

# THE USE OF A LOGOTHERAPY TECHNIQUE IN THE TREATMENT OF MULTIPLE PERSONALITY DISORDER

R. R. Hutzell, Ph.D.  
Mary Eggert Jerkins, Ph.D.

Robert R. Hutzell, Ph. D., is a Clinical Psychologist and Director of the Behavioral Health Clinic of the Knoxville, Iowa Department of Veterans Affairs Medical Center, Knoxville, Iowa.

Mary Eggert Jerkins, Ph.D., is a Counseling Psychologist and Director of the Psychology Internship Training Program at the Knoxville, Iowa Department of Veterans Affairs Medical Center, Knoxville, Iowa.

For reprints write Robert R. Hutzell, Ph.D., Clinical Psychologist and Director of the Behavioral Health Clinic, VAMC-116B, Knoxville, IA 50138.

## ABSTRACT

*Treatment of Multiple Personality Disorder (MPD) typically demands cooperation from the various personalities. Logotherapy offers a framework and technique (Values Awareness Technique—VAT) to help accomplish this sometimes difficult task of fostering cooperation. The VAT helps personalities clarify underlying values they find personally meaningful. The personalities' underlying values may show more similarities than are seen in their overt behaviors, thus showing common grounds from which the therapist can initiate discussions about reasons for cooperation. This paper outlines the VAT and offers two case studies, each with two personalities, to demonstrate use of the VAT in fostering cooperation among personalities in the successful treatment of MPD.*

Therapy for Multiple Personality Disorder (MPD) patients provides many challenges. The patients have a wide variety of emotional and physical symptoms, and these problems often vary from personality to personality within each patient. For therapy to succeed, the various personalities should "arrive at a unity of purpose and a common motivation" (Kluft, 1987, p. 370). Therapists therefore must seek common denominators among seemingly polarized personalities within the MPD patient.

Discovery of the common denominators among MPD personalities can be a difficult task for therapists, often met with much resistance by the personalities. This problem has not been resolved in the literature on MPD treatment, particularly with respect to obtaining agreement among personalities for integration.

The Values Awareness Technique (VAT) from Viktor Frankl's Logotherapy may be helpful in the process of discovery of the common denominators among personalities, thus promoting a unity of purpose and reducing resistance to integration. Originally the VAT was designed to help individuals clarify their hierarchy of underlying values, doing so in a non-threat-

ening way and meeting with little resistance. The following paper describes the VAT's potential use in fostering cooperation among personalities in the treatment of MPD.

To date, the VAT has been used successfully in two MPD cases, each with only one alter. The use of the VAT with both of these patients is discussed as a tactic of integration between two personalities. It seems reasonable that the use of the VAT will generalize to MPD patients with more typical numbers of alter personalities. Thus, the presentation of the VAT in this paper is not only to make other therapists aware of the potential utility of the VAT as a part of therapy for MPD patients with few personalities, but also to encourage other therapists to test the generalizability of this technique for MPD patients with larger numbers of personalities and personality states.

## THE VALUES AWARENESS TECHNIQUE (VAT)

The VAT provides a practical application of the existential philosophy of Viktor Frankl (cf., Frankl, 1969). Frankl's philosophy holds that humans are motivated by the desire to experience individualized life meaning, and individuals always have freedom to choose whether to experience life meaning. According to Frankl's theory, experiencing life meaning results from actualizing creative values (actions), experiential values (experiences), and attitudinal, life-belief values (stands one takes toward life's conditions).

The VAT was developed as a semi-standard method for helping individuals clarify the creative, experiential, and attitudinal values they find personally meaningful to their lives. It has been outlined in several publications (Hutzell, 1983; Hutzell, 1986), and is available in complete workbook form as well (Hutzell & Eggert, 1989).

