

SPECIAL TREATMENT TECHNIQUES TO ACCESS THE INNER PERSONALITY SYSTEM OF MULTIPLE PERSONALITY DISORDER PATIENTS

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ABSTRACT

In dealing with the inner personality states in dissociative state disorders, it is necessary to be able to effectively establish a communication bridge between these states and the therapist. For the new therapist this may present a completely foreign concept in therapeutic dialogue. The idea of speaking for the first time with alter personality states may cause some apprehension. But the expectation that the therapist must be able to access the inner personalities may present a major problem that requires guidance for colleagues. Beginning with a few examples of accessing techniques in past centuries, current accessing methods used by most therapists are then discussed. These include formal hypnosis, self-hypnosis, guided imagery, and chemical inductions of trance states such as those induced by the use of sodium amytal. These accessing methods are overviewed with an example of a technique used by the author to illustrate the process of accessing inner personality states.

While researching this paper, I was impressed by the many approaches and techniques that have been written about how to access and deal with the inner personality system of multiple personality disorder (MPD). I found it somewhat overwhelming as I pondered over which approach I might choose were I to be entering this field of work today. I would wonder if there was *one* which was the best, and if so, how I would find it.

For those who may find themselves in this situation, let me share a principle I learned in quite a different field. When posted to West Germany in the mid-1970s with the Canadian Forces, I was soon introduced to the many fine wines which were available. There were so many excellent ones that I really did not know how I should go about learning how to find out which were the *best* wines. I asked a new German friend who owned a wine cellar, "How do I determine what is a great German wine?" He paused, and wisely answered, "The one that *you* like." And that is the principle I suggest you apply in choosing between the many fine and varied techniques written and taught about accessing the inner personality system. Find the one that works best for you, that

you like, and that is the one for you. But have some other methods in reserve — for no one approach will work for all your patients/clients all the time.

I will be discussing some of these *accessing* techniques and ending with an outline of the one I like and use most often. Although I will concentrate for the most part on current techniques, I did review the ways earlier "therapists" utilized dissociative maneuvers in people whose difficulties resembled those we see in current day MPD. I will briefly mention three cases recorded prior to this century.

Before doing so, I will make it clear that I *do* heed the advice given by Henri Ellenberger (1970). I believe all MPD therapists should have in their libraries his excellent book, *The Discovery of the Unconscious*. He notes, "One should be cautious in the study of old case histories, which have not always been recorded with the same care as one would wish for today" (p. 134). In any event, these three cases probably were what today we might call MPD.

Ellenberger reports a case the German magnetizer Eberhardt Gmelin treated in 1789 at the time of the French Revolution. By the way, this was a good time for the French aristocracy, among others, to head off (so to speak) to Germany in order to escape the guillotine! These new immigrants with their fancy ways and manners intrigued many Germans — especially a 20-year-old woman. She apparently developed an "exchanged personality" and was treated by Gmelin. This new French personality spoke fluent French, possessed the French mannerisms, and spoke German with a French accent. When back to her normal state, she had amnesia for the activities of her new French state. Ellenberger writes that "with a motion of his hand, Gmelin was easily able to make her shift from one personality to another" (p. 127). Gmelin's hand-waving manoeuvre may well be the first medical recording of an accessing technique for multiple personality disorder. (From my point of view, there is much about this case that we really do not know. I just do not believe that any "new" personality can emerge possessing the skill to speak an entirely new language without any previous learning. I suspect she must have had previous dissociations involving exposure to the French language.)

I was able to find a much earlier report of another accessing strategy, this one from non-medical literature. This second case concerns an agitated and mentally disturbed adult male who had broken free of his restraints and fled to live in the hillside tombs in an area of what is now the Middle East. By day and night he could be heard screaming. He used stones for self-mutilation, gashing his arms. One day

he spotted a preacher he had heard of and ran up to him, in this agitated state, to pay his respects. The preacher quickly recognized a problem which he believed to be a *possession state*. He immediately, in an authoritative voice, ordered that the malevolent spirit leave the man's body. This appears to have caused a spontaneous dissociative switch. The preacher was very perceptive, recognized a state change, and demanded the name of this new *ego state*. This state identified itself by name and admitted that many others were lurking inside with him. These ego states or alter personalities apparently feared their personal elimination and pleaded that the preacher should let them leave the man's body and enter the bodies of a large herd of nearby animals. This apparently was agreed upon and this preacher, using what today is termed "guided imagery," successfully suggested that the ego states enter the bodies of the animals. The records indicate that within no time this wild man had returned to his usual sane ways and was wearing his normal clothing.

