BREAKING THE CODE: IDENTIFICATION OF MULTIPLICITY THROUGH ART PRODUCTIONS

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ABSTRACT

The authors organized the art productions of clients diagnosed as suffering multiple personality disorder into ten basic categories reflecting thematic, structural, and process elements. These categories were derived from the study of nearly two thousand pictures drawn over a period of nine years. Designed to aid therapists in the identification of multiplicity, these categories can also be used as a framework to help therapists understand the spontaneous artwork of multiples.

The majority of the literature on artwork and multiple personality disorder (MPD) focuses on treatment issues (Gerity, 1988; Jacobson, 1985, 1986, 1987, 1988, 1989; Lusebrink & Dickstein, 1982; Shapiro, 1988; Spaletto, 1986; Spring, 1986; Sweig, 1986). The manifestation of conflict, the abreaction of physical, sexual, and emotional abuse, and the externalization of anger in the graphic expressions of MPD clients have been observed and noted (Jacobson, 1985, 1986, 1987; Shapiro, 1988; Spaletto, 1986; Spring, 1986; Sweig, 1986). The therapeutic use of art to facilitate communication between alters (Jacobson, 1986, 1989; Spaletto, 1986; Spring, 1986) and to aid in the integration process (Cohen, 1989b; Lusebrink & Dickstein, 1982) has also been discussed. Several authors have described the use of various media with this population (Jacobson, 1986; Spaletto, 1986; Sweig, 1986). A variety of art therapy techniques may be employed to great effect with MPD patients, including group work (Jacobson, 1987), puppet making (Gerity, 1988), and collage work (Sweig, 1986). Techniques and treatments, however, are beyond the scope of this article. Its focus is the form and function of MPD artwork.

Little has been written about the formal qualities of MPD art. One paper looked specifically at the symbolic language of multiples and compared it with that of sexually abused individuals who exhibited symptoms of post traumatic stress syndrome (Spring, 1986). Another paper analyzed the differences between alters in the work of a single client regarding media choice, expressive styles, color preferences, symbolism, content, and formal indicators of psychopathology (Lusebrink & Dickstein, 1982). Differences in levels of graphic development between alters have also been studied (Fuhrman, 1988; Lusebrink & Dickstein, 1982).

The creations of an accused mass murderer were used in court as evidence in a defense argument (Watkins, 1984). This is the only instance in the literature, to the authors' knowledge, of the use of art to support a diagnosis of MPD.

This paper represents an attempt to classify the artwork of multiples into a format which may facilitate the identification of clients with multiple personality disorder.

MPD AND ART

The etiology of the illness, usually based in the secrecy of severe child abuse (Kluft, 1984; Putnam, 1989; Wilbur, 1984b), can result in the need for expression at pre-verbal or non-verbal levels. Art activity is a natural and non-threatening way for children to communicate (Levick, 1986; Rubin, 1984). For this reason it provides child alters, who have been sworn to secrecy by, for example, the threat of death, with a way of telling their stories without talking (Braun, 1989).

Visual art is inherently multileveled. Line, shape, color, and movement form symbols and structures which can simultaneously embody a multitude of meanings. Unlike verbal communication, art expression is nonlinear; vastly divergent material can co-exist without any references to time or context (Kreitler & Kreitler, 1972). Thus, the trance logic or magical thinking of multiples, which features paradoxes, inconsistencies, and other cognitive errors (Fine, 1988; Ross & Gahan, 1988; Watkins, 1984), is easily translated from mental imagery into graphic imagery. In fact, drawing and painting seem to be among the few vehicles that can effectively externalize the idiosyncratic and highly symbolic inner world of MPD, so that others may begin to understand it.

During the course of psychotherapy, multiples may use artwork as a method of bringing their circumstances to the therapist's attention, or to share information which they are unable to discuss. In the authors' experience, they do this more frequently than clients with other psychiatric diagnoses. Phenomena such as switching and internal threats between alters, as well as abreactive images, are often manifested in the art. These pictures embody rich visual systems that can be grasped or interpreted on many levels. Working with the different levels of structure and content in the artwork of multiples can be as complicated as working with the hierarchical organization of their personality systems.

When MPD clients create art through their various alter personalities, the layering of meaning often results in the obscure coding of information. Because most therapists are not trained in the formal analysis of nonverbal graphic communication, many of the complex messages and potential diagnostic indicators in these works can be overlooked.