The technique includes a series of paper-and-pencil exercises that each follow a three-step format: a) Expanding Conscious Awareness, b) Stimulating Creative Imagination, and c) Projecting Personal Values. The first step, Expanding Conscious Awareness, allows the person (or personality) to step away from his/her daily pattern and view life from another perspective. The person searches for meaningful aspects of life that may get overlooked in everyday living. In this first step, the person responds to a question for which many responses are possible. Of all the possible responses, the person chooses an answer that has particular meaning for that individual.

An example of this first step: "What is the first answer you can remember being able to give to the question, 'What do you want to be?'" Most people project an answer that either used to be meaningful or is meaningful to them now. This question typically pulls for occupations, but sometimes people give

fantasy answers (e.g., a queen, or a movie star) or voice a simple desire for a change in circumstances (e.g., being wealthy, or older). For an example, take "farmer," a popular answer in a Midwestern population.

The answer to the Expanding Conscious Awareness step leads to the second step of the VAT. This second step, Stimulating Creative Imagination, asks the person to think of all the possible reasons why the response might be meaningful to anyone. That is, the subject considers many possible values that could underlie the response. For the example, values given for "Farmer" could be Family ("that's what my father was"), Familiarity ("it's something I knew about and knew how to do"), Out-of-Doors, Independence, Freedom, Being My Own Boss, Self-Sufficiency, Producing a Tangible and Directly Useful Product, Helping Things Grow, and Nature.

At step three, or Projecting Personal Values, the person selects up to three values listed in step two that particularly "fit" his/her way of thinking. In the example, the person selects one, two, or three of the values that personally fit why she or he responded "Farmer."

At the second and third steps of the exercise, the individual projects values, found to be personally meaningful, onto responses that he or she has already selected as important or meaningful. In a sense, a projective instrument is administered at step one, and then at steps two and three, the person interprets or projects upon the step-one response. Step three narrows the focus of step two.

The first exercise is followed by several others, each incorporating the same three-step process: Expanding Conscious Awareness, followed by Stimulating Creative Imagination, followed by Projecting Personal Values. The exercises are designed to illuminate the three classes of values recognized in Logophilosophy. The creative values are easiest to clarify, and thus are done first. Experiential values exercises come second. The most difficult to clarify, the attitudinal values, typically are left until last.

Some of the more successful questions for clarifying Creative Values include:

- What job have you held the longest?
- What hobby have you not pursued but think you might like?
- How would you complete the following? "It would be fun..."

Helpful questions for Experiential Values include:

- What is a recent event you attended because you wanted to?
- What is one of your favorite things to look at?
- What is one of the most satisfying experiences you have had?

Fruitful questions for Attitudinal Values include:

- What person has had a significant positive effect upon your life?
- What epitaph would you want on your tombstone?
- When did you take an unpopular stance on an issue?

In each case, after conscious awareness is expanded, a question designed to stimulate creative imagination follows. Usually the question takes the form: "Imagine all the possible values that might cause someone to give the response you gave." Then, Projecting Personal Values is accomplished by asking:

"What are the one, two, or three values that caused your answer to be particularly meaningful to you personally?"

If someone needs additional values clarification, the number of responses for step one are increased. For example, instead of asking, "What is one of the most satisfying experiences you have had?" the person receives the following instructions: "List five of the most satisfying experiences you have had. Then think of many reasons why each experience might be meaningful to anyone. And, last, describe the most significant values that made each experience worthwhile to you."

The completion of the VAT takes several therapy sessions and may include homework assignments. Many productive discussions usually result from the responses. Most people clarify 30 to 130 values, many of which are the same value repeated across different exercises. Values listed only once probably have less meaning to the individual and are disregarded at this point. To finish the VAT, the values which are repeated are rank ordered from most repeated to least repeated to form a values hierarchy for the subject.

### USE OF VAT WITH MPD PATIENTS

For the VAT to be used to foster cooperation among MPD personalities and demonstrate reasons for the personalities to agree to integration, each personality completes the VAT separately. Then the resultant lists of personally meaningful values are reviewed to determine: a) similarities in the values of the alter personalities; b) areas in which acceptance of values held by another personality might be helpful to the personality not naming those values; and c) areas for discussion where any real differences in values might exist. The assumption underlying this procedure is that basic core values of the alters have similarities because the alters originated via dissociation from the same basic original personality. Alters usually see themselves as vastly distinct from one another and usually are surprised to learn they may have substantial similarities in their underlying values in spite of obvious differences in how they actualize those values.