By now you may have likely guessed that the preacher was Jesus Christ, and the unfortunate man was named Legion, who claimed to have "hundreds" with him. This overall strategy, of course, would have been called an *exorcism*. This "case report" is described in The Gospel According to Mark (Ch. 5: 1-16).

As one looks at the essence of this Biblical reference, there indeed are some aspects of what we use in current day therapies of MPD. In today's terms, one can see elements of therapeutic strategies attributed to Christ, including direct confrontation, identification of the alter by name, and guided imagery. Like Gmelin's accessing technique, this one by Christ would not go over well at all in today's politically correct society!

I will touch on only one more early accessing technique. I think I would be remiss, here in Europe, if I did not mention the very important contribution to the field of dissociation by France's Pierre Janet. His work is of considerable historic importance. An entire conference could be devoted to his research and therapy in the area of multiple personality and dissociation.

Ellenberger (1970) notes that Janet demonstrated the important role of name-taking or name-giving. In Janet's words, "Once baptized, the unconscious personality is more clear and definite, it shows its psychological traits more clearly" (Janet, quoted in Ellenberger, 1970, p. 139). It is interesting to note the similarity of this statement by Janet with the technique Christ used with Legion. Besides using alter identification as an accessing facilitator, Janet would access alters by a *magnetizing* technique called "automatic writing." He used this "indirect accessing" in such cases as his famous "Leonie." In effect, automatic writing consists of an alter personality/ego state using the writing hand of the primary personality to communicate without taking full executive control. This technique is still used at times in present day therapies. It has several variations, including "automatic drawing." More recently, some patients have reported doing their own "automatic personal computer writing" (communicating on a video display terminal)!

The common pattern in these early cases and others of

the latter part of the 19th Century and first half of this century was that the inner personality system could be discovered by various hypnotic manoeuvres. It would thus seem only natural to use hypnosis as part of the treatment strategy when the new awareness of MPD began in North America around the 1970s. But this time around the use of hypnosis in MPD was greeted with skepticism in some quarters.

The argument that hypnosis could *cause* MPD challenged the use of this modality. Richard Horevitz (1983) states, "The doubts about the validity of multiple personality stem from its association from hypnosis" (p. 139). This concern about the risks of using hypnosis in MPD has been echoed by many authors, including a recent article by H. Merskey in the *British Journal of Psychiatry* entitled "The Manufacture of Personalities: The Production of Multiple Personality Disorder" (1992).

However, Kluft (1982) and Braun (1984) have addressed these concerns about the use of hypnotherapeutic techniques in the treatment of multiple personality. Kluft carefully reviewed the critical literature and concluded, "There is no firm evidence that hypnosis in and of itself creates or worsens multiple personality. Evidence has been presented to show that carefully applied hypnotic procedures may serve useful roles in its diagnosis and treatment" (p. 238). Kluft (1982), however, does concede that, "Phenomena analogous to and bearing dramatic but superficial resemblance to MPD can be elicited experimentally or in a clinical situation if one tries to do so or makes clinical errors" (p. 232). For those who wish more information about hypnosis and MPD, Eugene Bliss (1986) discusses extensively this topic in his book, *Multiple Personality, Allied Disorders, and Hypnosis*. In addition, an entire issue of the journal *DISSOCIATION* was devoted to the question of iatrogenesis in MPD (Kluft, 1989a).

Within the field, there is consensus that the prudent use of hypnosis is a valid accessing and therapeutic tool to augment the core treatment of MPD patients which, of course, is the psychotherapy. Thus, it is very useful for MPD therapists to have a grounding in hypnosis and hypnotherapeutic principles. Such a grounding, for instance, alerts therapists to the fact that recall under hypnosis may not always be accurate, and poor questioning techniques can influence a patient's apparent memory recall.

However, hypnosis induced by the therapist is not the only means available to contact personalities. Multiple personality patients are generally highly hypnotizable (Loewenstein, 1991) and some may learn to communicate across their system through what would be termed *spontaneous self-hypnosis*. The personalities may emerge without any accessing strategies on the part of the therapist and may interact with the therapist on their own initiative. Flashbacks of memories, for example, is probably a form of spontaneous self-hypnosis in which amnesic barriers are suddenly and unexpectedly penetrated. Thus, such patients accessing inner personalities and memories via self-hypnosis could engage in therapy without using any formal procedure.

