

The Management of Malevolent Ego States in Multiple Personality Disorder

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ABSTRACT

"Malevolent" personalities create tremendous problems to both the patient and the therapist. The dangers of possible suicide, homicide and other acting-out by such angry states multiply the difficulties in achieving personality integration. Such entities originally developed to protect the individual. They represent a defense for the abused child who was confronted with a situation with which he could not cope. Suggestions by the therapist that the treatment goal is "fusion" constitute a threat to the existence of alter personalities, and mobilize their resistance. Ego-state theory holds that "dividing" lies on a continuum, ranging from normal, adaptive differentiation (as represented by different moods) to pathological dissociation (as represented by true multiple personality disorder). Between lie covert "ego-states" which are organizations of behavior and experience separated by semi-permeable boundaries. In this theory, treatment of Multiple Personality Disorder involves reducing the rigidity of the boundaries and moving them down the continuum until they become ego-states—such as are found in normal subjects under hypnosis. From this point of view malevolent alters need not be threatened with non-existence, but are promised continued selfness and identity within a larger organizational framework. Such an approach lowers their resistance to treatment, and "integration" (which is not the same as "fusion") is more easily attained. The therapist becomes their "friend" rather than their "enemy."

Multiple Personality Disorder (MPD) is perhaps the most interesting and challenging of disorders for the psychotherapist. In the past such cases have been considered as extremely rare (American Psychiatric Association, 1980). However, recent studies (e.g., Braun, 1986; Coons & Milstein, 1986; Kluft, 1985; Putnam, Guroff, Silberman, Barban, & Post, 1986; Ross, Norton, & Wozney, 1987; Schultz, Braun, & Kluft, 1985) have clearly demonstrated that this condition is much more common than previously thought. DSM-III-R (American Psychiatric Association, 1987) no longer describes it as rare. The First through Fourth International Conferences on Multiple Personality/Dissociative States (1984-1987) included approximately 400 scientific presentations on patients with MPD. A high percentage of the cases described in those reports had been misdiagnosed for considerable periods of time before coming to the attention of the clinicians who ultimately recognized the nature of their circumstances. Putnam et al. (1986) found that their cohort of 100 MPD patients had averaged 6.8 years between their first mental health evaluation for symptoms related to MPD and receiving an accurate diagnosis.

A position which seems to have guided earlier workers in this field is that the "normal" self is a unity. MPD, therefore, was not understood in terms of normal personality theory. This attitude resulted in many mental health specialists taking an "either-or" position as follows: "Normal" individuals do not have "divided" personalities. They represent the bulk of the

population. In a few extremely rare cases the ego "splits" and only then forms a "multiple personality."

More practitioners are beginning to think of divisions within a personality as being quite common, but with differing degrees of severity (Beahrs, 1982). We (Watkins & Watkins, 1979, 1981, 1982; Watkins & Johnson, 1982) have gathered increasing evidence that the dividing of the personality lies on a continuum, ranging from normal adaptive differentiation at one end to pathological maladaptive dissociation at the other, where the true multiple personality disorder occur. The in between regions on the continuum consists of "ego-states,"—covert patterns of behavior and experience, usually accessible only under hypnosis.

Hilgard (1977, 1986) initiated hypnotic deafness in subjects. After they failed to respond to loud noises he asked the following question: "Although you are hypnotically deaf perhaps there is some part of you that is hearing my voice and processing the information. If there is, I should like the index finger of your right hand to rise as a sign that this is the case." In some subjects, the finger rose. He described this as due to a covert "cognitive structural system", and called it "the hidden observer." He found that the hidden observer also recorded an awareness of pain in a hand rendered hypnotically analgesic that was immersed in circulating ice water. Hilgard considered the hidden observer as a metaphor and at that time (1977) held that it was not "a secondary personality with a life of its own."

