

# PSYCHODRAMATIC TREATMENT OF MULTIPLE PERSONALITY DISORDER AND DISSOCIATIVE DISORDERS

Kerry Paul Altman, Ph.D.

Kerry Paul Altman, Ph.D., is a Clinical Psychologist in private practice in Fairfax, Virginia and Washington, D.C. He is a board-certified psychodrama trainer, educator and practitioner and directs psychodrama groups at The Center for Abuse Recovery and Empowerment of Psychiatric Institute of Washington, D.C.

For reprints write: Kerry Paul Altman, Ph.D., Fairfax Psychological Associates, 3923 Old Lee Highway, Suite 63-D, Fairfax, VA 22030.

## ABSTRACT

*Psychodramatic group psychotherapy has been an integral part of an inpatient intensive treatment program for adult survivors of childhood abuse, many of whom are diagnosed with multiple personality disorder or a dissociative disorder. This paper presents a general introduction to the psychodramatic approach to treatment of this population. Some broad theoretical and methodological principles are presented, providing a framework for understanding two case examples.*

Expressive therapies have been used to provide both diagnostic information and direct treatment for individuals diagnosed with multiple personality disorder (MPD) and dissociative disorders (Cohen & Cox, 1989; Chess, 1990). Several writers have proposed expressive therapy as a primary treatment for adults recovering from the impact of childhood traumatic abuse (Chu, 1991). While psychodrama has long been associated with the expressive therapies and has been used effectively in many treatment settings (Buchanan & Dubbs-Siroka, 1980), specific reports of psychodramatic treatment of individuals diagnosed with MPD or a dissociative disorder are absent from the literature.

Since fall 1990, psychodramatic group psychotherapy has been an integral part of the total treatment approach in an inpatient program focusing exclusively on the treatment of adults recovering from childhood traumatic abuse, the majority of whom are diagnosed with MPD or another form of dissociative disorder. This paper presents a preliminary report on the application of psychodrama to work with this inpatient population. The report is intended as an introduction to the use of psychodrama in the treatment of MPD and dissociative disorders.

## HISTORICAL OVERVIEW OF PSYCHODRAMA

Before examining the specific applications of psychodrama to work with this specialized population, some general information may be helpful. Psychodrama was the creation of Jacob Moreno, M.D., a Viennese psychiatrist who emigrated to the United States in the 1920's (Fox, 1987). In Europe and the United States, Moreno explored new areas of the emerging mental health field and was a pioneer in the development of the role theory, sociometry, and action methods in psychotherapy (Moreno, 1961). In 1931, he coined the term "group psychotherapy" while continuing to develop his theory and practice of psychodrama (Blatner, 1988). At the request of Dr. William A. White, Moreno helped establish the psychodrama section of St. Elizabeths Hospital in Washington, D.C., in 1937, which remains a major center for psychodrama training (Buchanan, 1981).

Psychodrama employs action methods to provide an opportunity for group members to explore issues in an interactive way. Moreno's role theory is an essential element of the psychodramatic approach, and a variety of techniques including role reversal, doubling, and mirroring are often used to explore an individual's repertoire of existing and potential roles (Moreno, 1959). The use of group members as active therapeutic agents is another element of the psychodramatic approach (Buchanan, 1984; Moreno, 1965). A full description of psychodramatic theory and methodology is beyond the scope of the present paper, and the reader is encouraged to consult available texts for a more comprehensive overview (Blatner, 1989; Fox, 1987; Moreno, 1946).

## PSYCHODRAMATIC STRUCTURE

All psychodrama sessions consist of three parts. The first part of the session is known as the warm-up, and involves a verbal exploration of individual issues and concerns. During the warm-up, themes emerge and a central concern is developed for exploration in the second phase, the action. During the action phase, the central concern is explored using specific auxiliary ego techniques. Most often, one individual emerges as the protagonist and explores a personal manifestation of the central concern. If the warm-up portion is thorough enough, each group member is emotionally attached to the central concern and benefits vicariously from the work of an individual protagonist (Buchanan, 1980). Group members often assume supportive roles in psychodrama sessions, enhancing group cohesion and furthering

awareness of the repertoire of personal roles. Occasionally, a group-centered psychodrama session involves all members in a more sociodramatic or generic exploration of a central concern (Sternberg & Garcia, 1989). The final phase of the group is the sharing, in which group members are given the opportunity to express personal reactions, associations, or other feelings stimulated by the work during the action phase. Deroling is an important aspect of the sharing phase in which group members are encouraged to consciously disengage themselves from roles assumed during the action, protecting against role contamination and enhancing role and ego integrity (Holmes & Karp, 1991; Altman & Hickson-Laknahour, 1986).