Half-way between the two modalities of formal hypnosis and self-hypnosis would be one often referred to as *guided imagery*. In the case of guided imagery, since MPD patients are readily hypnotizable and prone to spontaneous tran-

ing, a therapist, without using any formal hypnosis, could provide imagery and/or suggestions adapted from such areas as gestalt therapy, meditation, and formal hypnosis. Using these, the patient could be guided into self-hypnotic states and be taught to access the inner personality system. Many therapists untrained in formal hypnosis use guided imagery.

In attempting to provide an outline for accessing strategies to alter personality states, it should be understood that there is no agreement about whether a hypnotic state is the same as a dissociated state. There also have been controversies as to whether hypnosis is a special state or a trait. These controversies continue to be the subject of ongoing scholarly debate (Lynn & Rhue, 1991; Horevitz, 1992; Bliss, 1986). Though the factors involved in dissociative state disorders are complex, nonetheless, one that does seem present in all is that there does appear to be a change in state similar to the trance state observed in deep hypnotic responders. So in spite of the differences between a state of hypnosis and dissociation, the trance states present in both share many similarities. A similar trance state may also be induced by sodium amytal (Ross, 1989).

I believe there are basically four overall methods to access inner states: self-hypnosis, formal hypnosis, guided imagery, and trance-inducing drugs (i.e., sodium amytal). However, two other situations have led to accessing trance states. In the histories given by dissociative state disorder patients, they appear to have formed such states due to *fear related to psychic trauma or pain*. Fear or trauma, then, could also be considered an accessing method, though hardly one appropriate to therapy. Some patients using meditation have reported entering trance states. In summary then, trance states can be accessed in at least six ways:

- 1) Formal hypnosis,
- 2) Guided imagery,
- 3) Self-hypnosis,
- 4) Meditation techniques,
- 5) Drugs (i.e., sodium amytal), and
- 6) Fear, pain.

While often one method is favored by a particular therapist (most often, formal hypnosis or guided imagery), it is possible that two or even all of these basic approaches could be used during the course of therapy.

As a therapist, one must become familiar with at least one of the above approaches to gain access to the system of inner ego states and be able to lead these states to a resolution of their conflicts and ultimately to an acceptable form of integration. In addition to knowing these basics, it certainly is an advantage to have knowledge of a wide range of hypnotherapy-based manoeuvres (which may not need to be applied through formal hypnosis). These can be used in addition to accessing and may be of great aid in diminish-

ing crisis situations or in ameliorating distressful symptoms during the process of therapy.

This situation of using various strategies is addressed by Kluft (1989b) who states, "The majority of the extant literature on the use of hypnosis for the treatment of MPD addresses the processes of the accessing of alters, arranging reconciliations among the alters, and facilitating integration" (p. 90). He shows how more specialized hypnotherapeutic-based procedures can also be used, in the interest of stabilizing the MPD patient, such as "alter substitution, provision of sanctuary, distancing manoeuvres, bypassing time... and rearranging the configuration of alters by bartering..." (p. 90). Others might add traditional hypnotic techniques such as the affect bridge, automatic writing, and ideomotor signalling.

Accessing alters is not invariably a benign procedure for it can open a Pandora's box of previously dissociated traumas. Therapists should remain within their level of competence and should not go beyond the scope of their field of expertise. When in doubt, one should ask for a consultation with a colleague or seek supervision.

Before using accessing techniques, you also should have a diagnostic case history. You should be familiar with the ways in which inner personalities develop, present themselves, and can directly and indirectly influence the symptomatology as well as the therapy. You should understand such concepts as the delusion of individual separateness, the alter personalities' initial fear of being eliminated in therapy, and the management of abreactions, to name just a few. With this basic knowledge you are now ready to access your patients' inner world.

