & Feldman, 1988). Cleckley’s team reported that this condition’s symptoms abated following administration of niacin (nicotinic acid). He also co-authored an article on how to incorporate neurology into the medical school curriculum (Mettler, Cleckley, & Slaughter, 1940).

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1. Film director Errol Morris maintained that *The Three Faces of Eve* directly influenced Alfred Hitchcock’s film *Psycho* (1960) and the Robert Bloch (1959) book that inspired it. Nevertheless, we were unable to locate any independent verification for this assertion. [↑](#footnote-ref-1)
2. Cleckley was good friends with Alvarez, who described him as “one of the Deans of American psychiatry” (Alvarez, 1968, p. 32). Alvarez was the father of Nobel-prize winning physicist Luis Alvarez, who along with his son Walter Alvarez, advanced the now famous hypothesis that the collision of a massive asteroid with earth produced the extinction of the dinosaurs (Alvarez, Alvarez, Asaro, & Michel, 1970). [↑](#footnote-ref-2)