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Using Hilgard's verbalizations, we (Watkins & Watkins 1979-80, 1980) activated hidden observers in several subjects formerly treated by ego-state therapy. The ego states were known and had been studied over many sessions. They were tested after the establishment of hypnotic deafness and hypnotic analgesia in the right hand. Our studies indicated that hidden observers are the same entities as the ego states that we find in the intermediate range on the differentiation-dissociation continuum. They do not emerge spontaneously as do multiple personalities. They can be activated overtly only through hypnosis, but they can exert unconscious influence on the personality that is normally overt. When so activated they act much like true multiple personalities in that they partition off various personality functions, can be unaware of one another, can be cooperating or in conflict with one another and, like true multiple personalities, may give themselves names.

As a result of these studies we have come increasingly to believe that the separating process lies on a continuum that runs from undifferentiated personality, through adaptively differentiated covert patterns (such as the different roles we take during a work hour as compared to a party hour), to the unconscious ego-state entities that are made manifest only under hypnosis, to borderline multiple personalities (such as those which emerge overtly infrequently but of whose existence the other states are aware). As we reach the end of the continuum where true multiple personalities are diagnosed the personality segments emerge spontaneously and view other such segments as objects ("he", "she" or "it"). Hypnosis can activate them, but is not necessary. They, (especially the primary state) usually have various degrees of amnesia for at least some of the others before therapy has made them acquainted with one another.

The difference between true multiples, intermediate ego states, and those minor personality separations that we would call simply "adaptive differentiations" is not a qualitative one, but rather the degree of separation as measured by the relative rigidity or permeability of the separating boundaries.

We find that when patients, originally true multiples, have apparently been integrated they are not necessarily fused. Some of the segments may disappear because they are no longer functionally relevant. Many of them continue to exist at covert levels and are accessible only under hypnosis. In other words they behave now like the ego states that we have activated in normal hypnotic research subjects and have become indistinguishable from such subjects.

As an analogy, after the Civil War the confederate and "sovereign" state of Alabama returned to the Union. It continued to exist in name and content but relinquished its political independence, its sovereignty, and acted like a sub-entity within a more general federal jurisdiction. This is how we find the hypnotically activated ego states behaving within our normal research subjects.

Bower (1981), in his studies on "mood-dependent learning," has shown that early memories can be re-activated if they are imbedded in a mood state which is the same as a current one or in one of the same nature that is hypnotically induced. Once the mood has been established in the current situation the patient can be regressed to a similar one in the past, and the memories in that past tend to appear. His studies give experimental support for the hypnotherapeutic technique of "the affect bridge" (Watkins, 1971).

Ego-state theory suggests that in creating a mood we make more likely the activation of an earlier ego state in which that same mood was experienced. When the earlier state becomes executive it brings with it memories of the events it experienced then.

There is some confusion here because Bower did not use the word "state" as we do in "ego-state." A mood "state" is a general feeling, as in the expression, "a state of depression swept over the country." An "ego-state" is a personality segment enclosed within a boundary which is relatively more or less permeable. It has contents (like the "state" of Montana).

If an individual who is a true multiple (hence, one whose ego states appear overtly spontaneously) is made angry, it is likely that the particular alter that usually feels and expresses the subject's anger will appear and assume the executive position. And, if it is so activated, this alter will have available to it the memories that have been a part of its experiential existence, and which may not be available to other alters. Ego-state theory thus offers a somewhat different rationale to explain Bower's results.

We are presented with the question as to whether integration really requires the elimination of boundaries, the fusion of contents, and the destruction of all unique identity since such a condition does not appear necessary in our normal research subjects. We realize that many of our colleagues do not conceptualize such a difference between integration as we define it, (a working-together of sub-ego states under an over-all unifying jurisdiction, as in the United States of America), and fusion, which, we define as the elimination of the boundaries and fusing of their contents, so they no longer function as entities. We acknowledge that other scientific investigators define these terms differently, but the scope of the current presentation does not permit us to address this. One alternative set of definitions is offered by Kluff (1987).