MPD clients typically attempt to disguise their symptoms and deny their diagnosis (Kluft, 1985, 1987; Putnam, 1989). The authors believe that coding of drawings allows the clients to maintain secrecy (both from their therapists and themselves), while they paradoxically attempt to communicate and achieve mastery over traumatic material. Careful study of the art expressions of new or misdiagnosed clients can provide the therapist with an additional method of inquiry that may augment the traditional verbal interview. Clients might inadvertently alert the therapist to their multiplicity through art productions, which are less easily censored than verbal expression (Kreitler & Kreitler, 1972). It is therefore important for the clinician to become skilled in apprehending this information. In this way the chances for a timely and accurate diagnosis are increased.

PREREQUISITS FOR READING PICTURES

One need only peruse journals and conference proceedings to see that clinicians in a variety of mental health disciplines other than art therapy use art in their work with MPD clients (Coons, 1988; Frye, 1988; Fuhrman, 1988). The therapeutic use of art is often misperceived as safe and simple. In fact, it is complex and can be potentially harmful. Clinicians who choose to introduce art into their practice should proceed with utmost caution, just as art therapists must carefully monitor their own role when acting as adjunctive therapists in the treatment of MPD.

Effective diagnosis and treatment through art is based on a thorough knowledge of the elements that affect the art-making experience. This includes, but is not limited to, understanding the physical properties of art media and how they interact with the structure and complexity of tasks at each level of the creative process (Kagin & Lusebrink, 1978). Lack of a working knowledge of these elements may result in damaging effects to the client and the therapeutic relationship.
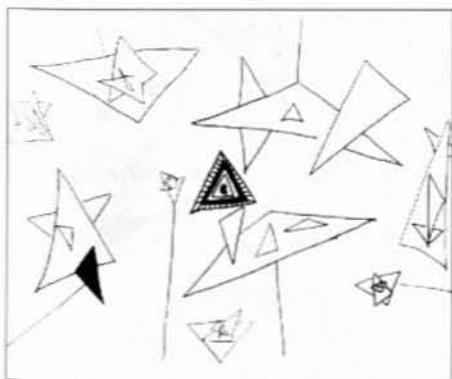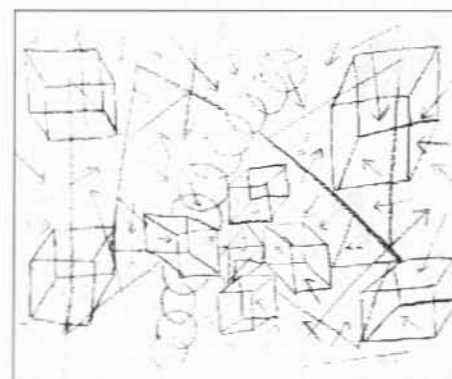
To comprehend a picture at any of its many levels of meaning, an understanding of media, structure, graphic development, and process must be integrated with visual literacy. Visual literacy requires the ability to "read" both the "grammar" and "syntax" of visual communications (Dondis, 1978). This is best accomplished by studying the interaction of pictorial elements and composition. For the reasons stated earlier, this can be a formidable task when deciphering MPD art.

Since art therapists are experienced in making art, educated in psychopathology, and trained in visual literacy and graphic development as well as theory of process, they are especially prepared to comprehend the multileveled messages in MPD art (Cohen, 1989a). It is our intention to aid clinicians who are unfamiliar with these practices, as consultations with art therapists are not always available in certain areas of the country.

TEN BASIC CATEGORIES

The authors offer a conceptual framework to aid in the identification of multiplicity through art. It can also be used to break the code in pictures of confirmed MPD clients. We have organized the artwork of multiples into ten basic categories that reflect thematic, structural, and process elements. The authors believe that this ten category model is specific for MPD art. It is intended to contribute to the differential diagnosis of MPD, serving to augment a thorough history, medical evaluation, and interview.

The development of these categories resulted from discussions with clients and the classification of nearly two thousand pictures drawn over a nine-year period. Many of these pictures predated the clients' diagnoses of MPD. They were created at home, in group, or in private art therapy sessions. They include abstract, representational, and symbolic images. Each of the categories described below is illustrated by a drawing selected from the portfolios of five MPD clients and is reproduced here with their consent. These clients contributed directly to the explanation of their pictures.