Below, two case studies are presented that demonstrate the use of the VAT in fostering cooperation among personalities. For the sake of simplicity, in this initial testing of the technique with MPD patients, two cases were chosen in which there was only a single alter.

#### Case 1

A 38-year-old woman was hospitalized as anxious and suicidal. She presented as meek, fearful, passive, and quite suggestible. She denied significant problems in her life (in spite of her current circumstances). Other persons usually solved problems for her because she was alternatively too ill and too emotional to solve problems herself. The first author was consulted, and he determined that a second personality was present and was fighting to take over control of the woman's body.

The therapist built rapport and was able to get Minnesota Multiphasic Personality Inventories (MMPI's) completed by the host personality and her alter. Both MMPI's proved to be valid. The host personality's profile suggested an individual who tended to deal with anxiety through physical symptoms

and who was immature, egocentric, suggestible, demanding, shy, and moderately distressed. The alter's personality profile suggested a sullen, angry, rigid, blaming individual.

The alter was also a 38-year-old woman. Her first and last names were different than those of her host personality. The alter reported no additional alters. (Considerable hypnotic probing much later in the therapy supported this.) The alter presented as an angry, hostile, forceful individual. Interactions with her were short, direct, and to the point. Her verbal style was abrasive and filled with curse words that the host personality would never use. The alter reported she had always gone to the dentist for the host personality and had been the one to undergo surgeries and other potentially painful experiences during much of the patient's life. The alter reported she had split off at age 8 as a result of sexual abuse. Since then she served as a protector and acceptor of pain. The alter stated she recently began fighting for control of the host body because the patient was too passive. The alter felt the patient was taken advantage of in life, and the alter felt she could function more assertively than the host personality. The alter had revealed herself and her plans to the host and her family when she began the fight to take over.

The therapist expended considerable effort to get the alter to agree to therapy for the host personality. The alter showed distrust of the therapist and was fearful that the therapist would try to kill her. She did agree, eventually, with the argument that she had split off initially to help the host personality and that much of her existence had focused upon helping the host personality. Allowing the host personality to benefit from therapy would be consistent with alter's historical purpose.

The host personality was an excellent hypnotic subject. Hypnotic abreaction began during the ninth treatment session. Abreaction allowed the host personality to re-experience and reformulate the trauma of sexual abuse. Through this process, she released the excruciating emotion that was repressed at the time of the abuse. She was able to view the experience more objectively and reframe her perception of it. Psychological energy that had been used to repress the trauma was freed for current, adaptive use.

Due to the lack of office sound proofing, the abreaction process was modified to make it quieter. A typical abreaction process was conducted *except* the patient was taught to release emotions through the fingertips rather than the usual expression of emotions, while simultaneously describing and reliving trauma. Right hand fingers expressed crying (index), yelling/rage (middle), fighting back (ring), and all other emotions (little). The host personality raised her fingers whenever she needed to express emotions. The stronger her need to express, the higher she raised her fingers. This pro-

cedure seemed to work well and quietly, although she expressed tears from the left eye while describing one particular incident.

After two weeks of daily hospital treatment, the patient was discharged to home. The therapy switched to weekly outpatient sessions where abreaction continued and life/family problems were addressed. The host personality received training in various life skills, including stress inoculation and assertion training. The issue of fusion was introduced, but both the host personality and the alter continued to oppose fusion. They viewed each other as so dissimilar that neither was willing to consider incorporating any of the observed qualities of the other. So, the VAT was introduced to discover similarities in values and areas of apparent incompatibility. The host personality and the alter completed some of the exercises during therapy sessions and others as homework. The VAT stem items employed were:

- 5 jobs you would like
- 5 hobbies you would find interesting
- 5 of the most satisfying experiences you have had
- 1 favorite experience for each of the five senses
- 5 occasions when you took responsibility
- 10 persons who have had a positive effect upon you

The resulting value clusters are presented in Table 1. Review of these values with the host personality and the alter resulted in their determining they had substantially more similarities than they had believed. Further, they determined

**TABLE 1**  
Values Clusters from VAT Case 1

Patient	Alter
Family love (16)*	Helping (14)
Sense of Accomplishment (14)	Inner strength (11)
Interpersonal Harmony (9)	Socializing (6)
Challenge (9)	Sense of accomplishment (6)
Escape (8)	Family love (6)
Inner strength (8)	Observing life (5)
Competence (6)	Challenge (4)
Uniqueness (5)	Trust (3)
Practicality (4)	Relaxation (3)
Variety (2)	
Health (2)	

\* The number in parenthesis is the number of times the value arose in the exercises.

that their differences were not incompatible and indeed might be complementary. It was at this point that both decided to seriously consider and work on fusion.

The host personality and the alter were impressed that both of them shared the values of Family Love, Sense of Accomplishment, Challenge, and Inner Strength. The host personality agreed to interpret her value of Interpersonal Harmony to include harmony with the alter. The therapist emphasized to the alter that her value of Helping reflected the very reason for her initial existence, and the therapist suggested she should continue to actualize this value by helping the host personality. The alter agreed with the argument that she got

little opportunity to actualize her value of Socializing because she spent much of her time fighting for control. Further, she agreed that she would have more time to socialize if she could unite with the host personality.

About three months after therapy had started, abreaction with the host personality was complete, but the alter needed to undergo abreaction. At this point, the alter trusted the therapist enough to undergo the process in a manner similar to that of the host personality. Much of this abreaction focused upon quite different episodes of sexual abuse that had occurred several years after the original dissociation. Time-limited fusions were conducted hypnotically to decrease fear on the part of both the host personality and the alter that fusion would be an aversive experience. Successful use of life skills was encouraged/rewarded.

Approximately one year after therapy began, the patient arrived at therapy stating that the host personality and alter had fused themselves together permanently. A month later, the fused personality completed an MMPI. This fused MMPI was a valid profile within normal limits that suggested a rather shy, somewhat sensitive individual with slightly more than the average number of physical complaints.

No further episodes of dissociation were noted. The patient viewed the successful fusion as the completion of therapy and therefore attended unreliably during the next year. Her family supported her attendance, but on several occasions she cancelled appointments. Interaction with her family members suggested they saw her as doing well and they supported her contention that she had no further dissociation. She gained employment. Her husband was able to take independent trips and for the first time in their 20 years of marriage, felt comfortable leaving her at home alone several days at a time to care for the children.

The final session came approximately two years after the initial meeting. The session included her family, and all agreed that further therapy seemed unnecessary. During the four years since therapy ended, the host personality has never returned to therapy. Her family physician (the initial referral source) reports there has been no indication that she should return to treatment.

**Case 2**

A 33-year-old man came to the hospital for his fourth alcoholism treatment. At the request of nursing staff, who were concerned about his marked depressive symptoms, the second author was consulted.

TABLE 2  
Values Clusters from VAT Case 2

Patient	Alter
Independence (18)*	Strength/Power/Intelligence (34)
Skill/Creativity (18)	Justice/Fairness (22)
Fun/Enjoyment/Thrill (18)	Independence (18)
People/Family (17)	Skill (14)
Strength/Power (12)	Fun/Excitement (9)
Peacefulness (12)	Self-Esteem (7)
Self-Esteem/Pride (10)	People (6)
Justice/Fairness (9)	Challenge (6)
Challenge (9)	Fun/Satisfaction (5)
Achievement (8)	Orderliness/Simplicity/Clarity (4)
Escape/Solitude (8)	Nature (3)
Nature (8)	Patience (3)
Busyness (4)	Peacefulness (3)
Self-Sufficiency (4)	
Beauty (4)	
Searching (4)	
Orderliness/Simplicity (3)	
Helping Others (2)	
Optimism (2)	

\* Number in parenthesis is the number of times the value arose in the exercises.