Multiple personalities are very difficult to treat, and at times appear incomprehensible. The alter personalities that cause therapists and patients alike the greatest problems are those that are destructive in their behavior, and are often termed malevolent. Loaded with rage, they may be both suicidal and homicidal. They slash the patient, strike at others, initiate bizarre behavior and threaten all, including the therapist (Watkins & Watkins, 1984). No wonder that clinicians

often wish the malevolent personality could be eliminated. Other personalities may be cooperative, helpful and constructive. Often the therapist speculates: "If only we could get rid of that fellow known as Evil One the patient would quiet down, be more tractable, and let us proceed with the task of therapeutic integration."

It is not surprising that patients who manifest such states may be regarded as possessing "demons," which, within certain fundamentalist religious subcultures, is believed to require exorcism. One of our patients endured forcible "exorcism" in her church. Her behavior improved temporarily, but worsened in the long term. In fact, our therapeutic task was made tremendously more difficult by this exorcism, since the destructive ego states felt that they no longer could trust anyone.

In order to deal with such entities in therapy we must consider how they came about and why they are malevolent. Let us go back to ego-state theory. Multiple personality disorder is an originally adaptive defense that has gone astray. Normally, one's personality develops through a putting-together or "integration" and a separating or taking-apart, called "differentiation." The child learns one set of behaviors appropriate in school and another for the playing field. All of us are subject to normal mood changes. It is only after this walling-off of entire blocks of behavior and experience becomes so severe they no longer communicate with one another that we diagnose multiple personality disorder. The various "alters" then alternate in taking over executive control of the body.

Ego-state theory regards this transition from normal, adaptive differentiation to maladaptive dissociation as lying on a continuum—like most psychological processes. It is in its excess that it becomes pathological. Differentiation assists an individual to cope with the stresses of his environment. But, when these stresses are so great as to become severe traumas, the separations move along this continuum from minor mood changes (of which we are quite conscious), through segments of behavior and experience that are separated by increasingly impermeable walls, to the extreme of pathological dissociation. They may do so gradually or often in sudden splits. The segments now take on the character of separate and warring personalities. In between these are more covert entities which are often below the threshold of awareness, hence, unconscious. We call these intermediate dissociations "ego states."

We define an ego state as a body of behaviors and experiences bound together by some common principle and separated from other such entities by boundaries which are more or less permeable. This definition would include multiple personalities. The characteristic which differentiates covert ego states from true multiple personalities is that in true multiples the states are separated by very rigid, impermeable boundaries, and

they can appear spontaneously without being hypnotically activated. It is a matter of degree. We find covert ego states commonly in normal individuals who are fairly good hypnotic subjects, since the hypnotic state is also a form of dissociation.

We believe that when the small child is confronted with abuse, punitive or sexual, and when he/she is not permitted to protest, talk back or express anger without severe retaliation, the coping mechanisms of the personality have only three choices: psychosis, death or dissociation. If the ego can be relieved of its rage by repressing it into a personality segment that is then walled off, the child may be able to play the "good-girl" or "good-boy" role with hopes of receiving affection—or at least lessening the abuse. Of the three possibilities dissociation is the most adaptive, but it lays the basis for forming an unconscious destructive, malevolent ego state divorced from normal super-ego controls. When later the repression breaks down, this state emerges, takes over executive control of the body, and vents its rage on the patient or others.

The key to the therapeutic handling of a malevolent alter is to remember that this destructive state was originally created by the child so that it could survive, physically and/or psychologically. It is an extreme form of defense or coping mechanism. Since it came into existence to protect the survival of the child, its greatest fear (and hence source of resistance) lies in the conviction that you, the therapist, are out to eliminate it, to destroy its existence. Through transference you are perceived by the alter as an abuser. No wonder therapists who do seek that end (including religious exorcists), will be strenuously resisted in every way possible.

Such personalities are usually quite alarmed if the therapist suggests that he is seeking to fuse the personality. To the secondary alters this means their execution. As one put it, "Are you going to grind us all up into a goulash?" We seek to achieve an integration with our patients, but this is not the same thing as a fusion into a oneness. Every person has a need for survival, so also do alters (who are part-persons).