### EXPRESSION VERSUS RESTRAINT

One common misconception of psychodrama is that the action orientation of the method encourages more and more expression with little regard for the need of individuals to contain and develop appropriate roles for release of strong emotions (Moreno, 1965). In fact, while psychodrama is indeed a powerful therapeutic tool, cathartic emotional expression is only a small part of the psychodramatic approach. Before an individual's issues or concerns are explored in action, careful attention is paid to the development of an action structure, i.e., a scene and general form for the exploration of an issue (Blatner, 1989). In work with dissociative abuse survivors, the action structure often provides the boundaries necessary to proceed with therapeutic work in an organized manner. An advantage of psychodrama is that these boundaries are symbolically externalized and become quite tangible on the "stage" or in the space provided for the psychodramatic work (Williams, 1989). For example, an individual struggling with introjected mixed messages from an abusing parent can be given an opportunity to create an action structure in which each of these conflicting messages can be concretized and acknowledged through the use of other group members as role takers or auxiliary egos. Once the action structure is established the internal conflict is given tangible form, and safe, thoughtful therapeutic work can occur within agreed upon boundaries (Williams, 1989). Thus, while psychodrama provides an opportunity for expression of repressed affect, it also provides a structure for containing the emotional expression within safe and therapeutic parameters (Moreno, 1965).

### ACT HUNGERS AND OPEN TENSION SYSTEMS

A principle of psychodrama that has direct relevance to therapeutic work with survivors of childhood trauma is the concept of act hungers and open tension systems (Buchanan, 1980; Sternberg & Garcia, 1989). Moreno theorized that the desire or "hunger" to act is a basic element of the human experience (Williams, 1989). Act hungers include the most basic human actions such as the need to laugh, cry, or otherwise react appropriately to emotional stimuli. Complex act hungers of abuse survivors may involve a need to create a sense of safety, a wish to tell about an abuse experience,

or any desire to act in a way that alleviates emotional discomfort. When an act hunger is repeatedly unfulfilled, the result is an internalized system of complex emotions coalescing around the frustrated act hungers known as an open tension system (Sternberg & Garcia, 1989). Those who have worked with survivors of repeated abuse appreciate the extent to which frustrated act hungers ultimately result in open tension systems which limit spontaneity and inhibit the potential for emotional growth and development. For example, a child who is repeatedly frustrated in his or her attempts to find safety may experience a generalized fear of people and experiences in adult life. The unexpressed "need to tell" of an abused child may lead to pathological secrecy and mistrust in potentially intimate relationships in adult life (Courtois, 1988).

The action orientation of psychodrama provides a setting for entrée into a survivor's reality on the level of act hungers and open tension systems. By beginning with a specific scene and addressing act hungers in action, the psychodramatic approach begins the process of challenging the accepted reality of a survivor's open tension systems. Long held act hungers can be safely expressed in a psychodrama session, inviting empowerment through new responses to internalized belief systems.

### CASE EXAMPLES

The following examples are drawn from the author's experience directing psychodrama groups in an inpatient abuse recovery program. The first example is chosen to illustrate how psychodrama is used to facilitate internal communication in an MPD patient, with minimal emphasis on cathartic expression. The second example demonstrates how psychodrama can be used to facilitate emotional expression and controlled abreaction in a safe, supportive setting.

The group from which these examples are drawn meets twice weekly for 90 minutes each session. The psychodrama group is comprised of a maximum of eight patient members and the therapist, traditionally called the "director" (Holmes & Karp, 1991). An additional staff therapist often attends sessions, serving as a co-therapist and professional role taker, or auxiliary ego, as needed. In the following case examples, names and minor demographic facts have been altered to protect the anonymity of the patient.

#### *Case Example No. 1*

Jean is a 41-year old woman who was hospitalized to address issues of anxiety, confusion, and depression related to internal conflict between emerging alternate personalities. During a previous hospitalization one year earlier, she had begun to acknowledge the reality of her experiences of sexual abuse by family members during childhood. In the intervening time, Jean had been involved in intensive outpatient treatment, which led to the diagnosis of MPD. At the time of her latest hospitalization, Jean acknowledged the reality of her MPD but had difficulty working therapeutically with alternate personalities without becoming overwhelmed, a state of mind which invariably led to feelings of depression, some

self-injurious behaviors, and a general sense of hopelessness with suicidal ideation. During the latter three-week hospitalization, Jean focused her work on enhancing internal communication and cooperation to better facilitate her outpatient work. Discharge was planned for two days following her final psychodrama session, and Jean's available alters had signed a paper assuring personal safety and agreeing to avoid self-injurious behavior.