1. *System* pictures depict an array of individual elements forming and working as a unit, which represents the internal organization of ego states, personality fragments, and alters.

Figure 1

Figure 2

Figure 3

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There are three types of system pictures. Figure 1 is an example of a full system picture, drawn by a client whose internal system was composed of families, each containing four alters. The system is organized around the core personality, which is represented by the fetal image in the center of the picture.

Another type of system picture is the *partial system* picture, which usually portrays one or more alters within the system. Partial system pictures are often the reflection of a particular alter's frame of reference. Figure 2 shows an alter sharing consciousness with other personalities.

The *war zone* picture is a third type of system picture. It is characterized by chaotic structures representing opposing forces within the system. Figure 3, a war zone picture, predated the diagnosis by several years.

System pictures are the most prevalent of the ten categories. They are equally common in the drawings of pre- and post diagnosis multiples.

2. *Fragmentation* pictures are expressions of the severed and detached experience of the client. They are visual metaphors for the effects of depersonalization and dissociation. The use of linear elements and composition in Figure 4 shows a variety of graphic techniques within a single picture to express this phenomena.

3. *Barrier* pictures include a structure (usually drawn as a fence, wall, or gate) which controls passage of people, alters, thoughts, or feelings. These pictures represent a process of separating objective from subjective realities, self from environment, present from past, and ego states and alters from one another. Barrier pictures have previously been noted to appear in the art of MPD clients (Spring, 1986). Figure 5 concretely depicts the wall separating one personality's internal environment from the others'. At this point in the patient's therapy, the break in the wall heralds the beginning of fusion between personalities immediately prior to the integration process.

4. *Switching* pictures concretize the shifting or changing from one ego state or personality to another, which is the central behavioral phenomenon of MPD (Putnam, 1989). Graphic elements are often developmentally or stylistically inconsistent within the same picture. Differing levels of graphic development by various alters in separate pictures have also been noted (Cohen, 1989b; Fuhrman, 1988). Divergent handwriting can be another manifestation. Destructive intentions may be evidenced by scribbling over, x-ing out, or destroying the picture. Recognizing a switching picture is like meeting an alter personality. In our experience, it is the single strongest diagnostic indicator of MPD within the context of this ten category model.

Figure 6 contains several elements which illustrate the switching process. An incomplete figure drawn by a young alter is scribbled over by another alter who poses the question, "What is this supposed to be?" "Me" is the reply by the alter who initiated the picture.

5. *Threat* pictures represent a warning by one or more alters of impending punishment within the system or to the body. This may be the result of a particular alter revealing information or expressing a view not shared by a powerful alter within the system (Beahrs, 1982; Putnam, 1989). Threat pictures are characterized by menacing imagery such as pointed weapons, intimidating figures, staring eye(s), and aggressive language. Figure 7 was made by the client dipping her hand in red paint and printing it onto the paper, thus communicating a bloody threat from within. Certain seemingly innocent images trigger abrupt changes in the client's behavior because they contain symbols programmed by abusers to induce fear or suicidality (Braun & Sachs, 1988). This type of threat picture typically goes unnoticed by the therapist, and is often destroyed by the client.

6. *Alert* pictures are the client's attempt to gain the therapist's attention while simultaneously trying to conceal specifics regarding abuse, dissociation, or the existence of the internal system before the diagnosis of MPD is made. Exaggerated pathology may be depicted in order to ensure hospitalization and/or continued treatment once the diagnosis has
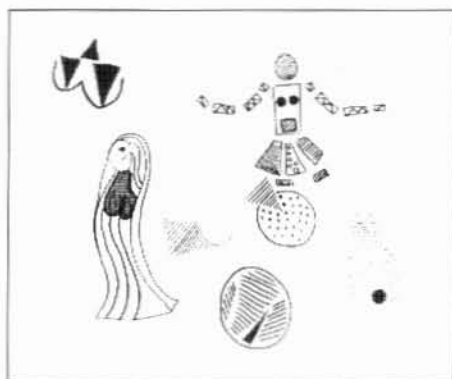

Figure 4

Figure 5

Figure 6

been established. These pictures usually result in the inadvertent unveiling of significant clues to the client's multiplicity or the etiology of the dissociation. The overt appeal for the therapist's attention may be perceived by the therapist as a routine call for help by a manipulative and/or needy client. What distinguishes the MPD alert picture from other crisis pictures drawn by non-MPD clients is the concurrent presence of symbolic or structural elements typical of multiple personality art within the picture. Figure 8 was drawn several years before the client was diagnosed properly. The alarming title of this picture, "Time Bomb," draws the attention away from the coded images of fragmentation and multiplicity in the center of the picture. The ticking time bomb was the client's attempt to communicate to her therapist the impending explosion in her inner world.