The first rule for the therapist is never to make an enemy of the malevolent personality—or any of the others. It is wise not to have favorites, even though it may be difficult to like some of the personalities. Building relationship, communication, understanding, and trust with each of the alters as far as possible is tremendously important. Attempts to eliminate a destructive personality by suggestion often result in the appearance of an even more malevolent entity, loaded with the same unresolved rage plus additional anger and distrust at the therapist's hostility toward it.

When an aggressive "Maralou" and a mild, affectionate "Lynne" personality were fused by suggestions made under hypnosis, Lynne disappeared. However, two weeks later another M-L split occurred as "Medusa" and "Love." The differing characters of these per-

sonalities were well represented by the names they gave themselves.

When one of us (JGW), who was a consultant on the Hillside Strangler case, gave Steve (the murdering, rapist personality) recognition and credit for being intelligent, it ceased threatening him, became cooperative, and revealed just which girls he had killed and which ones his cousin Angelo Buono had killed. This confession was a significant revelation in solving the case (Watkins, 1984).

We must go out of our way to convey our belief to the angry alter that it came originally to protect the child, and we give it praise and recognition for this accomplishment. We seek at all times to discover and satisfy the needs of each personality and to show it how those needs can still be met while changing its behavior toward the patient. We encourage it to initiate cooperative integration with other states rather than retreat into pathological dissociation and isolation. By helping the malevolent alter to meet its own needs we undercut its destructiveness toward the main personality.

A patient of mine (HHW) had a very tough underlying personality called "Ramblin' Rose." Ramblin' Rose was a bartender in a small western town and deeply resented that the patient was getting a college education, declaring that "She has no business here."

When confronted with her early appearance to save the patient, Ramblin' Rose replied, "Of course, I had to come out. She couldn't save herself." I said, "Then if you came to save her, you must love her." The interpretation completely devastated Ramblin' Rose's tough-guy role. She became almost incoherent. This undermining of her defensive structure was the beginning of a new, cooperative and less destructive involvement in the treatment on her part. She now could become protective in a more constructive way, as illustrated by the following week's session. The patient came this hour complaining, "What are you doing to me! I went to a bar last weekend to get drunk and Ramblin' didn't come out. I just sat ther bawlin' like a baby!"

I hypnotized her and asked Ramblin' Rose for an explanation. She replied, "Aw, don't worry, I was watching. If she had been in trouble, I would have come out. I just decided she has to learn to be responsible for her own behavior." In fact the patient did stop getting drunk; and she did become more responsible.

Sometimes the malevolent alter will inflict pain on the primary personality because, "If I don't hurt her the world will hurt her more." This belief may have stemmed from a punitive parent whose discipline was more sadistic than corrective. Such an alter represents an introjection of the abuser. A cruel internal alter continues the punishments the patient suffered during childhood by a cruel external parental abuser.

One must be careful about manipulating destruc-

tive personalities because it is very easy to lose their slowly developing feelings of trust. Sometimes, however, one must take that chance. We had secured the agreement of a suicidal multiple personality disorder patient to stay overnight as an inpatient at the university's health service. Shortly afterward a malevolent alter emerged and phoned us to say that it was in control. It planned to take the patient out of the hospital, go home, and commit suicide. We asked to talk with one of the more constructive personalities and requested that it remain out until the next morning. It did so. The next morning the suicidal personality awakened in a somewhat more constructive mood, wondering why it was still in the hospital.

Our goal is not the elimination of the malevolent personality, but the controlled release of its anger and its integration back into the personality as a good citizen among cooperating but covert ego states. We have found that abreactions are the best procedures for accomplishing this, and we have described elsewhere the tactics for initiating and working-through therapeutic abreactions (Watkins, in press; Watkins and Watkins, 1978). However, simply activating the angry state and having it directly release its anger does not seem to be the most effective tactic.

Originally, the anger was created in the main personality by the abuse heaped upon it, with which it could not cope. Accordingly, it repressed that anger and pain into a dissociated secondary state that was created for that purpose. Once having accomplished this maneuver, the main personality becomes free of the pain and anger. This mechanism is illustrated in the following conversation (Watkins and Johnson, 1982) recorded between a primary personality and a malevolent alter: Mary, "I have hate. I've learned to hate because of the pain I've gone through."