Jean attended her final psychodrama group with seven other group members, most of whom had been in the treatment program for two to three weeks. The theme during the warm-up phase focused on the issue of problems with self-acceptance in light of past events which group members experienced as shameful. Jean raised a personal concern involving her fear that an alter who had signed her safety commitment could not be trusted to keep her word and avoid self-harm. The feared alter, Alice, was identified as an angry woman who had inflicted superficial lacerations on Jean in the past. The group supported Jean's request for help on this issue, and Jean was selected as protagonist. A verbal contract was established between Jean, the psychodrama director, and the group, establishing the stated goal for the session as an increased sense of personal safety.

Jean selected a volunteer group member to assume the role of her alter, Alice. Jean described Alice as a woman who was always angry, verbally aggressive, and threatening toward Jean. After describing her perception of Alice, Jean was asked to reverse roles with the group member assuming the role of Alice by physically switching places and talking to the group as she imagines Alice would talk, describing Alice in the first person, and discussing Alice's relationship with Jean.

It is the director's experience that assumption of the role of an alter by a host or other personality often facilitates the accessing of the alter personality. In order to avoid a protagonist's sense of being tricked into switching or deceived by the director, this likelihood is always discussed with the protagonist in advance of the action work. The protagonist is always given the option to discontinue or renegotiate the session contract. However, it is notable that protagonists rarely opt to discontinue the work and are invariably able to assure the necessary safety boundaries for the work to continue.

Upon assuming the role of Alice, Jean quickly accessed her alter, Alice, and was able to express her concerns to the director and the group. Briefly stated, Alice strongly expressed her anger at Jean for denying Alice's existence and refusing to accept the painful memories of sexual abuse from Jean's childhood. Alice's perception was that she alone has had to suffer with the memories, and she expressed resentment and anger at Jean for her refusal to accept the truth.

The director again called for a role reversal, inviting the protagonist to return to her original role as Jean where she could listen and respond to the role player presenting Alice's concerns.

Since each role reversal essentially invites switching personalities within the system, the director's attention to the protagonist's experience is of paramount concern, and issues of pacing, timing, and clarity of role assumption must be individually addressed with each protagonist.

Through a series of role reversals, Jean engaged in a heated dialogue with Alice in which each of their concerns became more fully expressed and their essential interdependency to achieve the goals of the overall system became more evident to each. Alice's anger at Jean for nonacceptance of her abuse history was expanded and Alice's frustration, loneliness, and exhaustion became clear. The fear underlying Jean's apparent nonacceptance was more fully expressed, as was her well-developed sense of denial as a strategy for coping with past abuse. During the role reversal exchange, therapeutic doubles (Hale, 1985; Buchanan, 1980) were chosen to encourage expression and to support the value-free reality of each polar position. The action portion of the session concluded with a self-negotiated arrangement between Alice and Jean in which Jean agreed to begin to acknowledge Alice's presence and the reality of Alice's memories, and Alice agreed to stop her cutting behavior and act in a less frightening manner toward Jean. Jean's general treatment goal of enhanced internal communication was addressed, as was her session goal of an increased sense of personal safety.

The sharing phase of the session provided an opportunity for group members who had assumed important auxiliary roles to derole, and for all members to discuss personal reactions, feelings, or thoughts raised by the session. As is usually the case, issues raised in sharing were related to specific issues raised in the session as well as the central concern which emerged during the warm-up, in this case involving issues of self-acceptance.

### *Case Example No. 2:*

Sandy is a 35 year old married mother of three who was hospitalized for treatment of acute depression. While recently diagnosed with MPD, Sandy has a history of hospitalizations and other psychiatric diagnoses dating back several years. Previous diagnoses have included affective, organic, and psychotic disorders, although one of the goals of her present hospitalization was to clarify her diagnosis. Treating psychiatrists had recently speculated that she had been misdiagnosed in the past and that MPD was the appropriate diagnosis. At the time of her admission, Sandy was taking high dosages of antidepressant, antianxiety, and antipsychotic medications, and efforts were underway to gradually remove her from these drugs. It was hypothesized that excessive medication may have accounted for her rigid gait and blunted affect, which gave her the appearance of a chronic schizophrenic.