The host personality cried often through the initial interview, describing how useless he felt. He recounted a ten-year period of unstable moods, serious questions about his identity, and memory lapses. He reported being frightened at violent thoughts he had, and did not wish to harm anyone. MPD was suspected within the first several sessions based on his symptoms, and the alter surfaced dramatically when inquired about directly during autogenic relaxation therapy. In a very threatening voice, his alter personality rumbled "What do you want?" and made it clear he did not want to be interfered with. He presented as angry, forceful, menacing, and dominant, in contrast to the helpless, submissive, and fragile demeanor of the host. A period of education and rapport building with the alter followed. In the course of therapy the alter reported his job was to "dish out hate and hurt," protecting the host personality from situations the host was too weak to handle.

The alter and the host personality both completed the MMPI. Both profiles were quite elevated, with strong feelings of alienation, inner conflict, and anxiety. The host personality's profile showed more distress and somatic symptoms, while the alter's profile suggested more characterological features, including rebelliousness, hostility, resentment, and difficulty trusting others.

Soon the alter agreed to allow the host personality to be hypnotized and begin abreaction of terrifying childhood events that had taken place in an orphanage. Again the quiet abreaction process was employed, with right-hand fingers expressing anger, frustration, fear, and tears, and his left-hand fingers expressing anxiety, physical tension, verbal responses (such as screaming), and any other emotional reactions. Combinations of fingers raised were congruent with emotions likely in each given situation.

Despite very significant progress in abreaction, the alter and host personality continued to define themselves as polar opposites. The alter referred to the host personality as a "wimp." The host personality, frightened by previous violent behavior of the alter, saw him as an evil person to be kept inside at all costs. They wanted little to do with each other, but were trapped together in the same body.

Once more, the VAT was used to breach the barrier between the host personality and alter. Five weeks into daily therapy, the VAT sessions were alternated with the abreactive sessions. The host personality and alter eventually completed the same VAT exercises described in Case 1. (The resulting values clusters are presented in Table 2.)

The host personality's and alter's responses showed striking dissimilarities at step one of the VAT. For example, the host personality first listed "nurse or doctor" as a job he would like, while the alter responded "mercenary." In exploring the reasons for each choice, however, overlapping values became apparent – both responses included values of crisis handling, independence, and challenge. Similarly, the host personality chose his grandmother and wife as having a positive influence on him, while the alter included "Chuck Norris" and "Sylvester Stallone" – obvious surface differences, but some shared underlying values such as strength and being capable.

The VAT helped the alter realize he had more breadth to his role than just rage and protection. He began mentioning people for the first time, things he enjoyed doing, and ways he

conceived of justice and fairness more positively. He began to consider how he could get more of what he liked by being out more often *with* the host personality, since the host personality had learned how to keep him in when the alter tried to take over completely. The alter spontaneously commented after one exercise: "so much about me I never thought about... you're making me see that I'm not such a hard guy after all." This realization, when conveyed to the host personality, appeared to lessen the host personality's fears of the alter acting inappropriately. Thus he was more willing to let the alter fuse with him in carefully graduated periods of time.

The VAT exercises also helped the host personality focus on a variety of positive experiences he had, such as witnessing the birth of his children, and buying his first car. This proved a very helpful adjunct to the painful business of abreaction. The therapy included abreaction of the alter as well as the host personality, marital counseling, relaxation therapy training, and assertiveness training. The host personality and alter originally integrated for short periods of time in the therapy session, and gradually expanded to hours and then days fused outside the therapy session. The host personality successfully blended the strength and assertiveness of the alter with his own creative and intelligent ways. The host personality and alter came to successful integration after 15 months of therapy.

Six months after leaving inpatient treatment and coming for several outpatient visits, the alter dissociated from the host personality again. The alter had experienced his first Vietnam flashback, from traumatic memories he had previously insisted were not emotion-laden. Daily inpatient abreactive work on these memories with the alter for one month led to resolution and re-fusion. After six months of outpatient followup, the patient presented no signs of dissociation.