7. *Deception* pictures are coded benignly in order to throw the therapist off the track. They often give the appearance of pleasant imagery, which may range from the cute to the aesthetically seductive. Figure 9 has a gentle appearance until the vine is identified as a bird and the flower as its genital area. The flower stem is an attempt to code a penetrating shape.

8. *Therapy* pictures directly or symbolically depict the client/therapist relationship or a specific treatment session. These are not exclusive to the artwork of multiples; they are also seen in the art of clients diagnosed with borderline personality disorder. In the case of multiples, they reflect the intense relationship which has been noted in the literature to characterize the patient/therapist interaction in the treatment of MPD (Kluft, 1984; Putnam, 1989; Wilbur, 1984a). Figure 10 exemplifies the idealization of the therapist within a special relationship which features sharing and exchange of positive regard.

9. *Trance* pictures feature highly symbolic imagery created in an autohypnotic state. Although MPD drawings are frequently created in a trance state, this concept specifically deals with those images drawn to communicate information that cannot be put into words. Trance pictures are usually the most difficult to decode. Their meaning may not become fully apparent until after hypnotherapy and long-term psychotherapy. Collaborative efforts between alters may result in trance pictures and often include elements of a variety of the above-mentioned categories. Trance pictures may be confused with the picture-salad compositions of psychotics. Questioning the psychotic regarding the meaning of such pictures will typically elicit an explanation of loosely-associated information. The multiple will simply "not know" the meaning of a trance picture. Figure 11 illustrates trance logic. By combining a variety of visual vantage points with the manipulation of scale, a scenario is communicated which defies objective reality. Pictures such as this offer the therapist symbolic material which may take the length of the entire treatment to fully decode. Figure 11 was drawn prior to the client's diagnosis.

10. *Abreaction* pictures may augment the abreactive process in therapy (Putnam, 1989) by graphically recording (hence externalizing) repressed or dissociated memories and experiences. They frequently predate the verbal expression of this material and often precede the memories and diagnosis as well. These graphic depictions are often coded in idiosyncratic ways by different alters, each of whom adds a personal perspective to the memory of the trauma. Figure 12 is a highly stylized depiction of a hymenectomy performed on the client by her parents.

Some of the most startling examples of abreaction pictures include scenarios of abuse stemming from ceremonial, usually satanic, victimization. The overt contents of these pictures contains a variety of cultic signs, symbols, and structures (Braun & Sachs, 1988).

DISCUSSION

Clients often spend years in the mental health system before an accurate diagnosis of MPD is made because the diagnostic process is complicated by a variety of factors (Putnam, Guroff, Silberman, Barban, & Post, 1986). A high percentage of multiples try to hide or dissimulate their conditions, masking symptomatology (Kluft, 1985). In cases where symptomatology is evident, there are similarities and parallels with other psychiatric syndromes (Coons, 1984).

Keeping secrets usually creates pressure to both reveal and conceal (Putnam, 1989). The adult MPD has pressing

Figure 7

Figure 8

Figure 9

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reasons to both reveal and conceal traumatic childhood abuse and its sequelae. Even when childhood trauma stems from an event which is not visual in origin, the lasting memory is visual, not verbal or behavioral (Terr, 1988). Art activity provides the victim of childhood abuse an opportunity for the simultaneous disclosure and disguise of repressed or dissociated material in coded visual form. Once concretized externally, these memories can be articulated verbally and explored (Greenberg & van der Kolk, 1987).

The authors provide a conceptual framework for facilitating the identification of multiplicity through art productions. It is not intended as a substitute for consultation with a trained and registered art therapist who is familiar with the relevance of artistic productions to differential diagnosis.

The above-mentioned ten categories reflect thematic, structural, and process elements of art by MPD clients. They were derived from the study of thousands of drawings created by a variety of clients over a period of years. Conversations with these clients resulted in the formation and clarification of these categories. No statistical data is available regarding their prevalence in the art expression of the MPD population, the psychiatric population, or the general population. A multi-center study would be beneficial in this regard.