At the onset of her second psychodrama session during the first week of her admission, Sandy surprised the group by requesting to use psychodrama to work on issues related to repressed anger, which was the emerging central concern of the session. Sandy stated that she had observed another group member's psychodrama session a few days earlier, and she thought that the approach would help her deal with some angry feelings about her mother. The group was very supportive of Sandy, and a contract was established with the goal of providing an opportunity for Sandy to safely acknowledge and express long withheld feelings regarding her moth-

er's abuse of her.

Despite her rigid physical presentation and apparent constricted affect, Sandy spoke freely and openly about past abuse by her mother. She reported a good working relationship with her internal system of personalities, with a high degree of co-consciousness. She was able to assure both intrapersonal and interpersonal safety and appeared eager to promote her healing through her work in psychodrama.

In the warm-up to action, Sandy described a typical scene from her childhood in which her mother would return home late at night. Sandy reported that her mother was always drunk and verbally abusive and insisted that nine year old Sandy fix dinner, serve her alcoholic beverages, and meet her every demand. The punishment for refusal or slow response was physical abuse, although the threat of abuse of Sandy's toddler-age sister was reported as the most frightening aspect of the recalled event. Group members volunteered to assume the various required roles for reenactment of the traumatic scene.

Sandy described the physical features of her home and used the group room furniture to simulate the space in which her encounter with her mother would take place. She then described how her mother would return home, make demands and threats, and essentially terrorize young Sandy and her sister. Sandy was encouraged to give specific information to the group member assuming the role of her mother, describing voice tone, body gestures, and specific verbalizations. Several psychodrama techniques were used to enhance the accuracy and appropriate emotional intensity of the assumed roles.

Following the warm-up to space and roles, the scene was replayed with little interruption. Sandy quickly accessed the anxious and fearful emotional state which characterized her childhood interactions with her mother. Sandy's voice tone, childlike verbalizations, and body movements were consistent with those of a frightened child, and she reported that she had switched to a child alter who had experienced similar events. The scene was stopped and Sandy expressed the feelings of shame, sadness, and fear which she associated with the scene. To honor the original contract, Sandy chose to revisit the scene with the option of expressing some of the previously unexpressed anger about her mother's treatment of her. A staff role player served as double to support Sandy's safe expression of anger. Sandy was able to access an alter personality who was more directly in touch with appropriate anger. In the replayed scene, Sandy's angry alter directly confronted her mother, strongly expressing long withheld angry feelings about physical abuse, abuse of her younger sister, and forced sex with her mother's male friends. The action phase of the session ended with Sandy acknowledging the appropriateness of her anger and identifying areas of further work in ongoing treatment. Despite the often loud expression of anger during the session, all group members reported feeling safe throughout the psychodrama. Support for Sandy's work was offered and led naturally into the sharing phase of the session. The sharing focused on group members' personal issues with unexpressed anger, as well as the role of fear in the recovery process.

The preceding case examples were chosen to illustrate two distinctly different aspects of the psychodramatic approach to working with individuals with MPD. The first example demonstrated how the method can be used to encourage internal communication and development of a cooperative internal system which supports the overall goals of treatment. The second example focused on the use of psychodrama for the safe expression of powerful emotion in a controlled abreactive setting. In these examples, it can be seen that psychodrama provides a structure and setting for the protagonist's work which establishes clear boundaries for an agreed upon action therapy experience.

## SUMMARY AND RECOMMENDATIONS

This article described how psychodramatic group psychotherapy has been effectively used in the treatment of abuse recovery. Some very broad and general theoretical principles were introduced to provide a framework for understanding the methodology. Undoubtedly, the article has raised a number of questions regarding theoretical, technical, and practical considerations for the use of psychodrama with adult survivors of childhood traumatic abuse. Specific descriptions of psychodramatic techniques are available in a number of texts and articles (Moreno, 1959; Blatner, 1989; Fox, 1987). However, it is important to recognize that psychodrama is much more than a collection of techniques, and extensive training, experience, and evaluation is required for certification by the American Board of Examiners in Psychodrama, Sociometry, and Group Psychotherapy. Psychodramatic treatment of this challenging population should be conducted by certified or closely supervised psychodrama therapists.