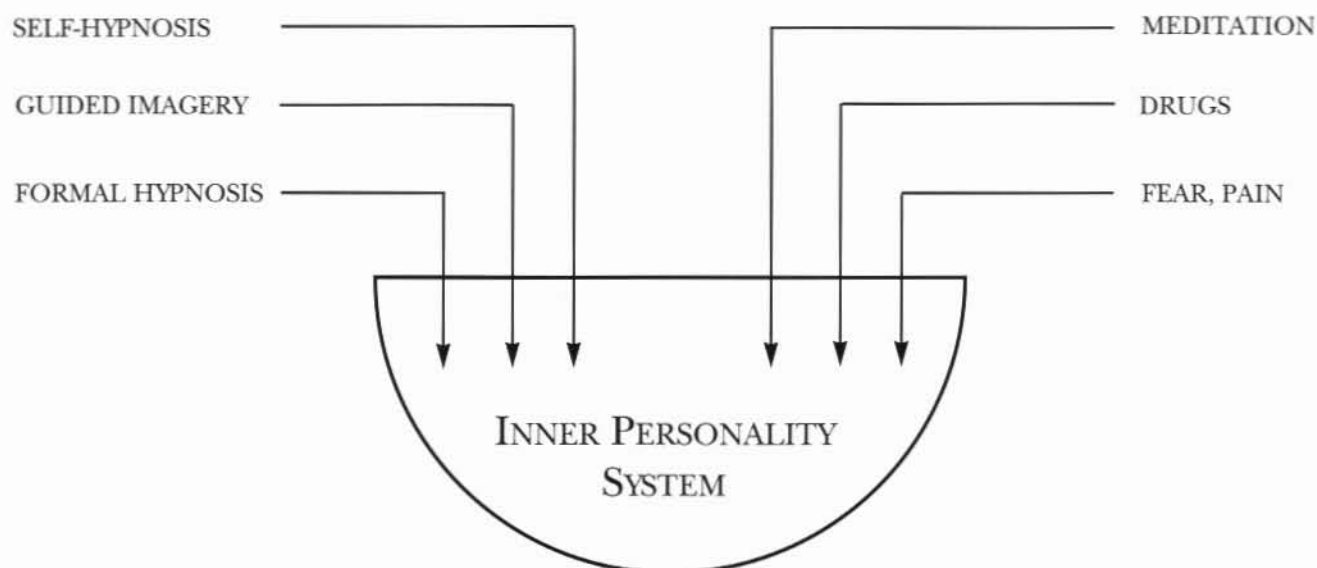
There are two excellent books in the MPD field which not only cover these basics, but also contain alternate accessing techniques. I recommend you refer both to Putnam's *Diagnosis and Treatment of Multiple Personality Disorder* (1989) and Ross's *Multiple Personality Disorder: Diagnosis, Clinical Features, and Treatment* (1989).

Many other therapists and speakers at this conference have developed excellent strategies of accessing alters. Constraints of time and space do not allow me to discuss the many techniques now available. The conference organizing committee requested that I outline a strategy for accessing the inner system which I have been developing. Although I am most comfortable with this approach, I am prepared to employ various other hypnosis-based strategies if they are required.

In the early 1980s, I was developing a group of techniques combining gestalt therapy with hypnosis. It was a Canadian colleague, Dr. John Curtis, who encouraged me to write a paper formatting these strategies. In the beginning I borrowed from many disciplines of psychotherapy and hypnosis and adapted these for my use with MPD patients. Other strategies I improvised or invented as needed. These strategies together form a "package" which I call *The Dissociative Table Technique*. Details of this technique have been published in *DISSOCIATION* (Fraser, 1991).

As other therapists in my area have found this *Dissociative Table Technique* useful, there has been an unexpected advantage. When such patients are seen in consultation or looked

FIGURE 1
Modalities of accessing ego states/alter personalities



after when their usual therapist is not available, if that therapist has been using the *Dissociative Table Technique*, I am already aware of the accessing techniques and imagery that the patient is using. Therefore, our having a standard accessing technique for the ego states is quite beneficial for patient and therapist when the patient has to be covered or transferred to another therapist.

In outline, the dissociative table strategies center around an extension of the gestalt two-chair technique. In effect, the patient is guided by imagery (or, if wished, by formal hypnosis) to visualize a safe place in which "no one gets hurt." Generally, I encourage *visualization* of a room with an oval table (some patients prefer to avoid rooms or tables). Next, the patient is asked to visualize himself or herself sitting in one of the chairs around the table. Being highly hypnotizable, the MPD patient can readily enter a trance state when cooperating with the imagery suggested by the therapist. The patient is in a trance state visualizing himself or herself at a table, thus being in my office and in that safe room with the table at the same time. Next, alters in the system are invited into this room and asked to take a seat. Special care is taken to avoid iatrogenesis. I do not suggest personalities are present but do set up an imagery template based on the history given by the patient. This history must indicate previous experiences suggesting the presence of dissociated ego states. My task is to access previously-formed ego states, not to produce new ego states. The unique aspect about this visualization imagery is that the inner personalities show up at the table, not necessarily with the physical appearance that the presenting personality might have expected, but with the image each ego state has of itself. Thus, for the first

time the system has made a gigantic conceptual advance in achieving inner awareness.