In our opinion, when three of these different categories of pictures are seen in the art of a single client not diagnosed MPD, the therapist's index of suspicion for MPD should be raised. The presence of five or more such categories appearing in the work of a single client not diagnosed as MPD merits a full diagnostic evaluation. These categories can also help to frame the graphic communication of diagnosed multiples so that their images can be interpreted in the context of their ongoing therapy. Although all art production is inherently personal and idiosyncratic, the authors contend that these types of pictures will occur regularly in the art of MPD clients and provide a valuable structure for the identification and exploration of this complex disorder. ∎

REFERENCES

Beahrs, J.O. (1982). *Unity and multiplicity*. New York: Brunner/Mazel.

Braun, B.G. (Speaker). (1989). *Treatment of MPD on an inpatient general psychiatric unit.* (cassette recording no. 10-494-89). Alexandria, VA: Audio Transcripts, Ltd.

Braun, B.G., & Sachs, R.G. (Speakers). (1988). *Recognition of possible cult involvement in MPD patients.* (cassette recording no. IVd-436-88). Alexandria, VA: Audio Transcripts, Ltd.

Cohen, B.M. (1989a). *The art psychotherapist in the treatment of multiple personality.* Unpublished manuscript.

Cohen, B.M. (1989b). *The diagnostic drawing series: Its use in the integration process of MPD.* Unpublished manuscript.

Coons, P. (1984). The differential diagnosis of multiple personality disorder: A comprehensive review. *Psychiatric Clinics of North America,* 7, 51-65.

Coons, P. (Speaker). (1988). *The use of patient productions in the diagnosis and treatment of patients with multiple personality/dissociative states.* (cassette recording no. Xla-436-88) Alexandria, VA: Audio Transcripts, Ltd.

Dondis, D. (1978). *A Primer of Visual Literacy.* Cambridge: The MIT Press.

Fine, C.G. (1988). Thoughts on the cognitive perceptual substrates of multiple personality disorder. DISSOCIATION, 1 (4), 5-10.

Frye, B. (Speaker) (1988). *Art and the multiple: Do I D.A.R.E., a developmental framework* (cassette recording no. IXb-436-88). Alexandria, VA: Audio Transcripts, Ltd.

Fuhrman, N.L. (1988). Art, interpretation, and multiple personality disorder. DISSOCIATION, 1 (4), 33-41.

Gerity, L. (Speaker) (1988). *Art as reparation; The work of a patient with multiple personality disorder* (cassette recording no. W326-36). Garden Grove, CA: InfoMedix.

Greenberg, M.S., & van der Kolk, B.A. (1987). Retrieval and integration of traumatic memories with the "painting cure." In B.A. van der Kolk (Ed.), *Psychological Trauma.* Washington, DC: American Psychiatric Press.
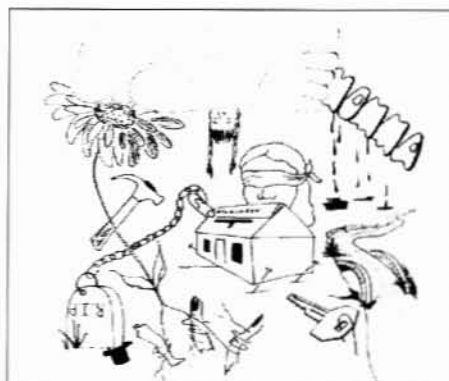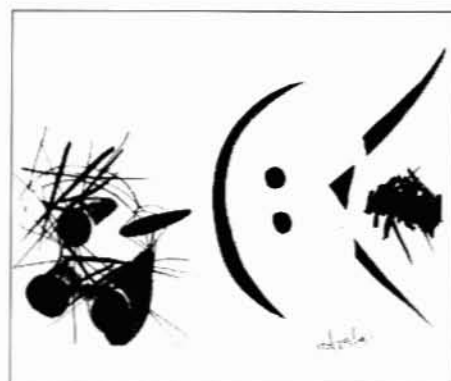
Figure 10

Figure 11

Figure 12

Jacobson, M.L. (1985). Manifestations of abuse in the art work of an inpatient diagnosed with multiple personality disorder [summary]. In B.G. Braun (Ed.), *Dissociative disorders - 1985: Proceedings of the second international conference on multiple personality/dissociative states.* Chicago: Rush University.