## DISCUSSION

In both of these case studies, a typical therapy process was employed but it included the Logotherapy technique specifically to effect agreement between the personalities preparatory to undergoing integration. Convincing the personalities to undergo integration is a difficult component of therapy for MPD and a component for which the existing literature provides little guidance. The resistance of MPD patients to integration appears to stem in part from their belief in separateness and difference between the personalities. However, use of the VAT is premised upon the hypothesis that it is only at the surface level (the level of actualization of underlying values) that the personalities differ substantially. Because the personalities are derived from one original personality, it is likely that each of the parts takes some similar values from the common, original value pool.

As an example of what is meant by values versus actualization of those values, note from Table 1 that the host personality of case 1 determined Family Love to be one of her highest underlying values. At the surface, she actualized this by cooking, cleaning, and generally nurturing her family. She sacrificed for her family members and often suppressed her wishes in favor of the wishes of other family members. The alter likewise determined Family Love to be a high value (fifth in her hierarchy). The alter actualized this value by being stern with

family members, reasoning that she would make them strong by teaching them the "hard knocks" of life while she would soften the blows only as necessary to keep from ruining their self-confidence. She felt the family members would be more adaptive in the future as a result of the "doses of reality" she injected into their lives.

The host personality and the alter were doubtful but curious upon first learning that both held Family Love as an important underlying value. Yet upon discussion of how the value could be actualized through a variety of means, both began to accept that the other indeed held the same underlying value. Further, although each thought the other was incorrect in the method she chose to actualize the value, the fact that they agreed they held the same value helped each to see some merit to both approaches and to learn that judicious application of both approaches might prove more effective in the long run than the polarized application of either approach alone.

The premise of shared underlying values does set limits for the VAT's use with MPD patients. In the case studies presented here, the patients had two rather complete personalities. It is conceivable that some personalities in a given MPD patient might not share underlying values (e.g., one personality split off with all of a particular underlying value). It would seem that the more personalities existing in a single MPD patient, the higher the possibility for this to occur. Further, it seems reasonable to suspect that the less complete an individual personality (particularly a narrow personality state), the less likely would be the opportunity for the personality to incorporate the array of values present in other personalities. Although the VAT may have potential use with at least some of the personalities of most MPD cases, the probable limits of using the VAT with MPD patients have not yet been tested.

A drawback to the use of the VAT with more complicated cases of MPD is that the technique can take several sessions per personality to complete. With many alters, the hours required for completion of the VAT rise quickly. However, with hundreds of hours already invested in the more complicated cases, the hours required to complete VAT's may seem reasonable, relatively speaking, if the results are productive for the therapy.

Recently, the authors started the VAT with much more complicated MPD cases. The VAT was started in these cases because hundreds of hours of therapy had produced little movement toward integration. The time required to complete the VAT will seem small in comparison if the results produce movement toward integration. To date, the host personalities of these complicated cases have enjoyed participation in the VAT process. Alter personalities have begun to ask when it can be their turn to participate. This is viewed as progress in therapy because usually the personalities have reported aversion to participating in similar activities, noting that they ignore most of the others' activities because they have few common interests.

A distinct advantage of the VAT is that it has proven quite revealing of underlying personality factors while remaining very non-threatening. Most persons (and potentially, most personalities) have found the VAT process to be an enjoyable learning experience. This positive aspect of the VAT allows it to be employed, as in Case 2 above, in alternation with the emotionally draining abreaction sessions to reduce the overall

intensity of therapy to a tolerable level.

Based on the two case experiences presented above, there is reason to believe that the use of the VAT may aid some patients in finding a basis for integration among alters. It also can provide some structured, positive reflection on the values that undergird the personalities of both the host personality and the alter(s). While the VAT technique appeared to be of significant value in uncomplicated MPD cases, the technique may require considerable modification in more complex cases. This remains an area for further exploration. ■

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