Psychodrama has been used effectively with a wide range of inpatient and outpatient populations. While there does not appear to be a therapeutic rationale for withholding psychodrama treatment from any patient population *per se*, treatment goals vary dependent upon the population served, and adaptation of techniques may be necessary for work with special populations (Holmes & Karp, 1991). It is important to bear in mind that psychodrama is a form of group psychotherapy, and all of the concerns regarding a patient's ability to participate in and benefit from a traditional psychotherapy group are equally important in a psychodrama group (Yalom, 1985). Similarly, while psychodramatic treatment is appropriate for individuals at all stages in the process of recovery from traumatic abuse, potential group members should be considered in light of their individual needs and psychological functioning. Patients with acute generalized social fears, an inability to tolerate very minor interpersonal conflict, or extreme narcissism may lack the ego strength necessary for action oriented group work. Such patients may require a more individualized treatment approach before being referred to a psychodrama group. In any event, concurrent individual psychotherapy is recommended for this population.

Controlled research is needed to more fully evaluate the specific advantages and possible contraindications of the psy-

chodramatic approach with this population. Research and anecdotal reports are also needed to further determine the variations and adaptations of traditional psychodrama methodology necessary for work with inpatient and outpatient abuse recovery groups. ■

## REFERENCES

- Altman, K., & Hickson-Laknahour, H. (1986). New roles for psychodramatists in counter-terrorism training. *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, 39 (2), 70-77.
- Blatner, A. (1988). *Foundations of psychodrama: History, theory, and practice* (3rd Edition). New York: Springer Publishing Company.
- Blatner, A. (1989). *Acting in*. New York: Springer Publishing Company.
- Buchanan, D. (1980). The central concern model, a framework for structuring psychodramatic production. *Group psychotherapy*, 33, 47-62.
- Buchanan, D. (1981). 41 years of psychodrama at St. Elizabeth's Hospital. *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, 34, 134-137.
- Buchanan, D. (1984). Psychodrama. In T.B. Karasu (Ed.), *The psychiatric therapies: Part 2, the psychosocial therapies* (pp. 783-799). Washington, DC.: American Psychiatric Association.
- Buchanan, D. & Dubbs-Siroka, J. (1980). Psychodramatic treatment for psychiatric patients. *Journal of the National Association of Private Psychiatric Hospitals*, 11, 27-31.
- Chess, J. (1990, November). *Creative arts: Keys to remembering, exploring, and regulating early traumatic memories*. Paper presented at the Seventh International Conference on Multiple Personality/Dissociative States, Chicago, Illinois.
- Chu, J. (Ed.) (1991). Critical issues task force report: The use of expressive therapies in MPD, in *ISSMP & D newsletter*, 9 (4), 6-8.
- Cohen, B. & Cox, C. (1989). Breaking the code: Identification of multiplicity through art productions, *DISSOCIATION*, II (3), 132-137.
- Courtois, C. (1988). *Healing the incest wound: Adult survivors in therapy*. New York; W.W. Norton & Company.
- Fox, J. (Ed.) (1987). *The essential Moreno*. New York: Springer Publishing Company.
- Hale, A. (1985). *Conducting clinical sociometric explorations*. Roanoke, Virginia: Royal Publishing Company.
- Holmes, P. & Karp, M. (Eds.) (1991). *Psychodrama inspiration and technique*. London and New York: Tavistock/Routledge.
- Moreno, J. (1946). *Psychodrama: Volume, I*. New York: Beacon House.
- Moreno, J. (1961). The role concept, a bridge between psychiatry and sociology. *American Journal of Psychiatry*, 118, 518-523.
- Moreno, J. (1965). Therapeutic vehicles and the concept of surplus reality. *Group Psychotherapy*, 18 (4), 211-216.
- Moreno, Z. (1959). A survey of psychotherapy techniques. *Group Psychotherapy*, 12 (1), 5-14.
- Moreno, Z. (1965). Psychodramatic rules, techniques, and adjunctive methods. *Group Psychotherapy*, 18 (1-2), 73-86.
- Sternberg, P., & Garcia, A. (1989). *Sociodrama: Who's in your shoes?* New York: Praeger Publishers.
- Williams, A. (1989). The passionate technique: *The strategic psychodrama with individuals, families, and groups*. London and New York: Tavistock/Routledge.
- Yalom, I. (1985). *The theory and practice of group psychotherapy* (3rd Edition). New York: Basic Books.