Jacobson, M.L. (Speaker). (1986). *Managing anger in the multiple personality patient: Therapeutic approaches through art therapy.* (cassette recording no. Id-303-86). Alexandria, VA: Audio Transcripts, Ltd.

Jacobson, M.L. (Speaker). (1987). *Group art therapy: A viable alternative to isolation in the multiple personality patient.* (cassette recording no. IIb-383-87). Alexandria, VA: Audio Transcripts, Ltd.

Jacobson, M.L. (Speaker). (1988). *From isolation to abreaction: An intrinsic process in art psychotherapy with multiple personality/dissociative disorder patients.* cassette recording no. IXb-436-88). Alexandria, VA: Audio Transcripts, Ltd.

Jacobson, M.L. (Speaker). (1989). *Enhancing communication across alters through art.* (cassette recording no. 25-494-89). Alexandria, VA: Audio Transcripts, Ltd.

Kagin, S., & Lusebrink, V. (1978). The expressive therapies continuum. *Arts in Psychotherapy,* 5, 171-180.

Kluft, R.P. (1984). Aspects of the treatment of multiple personality disorder. *Psychiatric Annals,* 14 (1), 51-55.

Kluft, R.P. (1985). The natural history of multiple personality disorder. In R.P. Kluft (Ed.). *The childhood antecedents of multiple personality.* Washington, D.C., American Psychiatric Press.

Kluft, R.P. (1987). An update on multiple personality disorder. *Hospital and Community Psychiatry.* 38 (4), 363-373.

Kreitler, H., & Kreitler, S. (1972). *Psychology of the Arts.* Durham: Duke University Press.

Levick, M. (1986). *Mommy, daddy, look what I'm saying.* New York: M. Evans and Company, Inc.

Lusebrink, V., & Dickstein, L. (1982). Multiple personality – Analysis of spontaneous visual expressions. In A. DiMaria (Ed.), *Proceedings of the thirteenth international conference of the American art therapy association.* Philadelphia: American Art Therapy Association, Inc.

Putnam, F.W., Guroff, J.J., Silberman, E.K., Barban, L., & Post, R.M. (1986). The clinical phenomenology of multiple personality disorder: A review of 100 recent cases. *Journal of Clinical Psychiatry,* 47, 285-293.

Putnam, F.W. (1989). *Diagnosis and treatment of multiple personality disorder.* New York: Guilford Press.

Ross, C., & Gahan, P. (1988). Cognitive analysis of multiple personality. *American Journal of Psychotherapy,* 42 (2), 229-239.

Rubin, J. (1984). *Child art therapy.* New York: Van Nostrand Reinhold Company.

Shapiro, J. (1988). *Moments with a multiple personality disorder patient.* Pratt Institute creative arts therapy review, 9, 61-72.

Spaletto, C. (Speaker). (1986). *Patients with multiple personality disorder manifest conflict and reveal personalities in their art work.* (cassette recording no. IIIB-303-86). Alexandria, VA: Audio Transcripts, Ltd.

Spring, D. (Speaker). (1986). *The visual language of multiplicity.* (cassette recording no. Id-303-86). Alexandria, VA: Audio Transcripts, Ltd.

Sweig, T.L. (Speaker). (1986). *Art therapy with multiple personality and dissociative disorders.* (cassette recording no. Id-303-86). Alexandria, VA: Audio Transcripts, Ltd.

Sweig, T.L. (Speaker). (1988). *Is showing telling? The value of art therapy and sandplay in the treatment of dissociative disorders.* (cassette recording no. IXb-436-88). Alexandria, VA: Audio Transcripts, Ltd.

Terr, L. (1988). What happens to early memories of trauma? A Study of twenty children under age five at the time of documented traumatic events. *Journal of the American Academy of Child and Adolescent Psychiatry,* 27, 96-104.

Watkins, J.G. (1984). The Bianchi (L.A. Hillside Strangler) Case: Sociopath or multiple personality? *International Journal of Clinical and Experimental Hypnosis,* 32 (2), 67-101.

Wilbur, C.B. (1984a). Treatment of multiple personality. *Psychiatric Annals,* 14 (1), 27-31.

Wilbur, C.B. (1984b). Multiple personality and child abuse. *Psychiatric Clinics of North America,* 7, 3-7.