With the group around the table, and able to see those who were willing to come to the table, they are able to communicate with each other very much like the technique devised by David Caul (1984) called Internal Group Therapy. I wanted some way to be able to have input into who was going to speak, rather than let *them* decide who would speak and who would not. Interestingly, the solution to this problem came from the book describing David Caul's therapy with his famous patient, Billy Milligan (Keyes, 1981). Billy's alters related to the outside world by taking turns standing in the light of a stage spotlight maintained in their inner world. The person under the spotlight was the one who related to the outside world. I adapted this by having a spotlight (or a microphone) above the group or conference table and whoever wanted to speak could ask for the light (or microphone), or the light could be placed on someone who would find himself or herself "on the spot" and thus able to speak to me.

Another very important advantage of this technique of having the group able to now visually and verbally interact with each other as well as the therapist, is that the personalities now are able to know everything that is happening in therapy. No longer need the patient ask what happened when the therapist was talking to another personality state. I remind them that everyone at the table is able and expected to listen to all conversations; therefore there is not longer the need for the patient to have amnesic episodes during the therapy unless there is an agreed upon need for a temporary amnesia. Previously, an amnesic period could have led to some concerns by the patient in regards to what might

have happened in the office during that amnesic period. In this era of increased litigation against therapists, it is useful to have a therapeutic technique in which alter personalities can be dealt with without any loss of awareness by the presenting personality. I remind them that in using this technique they have the ability to know all that goes on in the therapy.

Because of the difficulty in going through vigorous abstractions in a busy clinic setting, I experimented with having them visualize the traumatic memories on a movie or T.V. screen within this board or conference room. These traumatic scenes could be shown on the screen. Their pace and extent could be controlled by the use of a remote control device to stop, slow, speed up, or reverse them. At the same time, the other alters are reviewing the same scene, thus sharing that memory and emotion. While this technique could encourage a cognitive awareness without too much feeling (which may initially be useful for some traumatic memories), steps are taken to ensure that the emotions are eventually paired up with the rest of the aspects of memory. The rationale for this approach is explained in Braun's (1988) description of his BASK model.

As memories are recovered and worked through, I have found it useful, though not essential, for personalities to perceive that they have "grown" along with the therapy so that at the time of preparation for fusion/integration, those who remain separate are at least all of the same sex and age as the host body. This is achieved through the image of a small stage by the side of the table. The personality, when ready, can enter onto the stage to either advance in age (age progression) or change to the actual biologically-assigned sex via guided imagery, described elsewhere (Fraser, 1991). This strategy was developed because patients repeatedly told me that they felt uncomfortable joining as a child ego state with the adult state without having had some perception of intermediate stages of growth. While not necessary, I frequently use this strategy in preparation for fusion/integration.

Finally, the time arrives for a fusion/integration or a coming together of the personalities. This is accomplished by a very simple ceremony. I merely have them join hands in a circle, and I count to five (or whatever) for them as they walk towards one another to blend into a co-conscious unity. If ritual abuse has been an issue, by this stage of therapy the use of a circle usually does not present a problem.

The *Table Technique* actually is not only a series of accessing strategies, but is a setting (including table, screen, stage, etc.) which offers a consistent milieu where much of the therapy can be done.

All this sounds rather straightforward and simple. It is not simple! The accessing outline I presented is only the stage setting for a course of prolonged and often emotionally stressing psychotherapy — stressful to patient and therapist, to families and friends.

In essence, the dissociative table technique allows the therapist to encounter a patient with a multi-levelled ego state disintegration, and gradually, through hypnosis or guided imagery, to lead the patient to a sense of unity of self/selves obtained through the harmony and the integra-

tion of the ego states. This technique is only one of the many which are now available to therapists who wish to gain access to the inner personality system as they prepare to help victims/survivors of childhood abuse who dissociated their traumatic experiences.

Though many good accessing models are available, the novice therapist will discover that they all revolve around one of the four methods mentioned — formal hypnosis, variations of self-hypnosis, guided imagery, and chemical induction of trance states such as with sodium amytal or (in its non-therapeutic setting) alcohol. Like a good wine, your accessing techniques will improve with time! ■

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