Rhonda: "Well what pain have you gone through?"

Mary: "The pain of ridicule and teasing and criticism and failure. It's all been on me. But then I turned it around, and I turned it on you."

Rhonda, the original main personality, had escaped the "pain" by dissociating it into Mary. She can no longer even remember experiencing it herself and cannot understand why Mary is angry with her.

For best results the dissociative process should be reversed. The malevolent state must be induced to release its anger through the internal boundary *back into the primary personality*, and the primary one must be induced to accept it, and, through an abreaction, release it outward to the external world. This procedure is difficult to do since the original personality could not handle that rage in the first place and dissociated it. Now, however, in alliance with the therapeutic self (Watkins, 1978) of a constructive practitioner, and without the original abuser present, it often can accept and express the anger.

The problem with the malevolent personality is that it regards the rage as its life blood. As one alter put it to the primary personality, "I have to hurt you. If I didn't, I wouldn't exist." The trick (i.e., the crucial therapeutic task) is to convince the alter that it will continue to exist within a "family of self" and be an important, respected, and contributing member of that group.

We promise each alter that we will not try to kill it or eliminate it. It can "die" if it wants to (and some do), or it can continue to exist as an important but covert ego-state within the family of self, no longer isolated and dissociated. It is usually very suspicious and disbelieving of such statements at first since it may have encountered the opposite attitude with earlier therapists. Such alters often protest to the therapist, "You're trying to get rid of me."

In time, it comes to believe us. Our relationship with it improves. It becomes cooperative and no longer hostile to our therapeutic efforts. We seek to be its friend. Hostile and angry alters have had few friends and have usually borne the brunt of rejection both within and without. On the surface they are scornful and belligerent. Inwardly, like the angry child from whom they started, they yearn for acceptance and affection. We try to teach them how to gain that through constructive rather than destructive behavior. This is most difficult to do when the patient must cope with rejecting and punitive family members in the real life situation.

If possible, it is most beneficial to convert the malevolent alter into a co-therapist. If its original function was protective (and we believe this to be almost universally true) then it has the potential to become an internal therapist. However, it is important for the therapist to realize that even a constructive ego state is only a part-person and probably based upon a child acting as an adult. In other words, the advice is important from the ego state's point of view and should be respected, but the therapist needs also to trust his own wisdom, which springs from a more global viewpoint.

We have found that when multiples are integrated in this way we can re-activate the original multiple personalities again with hypnosis, but they tell us that,

"We aren't separate persons any longer. We are parts of her." They usually find themselves freed of tension, anger, pain and conflict, and are much happier in their new form as ego states. In fact, we find them no different now from the normal subjects who volunteer from our introductory psychology classes for hypnosis experiments. Sometimes, two alters do fuse if their underlying needs (such as a protective one) are so similar that there is no purpose in remaining separate. But this is their choice, not ours.

SUMMARY

The key to success in treating many multiple personalities is not making enemies of the destructive alters by trying to eliminate them. Rather, one must strive to meet their needs and secure their agreement to integrate. Their loadings of pain and anger should then be released through the *internal* boundary back into the primary personality. Simultaneously, one must induce the primary personality to accept these feelings and face once again the anger (or other affects) it originally dissociated when creating the alters. It also must take responsibility for having those feelings. Then, through controlled abreactions, which protect the patient from hurting self or others, the primary personality must release this anger back into the external world from whence it originally came.

Abreactions are not pleasant for either the patient or therapist, but the patient is strengthened now by becoming the ally of the therapist. Through confrontation and acceptance of responsibility for these affects, both achieving mastery over them and the releasing of the dissociated rage become manageable.

The resulting change is not fusing but integration, a process in which the previous alters retain their unconscious sense of self. Their resistance to the procedure is greatly lowered because they are only being changed and do not feel they are being executed. They need not longer emerge as separate, overt multiples. Instead, they move down the differentiation-dissociation continuum and become covert, cooperative ego states — like those we find in normal individuals.

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